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MALARIAL HÆMATURIA.*

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Of Wallaceburg, Ark.

This is a remarkable affection, and one about which all of the text-books which have been at my command say very little. It is characterized by the occurrence of one or more rigors, followed in the course of a few hours by a discharge from the kidneys of urine loaded with blood. It seems to have been tolerably clearly known as early as 1832 by Elliotson (in *London Lancet*, 1832, p. 500), while an article appears in the *Medical News and Hospital Gazette* of New Orleans, by an unknown author, in which he dates a case of hæmaturia as far back as 1820, and in his remarks on that and other cases, says: "Whether hæmaturia, more than epistaxis, menorrhagia, or any other of the bloody profluvia, be the result of that bugaboo, miasmata, is questioned," yet from the fact that it occurred in a miasmatic region (Mississippi), as he admitted, and at a time of the year (September) when the various manifestations of malarial poisoning are most prevalent, one would readily infer that it was strictly of malarial origin.

Notwithstanding the occurrence of cases at so early a period, the first complete report of an undoubted case was not published till 1854, by Dressler (in *Virchow's Archiv.*, Bd. 6, S. 264, 1854).

The majority of the vast number of cases which have been reported in the different medical journals and periodicals have occurred in persons living near low-lying marshy ground, often situate upon rivers or lakes, and from the fact that in every instance of the literature that is in my possession regarding the matter, the cases have occurred at a time of year when other malarial affections were most prevalent, and that the most virulent and intractable forms of this disease occur in districts the subject of other malignant forms of malaria, and again, from the fact that a majority of the persons attacked give a history of having been the subjects of some form of ague for a period of time varying with each case, I am led to look upon malaria as the main factor in its causation.

There is in this disease (as is the case in inter- and remittent fevers) two degrees of intensity, to wit, a mild form in which all the symptoms are of only moderate intensity, and quite a number of symptoms hereinafter to be described are absent, and a more malignant form, in which all of the symptoms are of an aggravated character, and attended with great prostration, etc. This latter seems to be most frequently met with in the Southern States of our country, and in fact in all countries the subjects of other malignant forms of malarial diseases. In neither degree of the disease is it essential that the red blood corpuscles should be present, as they may be represented by their coloring matter, hæmaglobin, hæmatin, alone or in conjunction with all the constituents of a blood cell in a degenerated state.

In speaking of hæmaglobin in his Physiology, p. 429, Foster says: "Since it is soluble in serum, and since the identity of the crystals observed occasionally within the corpuscles with those obtained in other ways,

* Read before the Hempstead County Medical Society.

shows that the hæmaglobin, as it exists in the corpuscles, is the same thing as that which is artificially prepared from blood, it is evident that some peculiar relationship between the stroma and the hæmaglobin must, in natural blood, keep the latter from being dissolved by the serum. Hence, in preparing hæmaglobin, it is necessary, first of all, to break up the corpuscles." Now, as corpuscles are rarely detected in the urine of these cases, it is evident that some unknown morbid principle is brought to bear on the corpuscles, which proves fatal to their identity as such before they reach the microscopist.

As the treatment of the two varieties is pretty much the same (the milder form of course requiring less heroic measures than the malignant), and from the fact that the malignant type is so much the more important of the two, a careful study of that form will be of most interest to us.

Of three cases occurring in this vicinity during the past year, two were males; and from the reports of quite a number of cases coming into my possession, I find that its preference for males over females is as four to one.

Symptoms.—As before stated, they are usually able to recall a history of exposure to malaria, and the majority of cases have suffered from more or less distinct attacks of inter- or remittent fever. Some patients complain of an aching in the loins, uneasiness in the region of one or both kidneys, and a feeling of fullness in the stomach and lower part of abdomen for some time prior to the attack, or the attack may be ushered in by a rigor of varying intensity, the patient complaining of chilliness and a dull dragging pain across his loins, the latter condition speedily passing into a more or less severe aching, and an uneasy sensation of fullness in the region of one or both kidneys and lower part of abdomen, attended with pallor or duskiness of surface, shrinking of skin, pinched features, and severe rigors, together with which there is usually a feeling of weakness, aching of limbs, extreme nausea and vomiting, retraction of testicles, yawning and respiration modified after the order of sighing. Pulse accelerated, small, and compressible. Temperature at the beginning may be subnormal, but in a few hours rises to from 100° to 105° F. There may be diarrhœa or constipation.

After the patient has been in this condition for a period of time varying from half an hour to four or five hours, he is very much astonished to find on passing water that the fluid is of a very dark color, varying from a bright wine to a porter or black color. The discharge of this peculiar-colored urine may be intermittent or continuous.

In a very short time the skin of the entire body assumes a deep yellow color, and continues thus till there is a decided improvement in the general condition of the patient, and till the urine is free from the coloring matter.

Some attribute this to a disturbance of the hepatic function and a dissemination of the bile pigment through the system, while I am of the opinion that it is due to the presence of the coloring matters of the blood which have escaped into the tissues in small quantities. We well know that during the course of an injury to any part of the cutaneous system with an extravasation of blood, the tissues assume a yellow hue, and in this disease there is a striking resemblance to the yellow color left by a bruise with an extravasation.

Foster's Physiology, p. 434, in dealing with hæmaglobin, writes: "In the unreduced hæmaglobin or oxyhæmaglobin, the potent yellow which is blocked out in the reduced hæmaglobin makes itself felt so that a very thin layer of hæmaglobin, as in a single corpuscle seen under the microscope, appears yellow rather than red."

Green's Pathology, page 100, in speaking of pigmentation, says: "Soon after the extravasation has taken place, the hæmaglobin escapes from the red blood corpuscles, either by exudation or by destruction of the corpuscles, and mixed with the liquor sanguinis, infiltrates the surrounding tissues."

Green's Pathology, page 101, in speaking of the different methods by which hæmaglobin infiltrates the tissues, says: "In whichever of these ways the hæmaglobin is derived it infiltrates the tissues, staining both the cells and intercellular substance of a yellowish or brownish-red color.

"Besides, hæmatoiden, which is derived from hæmaglobin, appears to be closely allied to the coloring matter of the bile, bilirubin, which is also a derivative of hæmaglobin. It exhibits similar reactions when treated with concentrated mineral acids, displaying the same variations of green, blue, rose, and yellow colors."

By consulting Foster's Physiology, p. 57, you will find the following, to wit: "But hæmatoiden, not only in the form and appearance of its crystals, but also as far as can be ascertained by the analysis of the small quantities at disposal, in its chemical composition is identical with bilirubin, the primary pigment of the bile."

Thus we can readily see how any one, no matter how careful in testing, may err by supposing the peculiar discoloration due to bile instead of blood coloring matter.

Physical and Chemical Characters of the Urine.—The urine is usually acid in reaction, rarely alkaline, though it may be neutral. In some cases almost odorless, in others very offensive. Specific gravity varies between 1010 and 1030. It always contains the blood coloring matters in a varying quantity, which colors the urine from a slight tinge to an almost black hue, the darker color being characteristic of the more malignant form of the malady. A test for the presence of blood consists in adding to a small quantity of the urine a few drops of a mixture of equal parts of trs. turpentine and guaiac., which if blood be present imparts a blue color to the mixture. The urine upon standing for a short while throws down a deposit varying in quantity according as the amount of coloring is small or great. This sediment consists principally of a large quantity of albumen, together with granular and hyaline casts of the uriniferous tubules, and probably granular urates and crystals of oxalate of lime, but in place of blood corpuscles (which are rarely found, and if detected are in small numbers), presents abundant brownish granular matter, which is certainly the result of a retrograde metamorphosis of the red blood corpuscles, for by applying micro-chemical tests, the blood-coloring matter can be detected beyond a doubt.

If a strong solution of hæmaglobin be treated with acetic (or other) acid, a brown color is observed from the appearance of hæmatin, and upon adding ether to the mixture and shaking the hæmatin rises into the supernatant ether, which it colors a dark red, and which examined with a spectroscope is found to possess a well-marked spectrum, the so-called acid hæmatin spectrum of Stokes.

Another test for yielding Teichman's hæmin crystals consists in placing a drop of the sediment upon a glass slide of a microscope, and allowing it to dry, then mix thoroughly with a few bits of sodium chloride, and cover with a glass or mica cover, under which allow two or three drops of glacial acetic acid to pass; now carefully warm the slide for a few seconds over a spirit lamp, and when most of the acetic acid has evaporated, examine microscopically. If proper care has been taken in preparing it, and if the blood-coloring matter be present, hæmin crystals will be seen forming as the mixture cools.

Prof. James Tyson, of Philadelphia, in a paper read before the Pennsylvania State Medical Society for 1883, a reprint of which he kindly sent me, and for which I am greatly obliged, as it has been of much service to me in preparing this article, says in the matter of the presence or absence of blood discs, it is to be remembered that these may be present at the moment the urine is passed, but disappear by subsequent solution if the urine happen to be alkaline, or become so secondarily. It is an interesting fact, too, that the colorless blood corpuscles are often present intact, even when the red discs are absent.

Now, if we accept Hayyem's views of the origin of the red blood corpuscles; there would be nothing more conclusively proven than that the granular matter is derived from a degeneration of the red corpuscles; for we well know that very shortly after the urine is voided it begins to undergo decomposition, and during this process various chemical changes are wrought, and in this way the morbid principle above spoken of is produced, or this poison existing in the blood and acting on the corpuscles, as they are circulating through the vessels, proves fatal to a varying number of them previous to their escape from the vessels.

To determine the presence of albumen in the urine, it will be necessary to add to a quantity of urine in a test tube, and if the urine be not acid, render it so by adding a small amount of acetic acid and boiling. If albumen be present it renders the fluid cloudy, according to the amount present, which, when set aside, settles as a sediment. The height it occupies in the test tube forms an approximate estimate of the amount of albumen present (it would be well enough to add a drop or two of nitric acid after boiling, to insure the solution of any earthy phosphates which may have existed). The quantity of albumen will vary from a mere trace to as much as one-half of the entire quantity of urine passed, and some allowance will have to be made as to the quantity in these cases, as the coloring matters of the blood are carried down with the albumen.

As these are the most important abnormal constituents of the urine in this disease, it will not be necessary to say more on the subject, so we will now turn our attention to the pathology, which is somewhat obscure, and as I can find nothing very definite nor elaborate regarding its pathology, my deductions will be from a wholly theoretical standpoint.

It has been regarded by some as a disease of the blood alone; others say that it is an affection exclusively of the kidneys, while

yet a third class are of the opinion that it is a disease of the blood and blood vessels impairing the integrity of both—and with this latter class I fully agree. To say that it is a disease of the blood alone would be far short of explaining the cause of the kidneys alone being the subject of such a profuse hemorrhage; and on the other hand to say that it is solely an affection of the kidneys would lead us to equally as great an error in accounting for the peculiar yellow discoloration of the skin of the entire body, which condition is undoubtedly due to an abnormal condition of both blood and blood vessels.

Mr. Green, in his admirable work on Pathology, in speaking of pigmentation, page 100, says all true pigment is derived from the blood, and in another place he says, "In the pathological process also, the pigment is derived from the same source, although its presence in the tissues is rarely dependent upon any abnormal secreting powers in their cellular elements, but is usually the result of certain changes in the circulation or in the blood vessels, owing to which the coloring matter of the blood escapes and infiltrates the surrounding parts."

Now, the fact that in persons the subject of ague there is degeneration of red blood corpuscles resulting in the formation of pigment granules, shows very clearly that there is an abnormal condition of the blood; and these granules being carried through the circulation and acting directly on the blood vessels eventually, when in sufficient quantities and long-continued, induce an unhealthy state of the blood vessels also.

For a proper understanding of this peculiar affection we will necessarily have to turn our attention for a while to a consideration of some of the pathological processes of other forms of malaria. The result of the action of malarial poison probably varies a good deal, according to the idiosyncrasy of the individual attacked, as well as the amount and degree of virulence of the poison itself. Just as in some individuals a moderate dose of morphine produces quiet repose, while in others it causes extreme wakefulness and restlessness, so may this poison excite now a disturbance of innervation, now a disturbance of circulation. The only constant lesion discoverable after death from malaria is enlargement of the spleen. This organ becomes distended with blood to many times its normal size, and if the patient die when the attack is recent, it is found to be large and congested; the liver, too, is commonly, to some extent, enlarged and increased in bulk.

Congestion of neighboring parts of the alimentary canal has also been observed, and it may be added that in hemorrhagic cases traces of hemorrhage at mucous surfaces and beneath the serous membranes may be discovered.

Enlargement and induration of the spleen and liver are among the most common results of long continued or repeated attacks of ague, or of long residence in malarious districts.

Another change to which these organs are liable is a peculiar dark or slaty discoloration due to disintegration of blood corpuscles and their conversion into pigment granules.

In the liver this is generally referable to the changes which occur in minute extravasations of blood into the capsule of Glisson, and the hepatic parenchyma in the spleen to similar changes going on in the blood which occupies the intermediate blood-passages.

The pigment is apt to escape from the spleen and enter the general circulation and become arrested in the capillaries of different organs, more especially the liver, brain, and kidneys, and thus not only cause them to become pigmented, but interfere more or less with their nutrition, and thus induce various organic and functional disturbances. Now, why the poison acts as it does and upon what particular organ or organs it acts, is not positively known; but from the various disturbances caused by it there is good reason to believe that (whether it is by direct or indirect action) its main effects are produced through the agency of the sympathetic system of nerves; and from the various troubles, as diarrhœa, dysentery, splenic and other enlargements produced, we are led to the conclusion that the action of malaria on the vaso-motor centres is mainly paralyzing. The disturbances which shall engage our attention will be those concerned in the circulation.

Supposing the heart to act normally, it is obvious that with a constant blood mass the total capacity of the vascular system must be kept within certain limits. It may easily dilate so as to contain all the blood (as the abdominal veins alone would do after section of the splanchnics), when the heart would receive none, or the arteries may contract so as more or less completely to stop circulation by driving all of the blood into the veins. Now between these two extremes there is a state of the vascular system corresponding to any given heart force, which is most favorable for the circulation. This is normal tonus. It is the province of the vaso-motor system of nerves to maintain this re-

lation between the heart and its vessels. Enlargement of the vascular system, whether due to general or local diminution of vascular tonus, slows circulation.

Diminution of capacity of the vascular system in moderation would, as a matter of course, quicken it in cases of local increase of tonus; the blood, which the more or less anæmic part should contain, is thrown into the system at large, and raises blood-pressure until the vaso-motor system causes other vessels to dilate compensatorily so as to receive both their own blood and that of the contracted vascular area.

Arterial tone, then, both general and local, is a powerful instrument for determining the flow of blood to the various organs and tissues of the body, and thus becomes a means of indirectly influencing their functional activity.

Far more important, however, than the maintenance of a normal tone, which, indeed, might at once and forever be arranged by the proper natural calibre of the elastic blood-vessels, is the power which the central nervous system possesses of varying the tone of this or that artery, or group of arteries; of increasing it or of diminishing it if producing constriction or dilatation, and of thus affecting changes in general or local blood-pressure, or in both, and consequently of determining a flow of blood in this or that direction according to the needs of the economy. And the exercise of this carefully-arranged manipulation of the muscular walls of the arteries may be called forth in either direction in the way of constriction or dilatation by means of nervous impulses, either originating in the central nervous system itself or started by afferent impulses passing up to the central nervous system from some sentient surface.

The presence of pigment granules which enter the circulation from the spleen and liver and are carried by the blood current to the various organs, principally the brain and kidneys, by acting on the central nervous system induces disturbances of the circulation, besides the local effects produced upon the vessels of different areas by their presence. Foster's Physiology, p. 263, says: "It is more than probable that many substances introduced into the blood, or arising from natural or morbid changes, may affect blood-pressure by acting directly on the nervous centres."

We are all well aware of the fact that though a local tone may exist independently of the central nervous system, the condition of the numerous vascular areas in the living body in a normal condition is arranged and variously modified in order to meet the passing demands or permanent needs by the central nervous system through the agency of the vaso-motor nerves.

Foster's Physiology, p. 276, writes thus: "The tone of any given vascular area may be altered positively in the direction of augmentation (constriction), or negatively in the way of inhibition (dilation), quite independently of what is going on in another area. The change may be brought about by (1) stimuli applied to the spot itself and acting either directly on some local mechanism or indirectly by reflex action through the general central nervous system; (2) by stimuli applied to some other sentient surface and acting by reflex action through the central nervous system; (3) by stimuli (chemical blood stimuli) acting directly on the central nervous system."

Now, in this condition we know that during the rigor the cutaneous vessels are constricted, and no fact in the economy of man is oftener or more strikingly brought home to us than the close relation existing between the skin and kidneys as far as their secretions and blood-supply are concerned, and this relation undoubtedly seems to be under control of and maintained by the vaso-motor system of nerves; thus, when the skin is cold and pinched its blood-vessels are, as we know, constricted, and by this causing an increase in the general blood-pressure, and this leading to compensatory dilatation of the arteries of other vascular areas, and from the fact of the close relation existing between the skin and kidneys, it is clear that the renal vessels would dilate and an augmentation of the flow of blood through these vessels would be the inevitable result.

Now, taking it for granted that there is a paresis of the vaso-motor nerves supplying the kidneys, we would expect an increased flow of blood greatly in excess of the amount which would otherwise occur; and in addition to this, the presence of pigment granules in the blood would be capable of bringing about an abnormal condition of the blood-vessels; and admitting it as proven that there is an increased flow of blood to the kidneys, and from the fact that they are largely concerned in the removal of the effete substances from the blood, we would naturally expect to find a somewhat greater amount of pigment in the blood going to these organs; and this, by acting directly on the renal vessels, would, if in sufficient quantities and long continued, greatly impede the circulation through them, and cause a consid-

erable amount of irritation. Thus, by the impediment to the flow of blood there would be a slowing of the circulation, and still further dilatation of the vessels, and from the irritation caused by the granules there would be an attempt made by the secreting epithelium to throw them out of the circulation.

Foster, in his Physiology, p. 575, in speaking of the artificial excitement of the flow of urine, by injecting urea, etc., into the blood, says: "The most natural way of explaining the phenomena is to suppose that the presence of the substances in the blood excites the renal epithelium to an unwonted activity, causing them to pour into the interior of the tubules a copious secretion, just as the presence of pilocarpine in the blood will cause the salivary cells to pour forth their secretions into the lumen of their ducts. Thus we are led to the conclusions that the so-called malarial poison acting on the blood causes either an abnormal formation of pigment or degeneration of the red blood corpuscles and their conversion into pigment-granules, and that these circulating through the vaso-motor and other nervous centres set up an unhealthy condition, and if in sufficient quantities, or long enough continued, results in a paresis of these centres, particularly those centres governing the internal organs, and furthermore, that the pigment granules (as well probably as the malarial poison) acting as an irritant to the blood vessels, cause them, after a varying period of time, to lose their power of retaining the blood coloring matter. And again, as it is the office of the kidneys to remove these waste products from the blood, and from the fact that their secreting activity is more markedly affected by the amount and condition of the blood passing through them than most any other organ, or from a peculiar idiosyncracy of the individual, the brunt of the mischief falls on the kidneys.

(*To be continued*).

DEDUCTIONS FROM NINETY-ONE (91) CASES OF RHEUMATISM.*

BY WILLIAM A. EDWARDS, M. D.,

Member of the Committee, Instructor in Clinical Medicine and Physician to the Medical Dispensary in the University of Pennsylvania, Physician to Saint Joseph's Hospital, etc., etc.

The study of disease by the collective method is of value in direct proportion to the number and character of the replies that are received. When we compare the report of the above committee to that of the committee of the British Medical Association, in which, for instance, 1066 cases of pneumonia are tabulated, it will at once become apparent how extremely valuable these reports may be made when vast numbers of cases are recorded from which reliable conclusions can be derived; still a careful perusal of these ninety-one cases will amply repay one for the time and thought expended.

Sex appears to have presented a direct predisposing cause to the disease, as of the cases reported 58 were males and 32 females,* thus again establishing the well-known statement of the books that acute rheumatism is more frequent in men than in women, an undisputed fact for many years, as Hippocrates in his *Aphorisms* states that women are less liable than men; but as we shall see later, the report seems to disprove the statement that this is due to the fact that men are more exposed to the influences producing it, and not because of a greater susceptibility to the disease; we shall also see that the greatest number of cases are recorded among "housekeepers," an occupation in which it would be an extremely difficult matter to establish any special relation to rheumatism. Again, among the males we find that the greatest number of cases are recorded among "farmers," once more a business that is not nearly so exposed as others recorded in the report, and would not seem to offer such a predisposing environment as, for example, an "ironmonger," a "puddler," a "miner," or a "daily laborer." It would most certainly seem that an occupation that entailed protracted exposure in damp apartments (miner), or exposure of the body to cold or wet when in a perspiring state (puddlers), would be a decided exciting cause; yet the report does not bear this out, but it does show in a striking manner the frequency with which rheumatic attacks follow ordinary exposure to cold or to chilling the superficies of the body in those of the rheumatic diathesis.

The rationale of these attacks would seem to be that during the use of the body, *i. e.*, the muscles, lactic acid and acid potassium phosphate are produced, and when the body is chilled, the elimination of these matters is stopped, hence an accumulation occurs, and with it the resulting rheumatic outbreak. It is proper to state, however, that Reyher† does not regard the accumulation of the acid in the blood as a cause of rheumatism,

* Being a consideration of the report of the Committee on the Collective Investigation of Disease of the Medical Society of the State of Pennsylvania.

* One case sex not stated.

† Virchow's Arch., vol. xxi., p. 85, quoted by Bartholow.

Prout and Richardson, however, are as firm advocates of the affirmative side of the question, the latter having demonstrated the fact that injections of lactic acid are followed by endocarditis, and that its medicinal administration in diabetes has in various instances apparently caused a rheumatic inflammation of the joints.

The relation of the *use* and *abuse of alcohol* in its various forms to the disease is of sufficient importance to claim our attention.

While the returns in this matter are not as full or concise as we all would desire, still they are sufficient for the purpose, and show that restriction in the use of alcoholic stimulants is requisite to the welfare of a rheumatic. Sir Thomas Watson so aptly remarks that the instances are not few of men of good sense and masters of themselves, who, being warned by one visitation of the gout, have thenceforward resolutely abstained from rich living and from wine and strong drink of all kinds, and who have been rewarded for their prudence and self-denial by complete immunity from any return of the disease, or upon whom at any rate its future assaults have been few and feeble. "I am sure it is worth any *young* man's while who has had the gout to become a teetotaller."

To return to the report, we find that four (4) of the males are recorded as "intemperate," and that none of the females are so recorded. Thirty-four cases are stated to be "total abstainers," and fifty-one cases "temperate." The nature of the attack in these cases would show to a certain extent the effect or non-effect of alcohol upon the disease.

Of the total abstainers, we find that eleven were subjected to a moderate attack and thirteen to a severe. Of the fifty-one temperate cases, twenty had a moderate attack and thirty-one a severe. Of the alcoholics (four) one had a moderate attack and three a severe.

In one temperate case and in one total abstainer the nature of the attack is not stated.

To consider this matter more closely, we notice an apparent contradiction in the fact that of the non-alcoholics nearly twice as many are noted to have had a severe attack as compared to those recorded as "moderate;" this is due to the small number of returns, as when we compare the nature of the attack in the intemperate, we find the ratio of severe to moderate as *one* is to *three*.

It seems, then, to be established, by this report, that over-indulgence in alcoholic liquors will, if associated with certain other conditions already referred to, undoubtedly give rise to or be a decided ætiological factor in the production of an acute attack of rheumatism.

It does not seem to be of much importance which of the liquors are used, but the amount of alcohol contained therein is of great significance. The mischievous effect of liquors appears to be in direct proportion to the amount of alcohol which they represent: it is a somewhat general statement that the stronger wines, as port, sherry, and madeira, are much more injurious in this respect than the lighter wines, as hock, sauterne, or moselle. By many, malt liquors are considered the most injurious, but the question as to which is the most or least desirable is still *sub judice*.

An inquiry regarding the *food* elicits the fact that of the ninety-one cases, but one had "insufficient" recorded. This patient, a woman, æt. 46, housekeeper, had been exposed to wet and cold a few days before the attack, which was moderate in character, lasting ten days, from which she made a perfect recovery, with, however, a slight persistence of the disease in three joints.

The effect of climate upon the disease, as shown by the report, is that the greatest number of cases occur in "high, dry, exposed" localities, with the atmosphere "damp, wet, and cold," and with the wind blowing from either the west or northwest; this, remember, is the climatology of Pennsylvania alone in relation to the disease, as the cases are taken from the various towns, cities, boroughs, villages, and hamlets throughout the State.

Among the *predisposing* causes may also be added exposure to over-fatigue which occurred in sixteen males and five females; in four of the former and two of the latter the fatigue was sudden. Shock preceded the attack four times—three times in males and once in females.

Age appears to bear no particular relation to the disease, as the youngest case was nine months, and the oldest sixty years. Again, a severe attack is noted in a child æt. ten months, and a mild one in a man æt. sixty years. The investigation of the condition of the *peri-* and *endocardium* in the series of cases becomes indeed an interesting part of our study. The known tendency of the rheumatic poison to these membranes, let it be what you will, adds renewed interest to their consideration.

The condition of the circulatory apparatus was noted in twenty-four cases, an extremely small relative proportion, if it represents the true relation of the occurrence of cardiac complications in the ninety-one cases.

In fourteen instances was the pericardium attacked; twice was the mitral valve diseased. One observer notes "a distinct murmur during the attack, with apex beat lowered to seventh interspace." Four cases are recorded as having "heart disease, before, during, and after attack, with pericarditis, murmur, and lowering of apex beat." Two cases of murmur following the attack are placed on record. One case of pericarditis, which existed previous to the attack, was not apparently affected by the rheumatic complication. One somewhat extraordinary case is noted of "pericarditis only during attack, with lowering of apex beat."

The cutaneous system was but rarely affected; the following skin eruptions are recorded: Erythema 2, eczema 2, and one example of these eruptions: papular, blebs, herpes, sudamina, furuncles, roseola (after attack). Subcutaneous nodules are recorded as occurring but in seven (7) cases.

Without further comment upon special symptoms, we will proceed to a consideration of the methods of *treatment* pursued by the various observers. That most usually advocated is the general plan of therapeusis, comprised under the somewhat comprehensive term of "alkaline." Salicylic acid and the salicylates, followed by, or combined with quinine, seems to have been a very efficacious combination. Salicylate of ammonia is an alkali worthy of special mention, on account of the happy combination of the two drugs, particularly in asthenic cases. The iodide of potassium was exhibited in many cases with apparent happy results. One reporter is an advocate of frequent catharsis; another, of vapor baths. Again, we note the advocacy of cold sponge baths; leeches were also applied. The efficacy of dietetics was proven by the frequent happy recourse to a "milk diet." Mercurial inunctions and the faradic current in two instances appeared to prove beneficial. Tincture of the chloride of iron during convalescence, in many instances, apparently hastened a more speedy return to the normal blood crasis. An observer reports that "the rheumatic list in the materia medica" was exhibited to his patient without any apparent amelioration of the symptoms. Again, a plan of treatment styled as "anti-rheumatic," is reported. Opium was in many cases the keystone of the treatment; indeed, few cases are recorded in which the drug was not exhibited at some time during the course of observation.

The following drugs are reported as having been used with varying success, and upon scanning the list we will notice that the drugs exhibited are almost as numerous as the number of cases recorded: Digitalis, gaultheria, soda biborat., sulphite of soda, iron, cod liver oil, vin. colchicum, pulv. ipecac et opii, pot. carb., magnesia sulph., jaborandi, aconite, veratrium viride, nitrate, citrate, and acetate of potash, lemon juice, fluid extract cimicifuga, hydriodic acid, potas. et sodæ tart., hyoscyamus, gelsemium, mass, hydrarg., fl. ext. manaca, guiac. citrate lithia, sulph. codeia, coto bark.

1504 *Walnut St., Phila.*

COUNTER PRESCRIBING.*

BY MR. J. W. RIDPATH,
Of Jenkintown, Pa.

Having been appointed to present a subject for discussion, I have concluded to present one upon which we will not all hold the same views. One-sided debates are not usually very spicy. There are usually some points in which our views antagonize. To bring out these opposite views, and allow a free discussion from opposing forces, may benefit all parties in a manner similar to the rounding and polishing of pebbles by rubbing against each other.

Recognizing that a subject for discussion should have two sides, I have concluded to present the overlooked side of a subject much talked of by physicians, viz.: "counter prescribing."

After looking at the pros and cons of this subject for years, your correspondent is compelled to conclude that the subject is mostly agitated by persons not familiar with all of its difficulties; and who might, if circumstances were changed, do no better, but a great deal worse, if placed behind the apothecary's counter.

That some prescribing, outside of that done by physicians, is indispensable in the present age, is shown by the vast number of receipts for "cures" of different kinds published in the family newspaper, and by the great number of such clippings carried about in pocket-books.

In a store where counter prescribing is at what is believed to be a minimum, averaging about ten cents per day, or less, it has been noticed that calls for such treatment have gradually fallen off, and at the same time the calls for articles to make domestic cough remedies, tonics, and cholera cures have steadily increased, showing that the public will either be prescribed for over the

* Read before the Adjunct Montgomery County, Pa., Medical Society.

counter or prescribe for themselves. Or, to put it in another form, a large number of persons will not call upon a physician for advice unless they are sick enough to go to bed. And is it to be wondered at? Do not these same people do their own repairing in many other ways; patch their own clothes, darn their own stockings, repair their own harness, do odd jobs of painting, carpenter work, paper-hanging, and a thousand other kinds of mending? It is therefore not surprising that they should occasionally try an odd job of repairing the human form divine.

To show where counter prescribing is done, the following experience of an apotheary who spent eighteen months as head clerk in a store owned by a physician is submitted:

"The proprietor of the store knew nothing about pharmacy. I was given one assistant. The unwritten, but well-understood rule of the store, was to let no patient escape without treatment. Everything was prescribed for, from a slight cold or a cut finger to fever and ague or passing the catheter. The surgical cases were numerous, and frequently serious; gonorrhœa and syphilitic cases frequent; slighter ailments of daily occurrence. In the absence of the proprietor, which was about two-thirds of the time, I was expected to prescribe, and became quite popular with some of the customers, who preferred my medicine to that of the 'other doctor.' One lady asked me to attend her in confinement, and seemed much hurt at my declining to do so. In my absence, the assistant was expected to, and did prescribe for all comers, it being well known that if not supplied with medicine they would go to one of the neighboring stores, which were also owned by physicians, who had the reputation of prescribing for every applicant."

Now, the writer happens to know this physician; and that he holds a diploma as "Doctor of Medicine," and one as "Doctor of Philosophy," from one of the best universities in the country; also that he was recognized and met in consultation by other reputable physicians; also that he was a member of a reputable family. He, therefore, believes it fair to infer that the counter prescribing done in the store of such a physician would not be in excess of that done in other medico-pharmacies. Six other stores, known to the writer, owned by physicians, are probably little else than prescribing shops. The proprietor of one, in which, probably, the least is done, has actually visited the sick in their homes at times when they were too ill to visit him in the store. And yet he claims not to practice medicine. The proprietor of another said of a neighboring practitioner: "What do I care for his boycotting; my counter prescribing is worth more to me in one week than his prescriptions in three months."

It is, therefore, the opinion of your correspondent, that the evil of counter prescribing, so much cried out against, is chiefly confined to physicians, who, for lack of practice, advancing age, or disinclination to continue the practice of a visiting profession, have entered the druggists' ranks for the express purpose of prescribing for the sick who visit them; and that the sin is unjustly placed to the discredit of the regular apothecary, who is usually loth to prescribe, except in emergent cases—while those medical druggists are counter prescribers by choice, and not only give medicine to the patient who is able to visit the store, but send remedies to the bed-ridden patient at home.

Medical Societies.

TRANSACTIONS OF THE PITTSBURGH OBSTETRICAL SOCIETY.

Reported by the Secretary, Frank McDonald, M. D.

Stated meeting, May 6, 1886, J. P. Sterritt, M. D., in the chair.

After the usual order of business, Dr. R. S. Sutton presented the following specimens removed by laparotomy in his private hospital:

1. Pyosalpinx following an attack of pelvic peritonitis in a strumous patient. Right ovary and tube.

2. Enlarged ovaries and tubes from a case of chronic ovaritis, salpingitis, and peritonitis.

3. Enlarged ovary and occluded Fallopian tube from a case of chronic ovaritis, salpingitis, and peritonitis following laceration of cervix uteri in labor. Right ovary and tube.

4. Ovaries and tubes from a case of chronic ovaritis and salpingitis.

5. Ovaries and tubes from a case of peculiar nervous disturbance. Small dermoid cyst, size of chestnut, in one ovary.

6. Fundus uteri and empty cysts the walls of which were thick and vascular, and attached to the uterus.

7. Fundus uteri and both ovaries from a young woman with incurable hysteralgia and horseshoe-formed uterus.

8. Ovaries and tubes from a case of hydro-salpingitis; ovaries enlarged and tubes distended with serum.

9. Enlarged ovaries and tubes from a case case of chronic ovaritis, salpingitis, and pelvic peritonitis.

Of all these nine cases but one patient died, viz., the case No. 8, hydrosalpinx. This patient died of uræmic poisoning a week after operation. Dr. Sutton in his remarks on these cases covered the grounds of recent advances in pelvic surgery so satisfactorily, that at the close he was accorded a unanimous vote of thanks for his remarks, and many congratulations for his success.

Dr. X. O. Werder then read a paper on

Prolapse of the Umbilical Cord.

The child in utero is entirely dependent on the blood of the mother, carried to it through the umbilical cord. Anything interfering with the normal transmission of this vital fluid through this channel between mother and child results very seriously to the life of the latter. It is for this reason that prolapse of the cord is so fatal to the child during birth. According to Scanzoni only 45 per cent., and to Churchhill 47 per cent., of all infants thus born are saved. Death in these cases is produced by compression of the blood-vessels of the funis and interruption of the fœtal circulation, causing asphyxia of the child, as the result of which we find post-mortem hyperæmia of the brain and liver, ecchymosis on the pleuræ and pericardium, etc.

Prolapse of the umbilical cord may be caused by any circumstances which prevent the presenting part accurately fitting the pelvic brim. It is therefore much more common in face, breech, foot, or shoulder than in vertex presentations, but it is in the latter position that the child's life is in greatest danger, because in vertex presentations the head fills the pelvis more completely, and, therefore, subjects the cord to much greater pressure than is the case with other presenting parts. Another very frequent cause is a contracted pelvis, especially contraction of the conjugate diameter of the brain, and other deformities by which the vertex is prevented from readily engaging at the pelvic inlet. Hydramnios, premature escape of amniotic fluid, undue length of the cord, low insertion of placenta, etc., are also frequent causes of prolapsus funis.

The frequency varies greatly according to the statistics of different authors. Churchhill gives 1 : 240; Scanzoni 1 : 254, and other authorities even 1 : 90; the difference probably being due to the fact that the latter have included all positions, while the first speak only of vertex presentations.

The diagnosis of this complication is generally very easy, especially after the rupture of the membranes. Before they are ruptured, however, principally during a pain, when they are very tense, it may be a little difficult; after their relaxation, the presence of a pulsating cord cannot be overlooked or mistaken for anything else.

In the treatment of this complication, it must be our endeavor to *relieve* or to *prevent* compression of the cord. This we achieve either by *reposition* or by *immediate* delivery.

If in a vertex presentation we feel the cord through the membranes, it is our duty to keep them intact as long as possible; we must, therefore, examine very cautiously, especially during a pain, and keep the patient in bed. Schroeder, of Berlin, recommends the introduction into the vagina of an elastic tampon filled with air or water, for the purpose of acting as a counter-pressure against the distended membranes. If we succeed in preventing the rupture of the membranes until the os is fully dilated, we have gained a great deal; because as soon as the head becomes engaged in the pelvis, the cord often slips back; should this not take place, however, we may try with our hand to push it up past the head; or we can push the head to one side as long as it is movable, and thus prevent compression, or place the woman on the side opposite to that on which the prolapse occurs. The most important measure, however, at this stage of labor is, in my opinion, the postural treatment, *i. e.*, the knee-chest position. By placing the patient on her chest and knees, with her hips elevated and shoulders resting on a lower level, the fundus uteri becomes the most depending position, and the cord is apt to slip back by its own weight. After full dilatation of the os, the membranes may be ruptured, and by applying proper external pressure, we may succeed to get the head fully engaged, thereby preventing the funis from slipping down again. Thomas and other authors recommend this method of reposition by gravitation very highly, and it seems to be successful in a large percentage of cases before the liquor amnii has escaped.

The most unfavorable cases are those in which the cord is prolapsed after rupture of the membranes, and before dilatation of the os has taken place. In these cases postural treatment generally fails, and we are obliged to resort to other measures to accomplish reposition. This may now be effected by the hand or by instruments devised for this purpose. We should always try manual reposition first, because it is quicker and less apt

to compress the cord. Only if this fails, be it on account of a small, rigid os, which will not admit a hand or finger, or undue length of the cord, then instrumental interference is indicated. The method practiced in Carl Braun's clinic, in Vienna, is the following: Put the woman on her side or in the knee-chest position, introduce your whole hand, the dorsum of which having been oiled, into the vagina, catch the cord on the points of all five fingers, and push it up gradually and cautiously in the same way it came down, until you have reached the space formed over the chest of the fœtus. Afterwards place the palm of your hand with the fingers over the child's head, put the woman on that side on which the cord does not come down, and withdraw your hand cautiously during a pain.

Quite a number of repositors have been recommended by different authors. They all have no advantage over a common male elastic catheter, which can be improved for this purpose by passing the two ends of a piece string through it, so as to leave a loop emerging from the eye of the catheter. This is passed through the loop of prolapsed cord, and then fixed in the eye of the catheter by means of the stilette. The cord is then pushed up into the uterine cavity by the catheter, and liberated by withdrawing the stilette. A piece of whalebone may also be used as a repositor by cutting a hole into it, then passing a piece of tape through the loop of cord and the ends of it threaded through the eye cut in the whalebone. By tightening the tape the whalebone is held in close apposition to the cord, and the whole is passed as high as possible into the uterine cavity. If desired, this can be left in the uterus. Playfair, Midwifery, p. 304.

Unfortunately, all these methods of reposition fail only too often. The harder we are trying to push the prolapsed cord back, the more it is liable to fall down again; and have we succeeded in replacing one loop, we are chagrined to find that another has prolapsed in a different place. I think, therefore, that we should not waste our time by such uncertain procedures, especially when the life of the child is in danger and when circumstances are favorable for a speedy delivery. The more so, as even after we have succeeded in keeping the funis up in the uterus, the child is not always safe, and unless we keep a careful watch over the fetal heart, we will be very much surprised to find the child still-born, in spite of all our efforts to save its life. If, therefore, the os is fully dilated, and the head has firmly engaged in the pelvis, we should be ready to apply the forceps without a moment's delay, should the least pause in the expulsive forces occur. If we have not succeeded in replacing the cord, a good plan, before the application of forceps, is to push it back into the region of the promontory of the sacrum, as there it will be least exposed to pressure. Is the head, however, not fully engaged in the brim of the pelvis, or is it still immovable, then the plan to be followed is immediate turning and extraction, provided, of course, the os is sufficiently dilated. Following these rules, we will, under favorable circumstances, almost always be able to deliver a living child, and to remove it from the dangers to which it would necessarily be exposed while in utero. Even if it should be in a state of asphyxia, proper therapeutic measures will generally succeed in restoring it to life.

Following this short resumé of this subject I will give the history of three cases of prolapsus funis observed in my own practice. I could mention a few cases seen during the eight months spent in the obstetrical wards in Vienna, but as I have kept no accurate notes of them, I will not waste your time by a recitation of them.

Case 1 was a primipara attended by me in the first year of my practice. Saw her at 6 a. m. Os hardly the size of a quarter, occipito-ant. pos.; pains good. Returned at 8 a. m. Os now dilated to the size of half dollar, vertex fairly engaged in the pelvic brim, but still immovable. Can feel a pulsating cord through unruptured membranes. Put her in knee-chest position repeatedly, then tried left side, but without success, the cord coming down on the right. Membranes ruptured at 12 m., before the os was much larger than one silver dollar. Loop of cord is now in vagina. Tried manual reposition; sometimes I would succeed in getting one part back, but another would come down; at last tried catheter, but was not more fortunate. Then used hot vaginal douches for the purpose of dilating the os, and gr. xv. doses of chloral hydrate every twenty minutes, as Playfair recommends, giving four doses in all, but with little success. Pulsation in the cord ceased at 2 p. m., delivered child in superior strait with forceps at 7 p. m.

Case 2. February 22, this year, was called to multipara; tenth child. Had been sick for several hours, but pains were not very severe. Os completely dilated; head not engaged yet; left occip.-ant. pos., with head rather to the left of the brim. In examination I unintentionally ruptured the membranes; by external manipulation I tried to bring the head over the inlet, when all at

once one hand and the cord prolapsed on the right side. Replaced hand without much trouble, but had considerable difficulty in getting the cord back, but at last succeeded by manual reposition, the patient on the left side. Manipulated the head into the pelvis. Was at first undecided whether to turn or to let nature take its course and to deliver with forceps, if necessary. But the pelvis being very roomy, the fœtal heart, which was very irregular at first, having become more regular, and the head having become rather firmly engaged now, I decided for the latter. Put patient in forceps position and watched fœtal heart. But shortly one severe pain carried the child through the whole pelvic canal. Though somewhat asphyxiated, I had not much trouble in resuscitating it.

Case 3. Multipara; tenth child, of which five were born dead. Had never attended her before, but learned that shoulder and other abnormal presentations had always been the cause of death. At 8 p. m., May 18, of last year, she had one severe pain, which ruptured the membranes and brought down a large loop of cord. She went to bed immediately and kept very quiet. I did not arrive until 11 p. m., three hours later, and found over two feet of funis in bed, still pulsating and knotted in one place. Os completely dilated; head movable above pelvic brim. Has had very little pain since taking the bed. I at once decided to perform version. But by the time I had placed the patient in a suitable position for this operation, pulsations in the cord had ceased; nevertheless, I seized one foot, brought it down and extracted the child immediately, the whole operation probably not lasting one minute. The child was completely asphyxiated, but the heart was still slightly beating. It was at least ten minutes before the child performed the first act of respiration, which was followed by another one minute later, and so on; but respiration did not become regular until forty-five minutes after birth. In the meantime I kept up artificial respiration, practicing, especially, Schulze's method. I am pleased to say that the child to-day is in perfect health; by less energetic treatment its life would certainly have been sacrificed. As I stated before, the cord was knotted and measured thirty-eight inches.

Dr. Werdes' paper was discussed by Drs. Kearns, Bloomburg, Sterritt, Green, Duff, and Sutton, and referred to the Secretary for publication.

There being no further business before the Society, meeting adjourned.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, June 1, 1886. The President, Charles L. Dana, M. D., in the chair.

Trigger-Finger (Doigt a Ressort).

Dr. George W. Jacoby read a paper on this affection, which, he said, was, strictly speaking, one of a surgical and not of a neurological nature; that is, if its pathology, as at present accepted, was correct. These cases, however, when encountered by the general practitioner were liable to be referred to the neurologist; hence the importance of being able to diagnosticate the condition. Doigt à ressort was the name given by Nélaton to a peculiar inhibition of motion in fingers otherwise normal. Flexion completed by force, the movement resembled the closure or opening of the blade of a pocket-knife. Sometimes only extension was interfered with. As a rule, muscular effort alone was sufficient to overcome the obstacle. Generally, the entire motion was painful, particularly at the time of the snap. The patient usually located the pain in the interphalangeal joint, but a careful examination would show that it was at the metacarpo-phalangeal articulation. Externally, the finger presented nothing abnormal, but pressure over the last-mentioned joint almost always produced pain, the painful point being usually confined to a small place upon the volar surface of the flexor tendon. In all cases except those of Busch and his own, a hard, lentil-sized body, which was particularly painful to pressure, was found attached to the tendon about two centimetres above the digito-palmar fold. All authors laid stress upon the presence of this body, as it was, according to all theories of the mechanics of this phenomenon, essential to its production. In Dr. Jacoby's first case he did not remember to have found any nodosity, but as he did not pay particular attention to it, it may have been overlooked. In his second case, however, knowing of the cases of Busch and of Marcano's criticism on them, he made a very careful examination, and could say positively that there was no nodosity or abnormality of any kind discoverable. He saw his first case in 1881, but did not make a diagnosis. The patient was a female servant who almost continually had her hands in water. She had had vague rheumatic pains for years, but had never had an attack of acute articular rheumatism. About six months prior to her visit to Dr. Jacoby she began to have a peculiar tingling sensation in the ring-finger of the left hand, with shooting pain upward

in the arm; she also complained of weakness of the finger and difficulty in flexing it. There was, however, no distinct ressort until two months before he saw her; then she was unable one morning to close the finger, and in attempting to aid herself with the other hand the finger suddenly snapped shut. Dr. Jacoby saw her only once.

The second case was that of a clerk aged 28, whom he saw in November last. The middle finger of the right hand was affected. There was no apparent cause; the patient had never had rheumatism, nor sustained an injury of the finger. The phenomenon came on very suddenly while he was engaged in writing, and was very much fatigued. He made his own diagnosis of writer's cramp, and a physician whom he consulted coincided with this diagnosis. Upon examination, Dr. Jacoby found the peculiar snap to be well marked, and the patient was unable either to fully extend or flex the finger without the aid of the other hand. Both flexion and extension caused severe pain. Pressure over the metacarpo-phalangeal joint was painful. Repeated and careful examinations failed to reveal the presence of any nodosity or irregularity whatsoever. The treatment consisted in the application of the galvanic current, but after a few sittings the patient disappeared from under observation.

The affection had been described and cases published successively by Notta and Nelaton, by Fenerly, Arrachart, Busch, Annandale, Dumarest, Hahn, Menzel, Fieber, Vogt, Blum, Felicki, Herraez, Leisrink, Marcano, and Largeau. The only reference to it which Dr. Jacoby had been enabled to find in any English or American periodical was a translation of Menzel's article, published in the *Boston Medical and Surgical Journal*, 1874, and the description of a case by Annandale, which, however, he evidently did not recognize as a case of doigt à ressort. Dr. Jacoby gave tables of thirty-three cases by different authors. Twenty-one cases were in women and only ten in men, in two the sex not being specified. All the cases were in adults excepting two. Occupation seemed not to have any influence in the production of the malady. The fingers affected were the thumb 16 times, the ring finger 15 times, the middle 6, the small finger twice, and the index finger only once. In five cases more than one finger was affected. The etiology must in the majority of cases be sought in rheumatism; next in traumatism. In some cases no direct cause could be found. The diagnosis was easy. The prognosis was generally fair, as the symptoms usually disappeared after several weeks of appropriate treatment.

Dr. E. C. Seguin said he had never seen a case of true doigt à ressort. He had seen two cases which resembled this condition, but which were of an entirely different nature in their etiology. They verified the author's statement that such patients were likely to be sent to a neurologist, and he should therefore prepare himself to make a diagnosis. In one of the two cases to which he referred, the patient was unable voluntarily to flex the terminal phalanx of the thumb, and if it were forcibly flexed it would go back with a jerk. There had been section of the long flexor of the thumb.

Dr. M. A. Starr, who had also seen the second case referred to by Dr. Seguin, said the difficulty, which was due to section of a tendon, had been mistaken for paralysis, but Dr. Seguin corrected the error in diagnosis. A surgeon had sent another patient to Dr. Starr within a week who at his work was accustomed to make a firm pressure with his hand, and suddenly he experienced difficulty in flexing his fingers, being entirely unable to flex the little finger. The faradic current caused flexion of all the fingers but the little one. He sent the patient to a competent surgeon, who made the diagnosis of fracture of the long flexor tendon of the little finger.

Dr. Willy Meyer had seen two cases of doigt à ressort in Europe. One came to the surgical clinic at Bonn while he was assistant. In both patients the middle finger was affected. One patient was a man, the other a woman. In the case of the man a very thorough examination was made, but no apparent pathological change was present. He was able to use his hand, but with some inconvenience. He wore a splint four or five weeks, which left the finger a little stiff, but this was overcome by prolonged warm baths and passive motion. The woman had complained about two months of pain along the flexor tendon from the middle of the palm of the hand to the tip of the finger, the pain having grown steadily worse. A small painful nodosity was felt just below the metacarpo-phalangeal joint. As there was no doubt that this nodosity was the cause of the affection, they advised its removal, but the patient refused. There were two interesting cases of trigger-finger published in the *Centralblatt für Chirurgie*, 1884, No. 16.

Dr. Meyer thought there was always a mechanical cause of the disease, for even in those cases in which no peri-articular pathological symptom was observable, there might be something wrong within the articulation.

As to treatment, were there no apparent cause for the difficulty, he would use the plaster-of-Paris splint, massage, prolonged hand-bath, passive motion, and perhaps electricity would be advisable. If a nodosity were found it should be removed.

Gilles de la Tourette's Disease.

By C. L. Dana, M. D., and W. P. Wilkin, M. D.

Dr. Wilkin read the paper, in which he said that Gilles de la Tourette's disease was an affection characterized by incoördinate movements (tics convulsives) and by echolalia (automatic echo-speech) and copsolalia (or automatic obscene speech).

The description of the disease by Beard, O'Brien, Hammond, and Tourette received attention; and reference was made to the unity of Latah, Myachit, the Jumpers, and Tourette's cases of tic convulsive.

The disease, the speaker said, begins almost without exception by attacks of motor incoördination, affecting, generally, the head, face, and upper extremities first, then involving the whole body.

After remaining perfectly quiet, the patient suddenly makes frightful grimaces, blinks the eyes, snaps the jaws, raises the shoulders, etc., etc.; if the lower extremities are affected the patient stamps his foot, raises himself, and jumps as he walks.

After having suffered from attacks of motor incoördination for a time, the patient will with the attacks utter inarticulate cries, or he may begin to repeat or echo the words he overhears (echolalia). All this is done automatically and suddenly, and usually with the accompaniment of grimaces and muscular contortions.

In the speaker's case, the attacks of explosive obscenity, or copsolalia, had been more prominent than the incoördinate movements. The patient, a boy of twelve years, of neurotic history, when sitting quiet, would suddenly and involuntarily burst out into expressions of the most profane and obscene character, repeating them rapidly for a few moments and then stopping.

A surprise or sudden noise of any kind tended to produce an outburst, just as surprises in other cases brought out jumping or incoördinate movements. The condition of echolalia in the case, although less prominent than the copsolalia, was nevertheless well marked. The patient also seemed impelled to tell those things which he most wished to conceal.

The motor disturbances were more marked after the patient through some restraint had to repress his outbursts of obscenity. The movements and expressions could generally be voluntarily controlled for a while, but only to burst forth again with greater violence.

The sudden interjections by the patient of obscene words and expressions was regarded by Tourette as pathognomonic of this affection.

The disease is a chronic one, beginning insidiously and lasting for years, sometimes for a long lifetime.

None of Tourette's cases were cured, though some were greatly ameliorated. The diagnosis of the disease is not difficult. From chorea it is distinguished by the suddenness and larger range of the involuntary movements, and by the fact that a muscular explosion is followed and preceded by complete rest. The symptoms are those of a convulsive tic. Echolalia and copsolalia may form part of the symptoms of insanity; and copsolalia has been observed in aphasia. It is easy to differentiate those conditions.

As to the pathology, from the long continuance of the disease an organic lesion can be excluded; and from the general history it is apparent that it belongs to the neuro-degenerative disorders.

In the treatment one measure had proved of marked benefit, namely, isolation. Tonics, bromides, arsenic, and electro-therapy had caused some amelioration.

The President remarked regarding the case that the patient had improved very much under treatment. It was one of the cases in which moral agencies had the power of suppressing the symptoms for a time. The audience had probably observed that while sitting quietly the patient had exhibited a peculiar kind of cough, which was about the only thing noticeable.

Dr. Graeme M. Hammond asked whether the boy was cruel.

The President replied, not to his knowledge. The only bad trait which the boy had manifested was the disposition to lie.

Dr. Julius Rumisch thought it probable the disease as described by Hammond was the same as that prevailing in Kamtchatka. Persons suffering from acute or chronic belladonna poisoning exhibited this jumping tendency. A further interesting fact was the similarity between the symptoms manifested by this class of patients and those of certain persons sensitive to tickling. Some persons suffering from mental weakness or a mild form of insanity were disposed to pronounce very obscene words, to manifest twitchings of the face and other involuntary

movements, which they sometimes took pleasure in observing in the mirror. It hardly seemed to him that the description of the case presented to-night accorded with that given by Beard, and of those in Siberia and similar ones in Java.

Dr. E. C. Seguin thought it might be questioned whether the case presented was like Tourette's on the grounds expressed by the author, namely, the different mode of development, the order of development, and the fact that this patient had a defective mind, whereas Tourette's patients had a normal mind. Still, this might be a case in which there was simply an inverse order in the development of the phenomena. He would like to enter a protest against the nomenclature of the disease, especially as it presented no definite clinical history. In some of Tourette's cases there was absence of echolalia as well as copsolalia. He preferred Charcot's definition, that of tic convulsive, which might include quite a variety of jerking affections; or another term, embracing all possible varieties of these cases might be employed, as abnormal chorea. An interesting, but almost forgotten French monograph of about 150 pages, on these jerking affections, was published at Strassburg in 1850. An interesting case had been reported by a distinguished surgeon of New York.

Dr. M. A. Starr referred to a case related by Dr. Mills, of Philadelphia, in which a tumor involved the second frontal lobe on the left side and pressed upon the third. One of the prominent symptoms was the tendency on the part of the patient to use profane and obscene expressions, apparently without any power to control it. The case suggested the question, Why, since irritation of the central convolutions would produce involuntary motion, irritation of the third frontal convolution should not produce involuntary speech?

The President was perfectly aware that the case was one difficult to classify, but he felt positive if there was such a disease as that pictured by Tourette, this patient had it. In one journal which he consulted the name Gilles de la Tourette was given it by Charcot, and he was much surprised to hear Dr. Seguin say that he did not approve of the name. However, he agreed with Dr. Seguin that there were objections to the name. He could not understand how some of the gentlemen arrived at the opinion that the condition in this case was due to insanity; for the boy, although there seemed to be some defect in his mental nature, did not manifest any symptoms of insanity.

Editorial Department.

Periscope.

Notes of a Case of Involuntary Muscular Movements Accompanied by Coprolalia.

Dr. T. C. Railton thus writes in the *Med. Chronicle* for April:

The case I have to record is that of a gentleman, now about forty years of age, who for a number of years has been afflicted by a very unusual and distressing nervous affection. He is of good family and is possessed of ample means. His education was received at a public school and at Oxford, and for some years he was an officer in the army. By his social status and his intelligence he is fitted in every way to take a prominent position, were he not debarred in a great measure by his complaint from the society of his equals.

I am given to understand that the disease in question first made its appearance when he was about seven years old, and that it was then ascribed to the effects af a fall. My personal knowledge of him extends back for the last eleven years, and I shall give in my description only those symptoms which have I myself observed. I am unable to give particulars about his family history, but I believe that one of his father's brothers was insane. When I first knew him I noticed that he was subject to occasional sudden involuntary movements, mainly affecting the right upper extremity, but sometimes the leg, either movement being nearly always combined with a contortion of the face or a jerk of the head, or both together. These movements would be repeated two or three times, and would usually be accompanied by a short, inarticulate cry, corresponding in rhythm with the movements. For example, if he were at table when seized with one of his spasmodic movements, he would tap the side of his plate several times in succession with his knife, or even tap his forehead with it, with his face a little distorted and his eyes turned upwards. The inarticulate cry would be uttered with each tap. He did not lose

consciousness nor change color, and when the movements were over, he would appear perfectly well and continue to converse as if nothing had occurred. If it happened to be one of his good days, the movement and sound might not recur for two or three hours; if, on the contrary, it was a bad day, they would be repeated frequently. The same phenomenon would occur sometimes when he was writing a letter, and the paper would then be dotted with specks of ink in the places into which he had dug his pen. When the lower extremity was attacked, he often kicked the toe of his boot vigorously into the ground, and usually tapped his forehead with his right hand and turned up his eyes at the same time. On other occasions he would perform the following series of movements: first, holding out his right hand, he supinated and pronated the forearm two or three times, digging his elbow into his side with each supination; then he raised his right knee and patted it several times; and lastly, he struck his nose, forehead or the top of his head with his hand, opening his mouth and turning up his eyes, and accompanying each tap with the inarticulate cry. The movements seemed to increase in this series, and the blows to the face or head were tolerably hard ones. At this period the cry was perfectly inarticulate: sometimes it was almost a squeak, sometimes like ahem, as in clearing the throat. It never occurred except at the time of one of his involuntary movements. The movements varied very much, but a particular set seemed to predominate for a certain time, to give way in turn to another series. For some time he was in the habit of making a peculiar noise with his tongue and lips, like the sound of spitting out some small thing from between the lips. Probably the disease had slowly reached this stage in the course of over twenty years, and it remained much the same for the succeeding three years of my acquaintance with him, sometimes seeming worse, the movements being larger, more perceptible, and more frequent in their occurrence; sometimes better, when they amounted only to a slight occasional jerk of the hand, or a tapping of the forehead.

In 1882 I observed that a new phenomenon had supervened, rendering his complaint much more seriously inconvenient. Instead of the inarticulate cry, the movements were accompanied at times by a muffled sound, the purport of which could not be distinguished when it was first heard, but which became resolvable by its repetition into words never used in polite society. He would be painfully conscious of the effect upon his audience of the word or words he used, and would endeavor to turn off the obnoxious sound by continuing it either into a humming of a bar or two of music, or as a strenuous cough. But sometimes the words were audible with startling distinctness, and I have repeatedly witnessed him nodding his head several times in succession, with his mouth open, and his eyes turned upwards, tapping his forehead with his hand in unison with his nods, each nod being accompanied by an improper or obscene word. The words uttered were usually "bloody hell," but sometimes he used words of a more filthy description, which it is needless to further particularize. Such attacks formed a most painful contrast to his surroundings and to his manners, which were those of a cultivated gentleman, who, in conversation, never made use of obscene or improper language. M. de la Tourette, who has collected nine cases of this disease, has applied the term "coprolalia" to this symptom, from κοπρος=filth, λαλεω=to talk; and he considers that it is pathognomonic of the disease. In the case I am reporting, the improper word was sometimes interpolated in a sentence in a very disastrous fashion, when an involuntary movement happened to occur while the patient was speaking. Thus I have heard him inform a lady that it was "a bloody fine day," and immediately try to divert attention from the word by repeating "*very* fine," "*very* fine," with an emphasis upon the adverb. He would often endeavor to smother the sound, and by great efforts he could succeed for a time in checking what was an almost irresistible impulse, but this was not always possible. If he had occasion to speak in public, no trace of this complaint showed itself. There was no disorder of sensation, his health was always excellent, and his intelligence and general knowledge were above the average. In fact, the disease did not appear to have affected him in any way, either mentally or physically. I last saw him in 1883, and perceived no change of any moment; perhaps the movements were slighter as a rule, but the coprolalia was observed as frequently as before. It is quite possible that the disease may continue as it is now, without the supervention of any additional symptoms; one of de la Tourette's cases suffered from it in this form for about 60 years; but it is also possible that a further development may take place. He considers the disease to be incurable, for while nervous sedatives seem to have an influence, yet as the disease naturally presents periods of ameli-

oration, it is difficult to verify this observation.

Specific Disease of the Brain and Spinal Cord; Symptoms of Locomotor Ataxy.

Dr. Albert Leahy thus writes in the *Brit. Med. Jour.*, June 12:

Mr. Hutchinson's lectures on syphilis, recently published in the *British Medical Journal*, together with the doubt that has been expressed as to the occurrence of ataxy, having syphilis for a cause, may render the following case interesting:

G. W., an officer in the army, aged 46, of temperate habits and nervous disposition, began to complain of debility early in 1885. Twenty years previously, he contracted a sore, which was cured in a fortnight, and, as far as he could remember, was not followed by secondary symptoms. In April, 1885, he complained of weakness in the legs, exhaustion after slight exercise, loss of appetite, and feverishness. This weakness of the legs increased, and he was sent to the hills. About the middle of June, he came under my observation. He complained of lightning pains in his lower limbs, and tingling sensations, "as of pins and needles," in both arms. Both his arms and legs were slightly paretic; and, when he stood up, there was some trembling of the legs and thighs. His gait was typically ataxic, and he described the sensation of contact of the soles of his feet with the ground as being "distant," and as though they were covered with felt. He had external strabismus on the right side, with dilatation of the pupil, and absence of power of accommodation. There was paralysis of the soft palate, causing regurgitation of food into the posterior nares; and each tonsil was the seat of a circular depressed ulcer, with a ragged edge and yellowish base. The patellar and ankle reflexes were absent, and he could not stand with his feet together and his eyes closed. Both eyes were examined with the ophthalmoscope, but nothing abnormal was discovered. On the skin of the forehead was a coppery papular eruption. The inguinal glands were enlarged, but there were no scars on the penis. The paralytic symptoms became rapidly worse; in three weeks, he had completely lost motor power in his lower limbs, and had much difficulty in moving his arms. The muscles of the limbs wasted rapidly, but retained their electric excitability. He had cough, with mucopurulent expectoration, and there were slight dullness and harsh breathing at the left apex. The daily temperature was normal, and there was no albumen in the urine. Iodide of potassium, in ten-grain doses four times a day, with drachm doses of the solution of perchloride of mercury, were first given towards the end of July, and were persevered with for over two months. The patient gradually improved, regaining the power of motion in his lower limbs, and losing the strabismus. During the third week in August, he became extremely irritable, and, on one occasion, violent; the twitchings and startings of his legs also caused him trouble; and the dose of iodide of potassium was increased to 15 grains. The eruption on his face gradually diminished. The improvement in the paralysis gradually increased; and, by the end of September, the patient was able to move about his room, and to take short walks, with assistance. The medicines were stopped during the first week in October, but had to be resumed, as psoriasis of the palm of his right hand (with which he used his walking-stick) appeared. The improvement in his case, up to the time of his leaving India (November, 1885), was permanent.

Whether the ataxic symptoms depended upon the syphilitic poison, or whether they were merely coincident, is open to discussion; but the fact remains unaltered that, as the paralytic symptoms disappeared, the peculiar gait, the swaying to-and-fro when the eyes were closed, and loss of the reflexes, were no longer observable.

Rupture of the Female Urethra during the First Coitus; Imperforate Hymen.

At a recent meeting of the Cronstadt Marine Medical Society, Dr. N. A. Esipoff communicated (*Meditz Obozr.*, fasc. i., 1886, p. 47,) a case of the following nature: A newly-married female, aged 19, who had never menstruated, but every three weeks suffered from menstrual molimina, during the first coitus suddenly felt acute burning pain in the vulva, which was followed by very profuse hemorrhage, both of the parties being in an inebriated state at the time. When first seen, five hours later, the patient was found to be anæmic, the source of the still-continuing hemorrhage being a laceration of the urethra about two centimetres long, running from the edge upwards to the bladder. A fluctuating tumor of the size of a hen's egg was bulging from the vaginal orifice. It was covered by the normal skin, with distinct veins. A finger introduced into the rectum revealed a fluctuating cyst occupying the whole lesser pelvis. The womb was greatly distended, its fundus being felt a finger's breadth above the navel.

After arresting the bleeding by cold water douche, the author closed the wound with five sutures of reindeer tendon, and introduced Nélaton's catheter *à demeure*. Three days later the wound was found healed by the first intention, no trace of sutures being left. On the fourth day (after the accident) a large-sized trocar was thrust into the distended hymen to remove about 2,000 cubic centimetres of inspissated, tar-like, inoffensive menstrual blood. Then, having washed out the cavity with a sublimate solution, the author enlarged the puncture with a bistoury. On examination, neither vaginal roof nor vaginal portion of the womb were found, the uterus and vagina representing one cavity, with a slightly prominent ring at the level corresponding to the internal uterine os. A week later, the womb assumed its normal size; the cervix was formed already, but was still somewhat short and flabby, the external os being patent, its edges star-like and knotty. Dr. Esipoff mentions also a case of hæmatometra in consequence of congenital atresia of the hymen, in a strong, well-nourished hotel servant, aged 17, with menstrual molimina of a year's standing, and with the fundus uteri felt three fingers' breadth above the pubes. No discomfort whatever was ever felt by the patient. The author performed the same operation as in the former case. As in the first case, the womb and vagina were found to be transformed into a single cavity, the cervix being almost tracelessly leveled in consequence of prolonged and considerable distension. Dr. Esipoff lays stress on that point, for Professor Schroeder, in his hand-book, states that in cases of hymeneal atresia only hæmatocolpos is present, while true hæmatometra occurs only in cases of atresia of the external os uteri.

The Microbe of Rabies.

Dr. G. F. Dowdeswell thus writes in the *Lancet*, June 12:

In view of the great interest now taken in this subject in consequence of the brilliant investigations of Pasteur, I think it desirable to take an early opportunity of stating that I have found the microbe which appears clearly to constitute the virus of this disease. It is a micrococcus, not very minute, and of the usual form. It stains, however, with some difficulty; and this accounts for its having hitherto escaped observation. In the cases of dogs which I have as yet examined, its principal seat is evidently the central canal of the spinal cord and medulla oblongata; thence it pervades the other tissues of the central nervous system, occurring (sometimes in vast masses) around the walls of the blood vessels, and in some cases within the vessels amongst the red blood-corpuscles. In the cortex of the hemispheres I have found it, but in very small numbers, and, so far, only in the peri-vascular and peri-cellular lymph spaces. In the cerebellum I have not found it at all, neither have I as yet succeeded in finding it in the salivary glands. I shall shortly publish the methods by which it may be stained with certainty. I must, however, state that it does not stain by hæmatoxylin, either with or without a mordant, as asserted by some. I have repeated their methods carefully. Neither does it occur within the nerve fibres, as stated; and, lastly, it is fully three times the dimensions which they give. I may add that it does not occur in the same situation, treated by the same methods, in normal animals. In the one case of a rabid dog, which I had examined to control my previous observations, the tissues were placed in alcohol so shortly after death as to preclude the possibility of the occurrence of septic organisms. In addition to which, all saprophytes, as far as yet observed, stain very readily with the usual aniline dyes, which this microbe does not. I must point out, in justice to the genius of Pasteur, that these observations on the occurrence of the microbe go far to confirm his statement of the seat of the virus; it may further afford a means of diagnosis in any doubtful case.

Rupture of the Uterus, Followed by Laparotomy.

At a meeting of the Gynæcological and Obstetrical Society of Paris, Dr. Doléris produced the uterus of a woman where rupture of the uterus had occurred during labor and the child had escaped into the peritoneal cavity. Delivery was, however, effected *per vias naturales;* but, two days later, the patient's condition having become very serious, he performed laparotomy under strict antiseptic precautions. The wound in the uterus, as well as the right broad ligament, which was torn, were sutured, and the peritoneal cavity carefully cleansed. The patient, however, did not rally from the shock of the operation, and died a few hours later. At the necropsy, the rent was found to extend from the right side of the cervix towards the right angle of the uterus, and thence inclined to the left. The right broad ligament was torn completely through, and the left was damaged to a less extent. Dr. Doléris expressed the opinion that immediate recourse to laparotomy would have been preferable.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The official report of the memorial meeting of the New York County Medical Association in honor of the late Dr. Austin Flint is published in pamphlet form in appropriate style.

——In a short reprint, Dr. John M. Keating, of Philadelphia, makes some timely suggestions for the preparation of milk for infants.

——Mr. George S. Davis, of Detroit, Mich., forwards an announcement of his "Physician's Leisure Library," which embraces twelve monographs for the very reasonable price of $2.50.

——A remote effect of peripheral irritation is illustrated by Dr. D. B. D. Beaver, of Reading, Pa., in the description of a case of retinal hyperesthesia due to masturbation and its consequences.

——Mr. J. L. Milton, an eminent London surgeon, in a brief pamphlet before us discusses with much erudition the historical side of the question as to the unity or duality of syphilis, showing that the duality was noted in the earliest outbreaks of true syphilis.

——Dr. C. Labus, of Milan, Italy, forwards a reprint describing the removal of a papilloma from the trachea.

BOOK NOTICES.

Transactions of the Vermont Medical Society for the year 1885. Pp. 105. Montpelier, Vt. 1886.

We find in this volume the usual minutes of proceedings, reports of delegates, necrological notices, and a variety of original contributions. Dr. W. T. Smith speaks of lesions of the cerebral hemispheres; Dr. C. S. Caverly, of the causes of infectious diseases; Dr. C. E. Chandler, of the Kocher method of reducing dislocations of the humerus; Dr. L. M. Greene, of fracture of the vertebræ; and others.

Esoteric Christianity and Mental Therapeutics. By W. F. Evans. Cloth, 8vo., pp. 174. Boston, H. H. Carter & Karrick, 1886.

That there are readers for works of this kind is no favorable sign of the times. It is a treatise on the faith-cure, seeking to assimilate it to a form of Christianity. The pages are full of mysticism, muddy theology, and intentional obscurities. Such a book is a good one *not* to spend time upon.

Manual of Differential Medical Diagnosis. By Condect W. Cutler, M. D. 12mo., pp. 161. New York, G. P. Putnam's Sons, 1886.

The scheme which is pursued by the author of this little treatise is to arrange in parallel columns the characteristic signs of diseases which are closely allied, and thus bring out their differences. He deserves credit for his careful collation, but this method, when exclusively depended upon, as in the present volume, passes beyond the limits of its utility, and is sure to be an unsafe guide. It is only serviceable when combined with actual description.

Illustration of Unconscious Memory in Disease, Including a Theory of Alteratives. By Charles Creighton, M. D. Cloth, 8vo., pp. 212. J. H. Vail & Co., New York city.

That unconscious memory exercises a most potent influence on the destiny of the individual and the species, cannot be denied. Everything, in fact, that is called by writers "heredity," "atavism," or "filiation," may be embraced under this term, "unconscious memory," if we choose to stretch it far enough. The author of this volume is willing to stretch it to any extent, and hence evolves a most all-embracing theory of the causation of disease. Undoubtedly he makes some excellent points, and we commend his book as one highly suggestive, and worth attentive perusal; but all will smile when he carries his hypothesis so far as to explain yellow fever and Texas fever in cattle as a sort of vicarious disease, originated not by exposure and hardships in those who suffer them, but in those who do *not* suffer these extremities!

Traite Elementaire d' Anatomie Medicale du System Nerveux. Par. Ch. Féré. Pp. 493. A. Delahaye, Paris, 1886.

The anatomy of the nervous system is fully set forth in this treatise, and with the lucidity which characterizes the writings of French scientists. The scope of the volume includes not only the descriptive and topographical anatomy of the nerves, but pathological conditions, and the more important medical applications as well. There are a number of illustrations, chiefly wood-cuts of moderate excellence, and the type is clear.

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ERYSIPELAS AND PUERPERAL FEVER.

There still are many physicians who contend that erysipelas and puerperal fever really are one and the same disease. Fehlersen has recently demonstrated that erysipelas is caused by special cocci, utterly different from the germs met with in puerperal fever.

Dr. Gusserow now publishes some cases in the *Arch. f. Gyn.* xxv., p. 169, where he proves, from a clinical point of view, the impossibility of both being produced by the same poison. He first mentions two cases of erysipelas occurring during pregnancy. In the first case, four days before delivery, erysipelas of the face began, and continued for four days after it. Childbed normal. In the second case the woman contracted erysipelas in the eighth month. It attacked only the lower extremities. In consequence of the extremely high fever the child died the thirteenth day; the sixteenth, delivery, soon after exitus letalis of the mother. Post-mortem showed uterus and appendages perfectly normal.

As further evidence, G. mentions a case where the mother, four days after delivery, was seized with erysipelas faciei. This ran a normal course and did not influence in the least the progress of the puerperium. In another case erysipelas attacked the left mamma eight days post-partum and seven days later exitus. Autopsy revealed a very grave form of erysipelas, but uterus and appendages normal.

Next, G. publishes nine cases of erysipelas, where it set in after septic phenomena had already existed. In all these cases there appears no causal connection; the septic symptoms had lasted in some eleven days ere the skin commenced to suffer from erysipelas, and the latter disease progressed and ran its course without influencing in any way whatever the septic signs. The autopsies in the fatal cases demonstrated the existence of grave septicæmia, and proved the fact that the erysipelatous inflammations had not been phlegmons, but true erysipelas. To finally conclude the dispute, G. took some of the cocci of erysipelas, and introduced them into the peritoneal cavity of a gravid rabbit. No morbid symptoms of any kind made their appearance.

These investigations are of importance in so far as a physician, because attending a case of erysipelas, need not hesitate to guide a woman safely through childbed, though it will always be safer to take care at least of thorough disinfection of hands, instruments, etc., under such circumstances, for as one of the above cases above referred to again

proves, erysipelas is by no means always a mild complaint, but often enough a fatal one. In our country, however, the latter disease does not seem to be so often attended with danger to life as in the old countries, where the large laboring population does not live under the same favorable hygienic conditions as happily is the case with us.

By all means the researches above mentioned demonstrate that a physician, when finding a woman, whom he delivered of a child, suffering from puerperal fever, need not feel that he has been the cause of this dangerous malady, because he had attended a case of erysipelas at the same time. Such a knowledge would greatly ease the conscience of any conscientious physician.

PASTEUR'S INSTITUTE.

At the meeting of the Paris Academy of Sciences, March 8, this year, a committee was appointed to consider the possibility of erecting an "International Institute for the Prevention of Hydrophobia." Pasteur remarked at the time that in case the Academy should endorse the erection of such an institute, subscription lists should be opened in all civilized countries, that a sufficient amount be procured to enable the commission in charge of the institute to allow free passage to and fro for all persons bitten by rabid animals desiring to be admitted into the institute, but too poor to pay the traveling expenses, as only thus a full benefit would accrue from the erection of such a hospital.

Secretary of the Interior von Freycinet, who also was present, promised the assistance of the government, and at the earnest solicitation of the President of the Academy, consented to become a member of the committee.

The latter has handed in its report, which it concluded in two special meetings. Vulpian, as chairman of the committee, presented the report to the Academy and the latter accepted it as follows:

§ 1. In Paris an institute is to be erected for the treatment of hydrophobia after injury by a rabid animal, its name to be "Institute Pasteur."

§ 2. Into this Institute Frenchmen and foreigners are received who have been bitten by rabid dogs or by other animals suffering from hydrophobia.

§ 3. In France, as well as in other countries, a public subscription is to be opened to obtain the means for the erection of the Institute.

§ 4. The means procured by this subscription are placed in charge of a commission to consist of (now follow the names of the most celebrated scientists and the most prominent men of France, of whom we will name the following: Admiral Jurien de la Graviere, President of the Academy of Sciences; Vulpian, Marey, Paul Bert, Charcot, de Freycinet, Jules Simon, Magnin, Governor of the Bank of France, A. de Rothschild of the Crédit Foncier, Be Clard, Dean of the Medical Faculty, and the faithful, untiring colaborer of Pasteur, Prof. Graucher, is also not wanting).

§ 5. Subscriptions are received by the Bank of France and its branches, the Crédit Foncier and its branches, all internal revenue collectors, etc.

The names of the subscribers will be published in the *Journal* of the Academy. Thus an enterprise is assured, upon which we all can only look with the utmost sympathy, though the final decision about the effect of Pasteur's method must still be reserved.

TO DETECT THE SEX OF THE FŒTUS BEFORE DELIVERY.

Dr. Juan Bidart, of Santiago, Chili, has recently made a long series of observations to determine whether it might be possible to detect the sex of the fœtus by the number of the beats of the pulse.

Towards the end of pregnancy B. counted in 100 cases the fœtal frequency of the pulse, sometimes once, sometimes oftener, according to circumstances. He arrived at the following conclusions:

1. There exists a definite relation between the sex of the fœtus and the frequency of its pulse, and the figures 135 and 145 form the limits to determine the question.

2. Contractions of the heart less frequent than 135 indicate a boy, while more than 135 or 145 give evidence of a girl.

3. To determine the point, it is necessary to count the number of beats oftener before rupture of the bag of waters, to become acquainted with the rhythm of the heart, and any possible irregularities.

4. Under such circumstances the sex may be predicted with certainty 92 out of 100 times.

5. The knowledge of the facts may be of great importance when determining the advisability of premature delivery.

RAPHANIA.

Raphania is the technical name for that class of poisoning produced by strawberries,

ergot, and especially the black radish. Dr. J. Andree reports the case of a man, æt. 51, and that of his son, æt. 25, who both after the eating of horse-radish suffered from intense pains in the epigastrium and in the extremities (*Centrlbl. f. d. Med. Wiss.*,4,'86). These pains were so severe that the patients rolled around on the floor. About 1½ drachms of resorcin, and, in the case of the father, half an hour later a second dose of about 50 grains induced vomiting and diarrhœa, and at once brought about a great amelioration in the symptoms.

Dr. A. also made use of the same remedy in case of ergotism, and he strongly recommends the drug in all similar instances.

Notes and Comments.

Tabetic Contracture of the Old.

E. Demange was the first to draw our attention to a peculiar form of contracture, which attacks only the aged when suffering from arterio-sclerosis in a high degree, and which is characterized mainly by a progressive contraction, which gradually seizes the joints of the extremities.

In a recent article in the *Revue de Méd.*, 1886, No. 7, D. reports several cases of this disease and tries to show the distinguishing points between his diffuse sclerosis," due to vascular disturbances, and the common lateral sclerosis. While in the latter disease the lateral columns alone suffer in his "diffuse sclerosis," though the same paths also are mainly affected, the other parts of the spinal cord also become the seat of the same morbid changes, but in an irregular manner.

From the nature of the pathological lesion, as described by D., we infer that the minute alterations also differ in the two diseases. In lateral sclerosis we have to do with a real sclerotic process attacking the white matter of the lateral columns, while in the diffuse vascular sclerosis of the aged the arteries are seized by the sclerotic process, and according to the portions of the cord thus deprived of their usual supply of arterial blood, we find atrophy of the white matter in irregular patches, but usually extending over a transverse part of the medulla.

This atrophy macroscopically greatly resembles true sclerosis, but the microscopical examination shows in the one case a cicatricial contraction of the interstitial tissue and consequent wasting of the compressed white matter, and in the other an atrophic process, attacking alike all the structures receiving their arterial blood from the same sclerotic vessel.

The Effect of Some Poisons on Ascarides.

To determine the effect of certain drugs on intestinal worms, Dr. W. V. Schroeder has instituted a series of experiments and published their results in the *Arch. f. Exp. Path. u. Pharm.*, xix., p. 290. He used the ascaris lumbricoides, which occurs in the hog, and on account of its identity with the same worm in the human being is specially adapted for such purpose.

Of all the substances examined, sublimate and nicotin proved themselves the most powerful; soda lye, which destroys the covering integument of the animals, also has a violent effect on the worms, while virulent poisons, as cyanide of potash, arseniate of sodium, strychnine, coniin, physostigma, aconitin, morphine, picrotoxin, evinced comparatively little effect. The same may be said of chloral, alcohol, helleborin, chlorbarym, quinine, camphor, while the animals proved very sensitive to acids, phenol and salicylic acid.

Of special interest are the results obtained with santonin. This proved not to be a remedy which has a fatal effect on the worms, but one which drives them out of the intestines. In consequence of unknown reasons the presence of santonin in the small intestine makes the worms so uncomfortable that they quickly descend into the large bowel, where they must be driven away by purgatives. Whenever, therefore, santonin is administered, it should be accompanied by a purgative, or the latter be sent after it within an hour or two.

Case of Curious Malformation of the Thorax in a New-Born Infant.

Dr. Ridley Dale thus writes in the *Med. Press:*

On Wednesday, February 17, I was requested to attend Mrs. D. in her confinement. This was her ninth child, all the others having been born perfect, and all have been strong, robust children. The labor was a natural one. On examining the child after birth the left side of the thorax presented a curious condition; for a space of four inches, extending from just above the navel to the inter-mammary line, the skin and thoracic parietes were completely wanting. The gap measured two and a half inches at the lowest part, and one and a half inches above. Below could be seen the diaphragm covering the stomach and liver, while above this the

heart protruded, being simply suspended in a horizontal position by the great vessels.

There was no pericardium. It was to me an uncommon experience to see the heart beating outside the chest for some minutes after the child was born. Respiration did not occur. After death I could replace the heart within the thorax, but on releasing the pressure it immediately shot forwards again. The ribs on the left side ceased at the border of the gap. The child otherwise appeared healthy and at its full time—thus for nine months of intra-uterine life it had lived in this condition.

This case is interesting from a medico-legal point of view, as it is possible that the appearance might be mistaken for criminal violence. No post-mortem was permitted.

Surgical Affections in the Insane.

Dr. Giné y Partagas, physician to the Barcelona Asylum, Nueva-Belén, in a clinical lecture published in *La Independencia Médica*, gives a *résumé* of the more important surgical maladies he has met with among lunatics. Erysipelas, he says, and especially erysipelas of the face, is very common, and should be watched for by the physician, as lunatics frequently do not trouble themselves about cutaneous affections. Eczema also is very common. As to furunculosis, he remarks that he has never seen it followed by cure or alleviation of the mental condition. The chief self-destructive propensity of melancholics seems to be to mutilate the genital organs. One man showed the doctor, as an evidence of his operative skill, a testicle which he had contrived to excise with the help of a piece of broken glass. Another patient managed with a similar instrument to perform a true œsophagotomy. Dr. Giné remarks that it is wonderful how insensible they seem to the pain they thus inflict upon themselves. With regard to the difficulty of retaining splints on fractures, he says that for many years poroplastic appliances have been employed in Nueva-Belén with the most satisfactory results. In conclusion, he calls the attention of his hearers to the importance of careful examinations of the inguinal and crural regions of lunatics, who may have new herniæ or inflammations in old ones for some time without complaining.

Extraordinary Cæsarian Operation.

A contemporary quotes from *La Gazzetta degli Ospitali* the case of a patient who performed the Cæsarian operation on herself. A peasant woman, æt. 23, with a common kitchen knife, opened her own abdomen on the right side. The wound was five inches in extent. The woman then opened the uterus in the same direction, and endeavored to extract the fœtus. As this was at full term it could not be readily removed. The mother first drew out an arm and cut it off. To still further reduce the bulk, she amputated the head, and then completely emptied the womb, extracting the placenta. She bound a broad bandage very tightly round her body, hid the fœtus in the straw mattress, dressed herself, attended to some domestic duties, and on a cart went into the city. On returning home, having walked about for five hours, she vomited and fainted, and the parents called in the doctors. Thirteen hours had elapsed from the infliction of the wound, and through it the bulk of the intestines had been protruding for six hours. In the end, the medical attendants having satisfied themselves of the complete reduction of the emptied uterus, performed abdominal toilette as well as was practicable, replaced the viscera, introduced a drainage-tube, and sutured the wound. The evening temperature was 37.7°; lochia natural *per vias naturales*. The woman stated positively that she had no accomplices. The wound healed, and was only superficial on the eighteenth day after the self-performed Cæsarian operation.

Antidote to Cocaine Poisoning.

In the *London Med. Record*, Dr. F. Schilling describes a case of cocaine poisoning, coming on after the drug had been locally applied for the extraction of a tooth. The patient was a woman aged 28, in the seventh month of pregnancy. The injection of two drops of a 20 per cent. solution of cocaine caused sufficient anæsthesia for the extraction of the tooth. As the patient was leaving the room the dentist noticed that her eyes were fixed, and a few minutes after making her sit down she became unconscious, reacting to no stimulus. The injection of ether had no result. During the unconscious state, which lasted over half an hour, the breathing was quiet, the pulse 86 and regular; the eyes were wide open, with medium-sized pupils, and the conjunctival reflex had disappeared. The patient could not be roused by shouting, but after a time began to call her husband by name. Dr. Schilling, considering that the condition was due to anæmia of the brain, advised the inhalation of amyl nitrite. The first inhalation seemed to rouse her, and after the second she could

answer questions hesitatingly but correctly. She was well in a short time. As the author states, it is a question whether the symptoms were not due to shock, as the patient was pregnant. He, however, considers this an improbable explanation.

Lanolin an Old Remedy.

The *Pharmaceutical Record* says:

It appears that lanolin is not entitled to take rank among the most recent additions to the materia medica, inasmuch as Culpepper, the venerable "student in physick," described it in his work published in 1650. This has been lately pointed out by a correspondent of the *Chemist and Druggist*, who gives the following extract:

"*The Way to Make Œsipus.*—Take wool cut off from the neck ribs, ribs, and under the pits of the forelegs of a sheep not washed, but well wearied, wash it well in warm water so long till it have left all its fatness in the water, then press it out and lay it by, let that fat and foul water be poured from on high out of one vessel into another a long time till it be froathy, then let the froath settle, and take off the fat that swims at the top, then pour the water to and fro again, till neither more fat nor froath appears, then wash the froath with the fat in cleer water till it be cleansed from the dross and will not bite your tongue if you touch it with it; then keep in a thick earthen clean pot in a cold place."

Measurement of the Breast.

In the *St. Louis Med. and Surg. Jour.*, for April, F. L. J. says that it frequently becomes desirable, as for instance, after Estlander's operation, to keep track of the shrinkage or other changes in the size or shape of the chest. A very simple method of accomplishing this is from time to time to make a plaster cast, of limited width, of the surface which it is desired to measure. To do this, take a roll of bandage from one to two inches wide, and, after passing it through plaster (as in preparing a plaster bandage), lay it on the surface to be measured, folding it on itself backward and forward until a half-dozen or more thicknesses have been superimposed. After the plaster has set, remove the splint thus formed and make a tracing of the inner curve. By comparing the tracing thus obtained, very accurate results may thus be secured. This idea was first suggested, but in another form, by Dr. Le Fort, in a communication to the Société de Chirurgie. Dr. Le Fort's idea is to take a full plaster cast of the chest, and then make sections of the cast.

Suppuration Connected with the Antrum Arising from Diseased Teeth.

Amelia B., æt. 22, a dressmaker, was admitted on May 1. When fourteen years of age patient had a slight abscess over the right superior maxilla, and after that had disappeared she noticed a small hard lump in this situation. This remained the same size until six months ago, when it increased in size. On admission a swelling was found over the right upper maxilla, which did not infringe on the orbit or nose. Some time ago it was larger than at present. On looking into the mouth the two right upper bicuspids were found to be carious. There had never been any discharge into the mouth or nose, but the previous Sunday for the first time a little blood welled up into the inner canthus of the right eye. The patient has always enjoyed good health with the exception of this swelling. On the 2d the patient was anæsthetized, and Mr. Bloxam ascertained that the tumor was connected with the antrum of Highmore. The carious teeth were removed, and about an ounce of watery pus drained away. The antrum was syringed out with a weak solution of permanganate of potash. The patient left cured on the 8th.

Inequality in the Length of the Tibiæ.

A boy, æt. 10, whose left tibia had grown three-quarters of an inch longer than the opposite one in consequence of stimulation of the lower epiphysis, owing to inflammation and necrosis of the shaft of the bone, was shown to the Medico-Chirurgical Society by Professor Annandale. As a result of this lengthening of the tibia, the foot had been gradually displaced outwards, so as to form a kind of talipes valgus. In order to remedy this deformity it was necessary to lengthen the fibula, and he did this by dividing the fibula at the junction of its lower and middle thirds. In addition, division of the peroneal tendons was required before the foot could be brought into position. The result had been most satisfactory, and the deformity was now quite relieved.

Successful Treatment of Cirsoid Aneurism.

Before a recent meeting of the Medico-Chirurgical Society of Edinburgh, Professor Annandale showed a woman, æt. 22, illustrating the successful treatment of a cirsoid

aneurism by a combination of electrolysis and ligature of the chief artery passing to the tumor. The aneurism involved the left upper eyelid, and passing from it over the left forehead and temple were several large, tortuous, dilated, and strongly pulsating arteries. One application of electrolysis and the ligature of the temporal artery completely cured the case. Mr. Annandale remarked that he had successfully cured several cases of cirsoid aneurism by electrolysis alone, but that this was the second case in which he had employed ligature of the artery in combination with it. In the other case the tumor was much more extensive, and he ligatured the common carotid, and also employed electrolysis with complete success.

Palliative Treatment of Uterine Cancer.

The *Med. Press* tells us that Prof. Sireday uses a very simple but effective palliative treatment for cancer of the womb, and in the many cases in which he applied it the patient's sufferings were rendered very supportable. His method consists in washing out the vagina by a solution of corrosive sublimate (1:3000), and in applying small plugs of cotton imbibed in a four per cent. solution of chloral and dusted with iodoform, to the wound. It is essential that the wound should be exactly covered with the first plug and left *in situ* for two days, when the dressing is renewed. After a few days of this treatment the ulcer, which hitherto wore a very ugly aspect, becomes clean and resembles an ordinary wound, and the pain is greatly lessened. By this method also hemorrhage is arrested, and thus the life of the patient is prolonged and her general state is greatly improved.

Recovery from Complete Alopecia of the Scalp.

To the Carlisle (Scotland) Medical Society Dr, Lediard showed a patient recovering from complete alopecia of the scalp. The woman had been under observation for two years. It commenced with one patch, and in a few weeks all the hair disappeared from the scalp, eyebrows, and eyelids. It was associated with headache. No history of syphilis. After six months hair began to grow scantily over the scalp. For a year there was a scanty growth of white hair, and during the last few months pigment has appeared in the hair, and the hair has grown more in patches. Blisters, spirit lotion, and repeated shaving, have constituted the local treatment; while quinine and iron, bromide of potassium, and iodide of potassium, have been administered internally.

A Case of Vaginitis Due to the Presence of Red Ants in the Vagina.

To the Obstetrical Society of New York Dr. Gillette reported the case of a patient who applied to him, complaining of irritation of the vulva and vagina, accompanied by profuse leucorrhœa. On examination, the vulvo-vaginal mucous membrane was found to be much inflamed, and bathed in pus. Vaginal injections were ordered, but the patient objected to them, saying that they always made her worse. A few days later she reported again, and said that she had discovered the cause of her trouble, viz, red ants had taken up their abode in her fountain-syringe, and every time she used the syringe, the ants were poured into the vagina. Their bites undoubtedly caused the inflammation. He related the case merely to offer a new cause of vaginitis.

Cardiac Changes in Typhoid Fever.

A very unusual lesion has recently been pointed out by Dégérine as occurring in the muscular structure of the heart during the course of typhoid fever. On examining the hearts of two patients who died suddenly during apparent convalescence from this disease, extensive microscopic changes were detected into the myocardium. In both cases, the lesion consisted in a separation of the intercellular cement of Eberth, which, in a normal condition, unites the cells of the cardiac fibres. There was neither fatty, putrid nor pigmentary degeneration. It is due to the solvent action of sarcolactic acid, which is formed in great abundance in the intercellular cement. No bacilli were found in the myocardium. Similar changes have been detected in the myocardium after pericarditis by Lundrouzy and Renant.

Treatment of Diabetes.

At the fifth German Congress for Internal Medicine (*Med. Record*), Professor Stokvis, of Amsterdam, discussed this subject. The speaker followed Bouchardat and Cantani, prohibiting the carbo-hydrates absolutely, and he was pleased with the results so far obtained. He insists upon muscular exercise, by which alone the percentage of sugar can be greatly diminished, regulates all the other functions of the system, and counsels also moderation in eating and all other matters. Such general treatment is particularly

adapted to fat and gouty patients, when they show symptoms of diabetes.

Wound of the Fœtus in Utero.

At the Societe de Chirurgie (Paris) M. Berger mentioned a very extraordinary case of a wound reaching the fœtus *in utero*. A woman eight months *enceinte* received a knife stab in the gluteal region, which gave issue to nearly a quart and a half of blood. The following day she gave birth to a still-born child, which presented a wound an inch in length on the right parietal bone. The peritoneum was not touched by the instrument.

Genital Irritation.

We have more than once called attention to the effects of reflex irritation from the genital organs, from a contracted prepuce, a stricture, a collection of smegma, and the like, in the causation of convulsions and a variety of phenomena, very obstinate and unyielding until the cause is discovered and removed. Do not forget this potent agency, and be ever on the lookout for it in puzzling cases.

Correspondence.

Lanolin an Old Remedy.

Eds. Med. and Surg. Reporter:—

In a paragraph which appears in the June number of the *Druggist's Circular*, some one has brought to light the curious fact that the substance recently brought to notice under the name of lanolin by Prof. Leibreich, was known and its method of manufacture described by the ancients. Upon looking over an old book, published in 1685, in my possession, I find a very similar description to that alluded to, which, for the benefit of those who may not have seen it, I will copy verbatim:

"Oesipus, sordes, or filth sticking to the wool. It is thus prepared: Take the greasie Wool from the Neck, Shoulder-pits, and Thighs of the Sheep, put it into very warm water for eight or ten hours, then boyl and stir till all the fat or greasiness is in the water; press out the wool, pour the fat and filthy water from one vessel to another till it froth; let the froth settle, take away the fat that swims on the top; pour and re-pour it as before till it froth; which repeat so often till no more froth appear, nor fat swim at top; then take the fat with the froth, and wash it up and down with the hands in clear water so often and so long till the filth is washed from it, which is when the water remains clear and the fat white, and being tasted, does not bite your tongue."

From which it would appear that the modern product, in point of color and odor at least, possesses no advantage over the ancient "oesipus."

In the chapter on "cerecloths" appears the formula for a cerate or ointment having this substance as the base, and bearing the title "Ceratum Œsypatum Mesuœ."

The excellent and, so thought, novel idea of treating skin diseases through the medium of "medicated soaps" also finds precedence in the following "soap against the itch," taken from the same book: "Sapo ad Pruritum." "Take sal regale ℥ss.; burnt alum, Benjamin, liquid storax, ana ʒij.; flos. sulphuris ℈ij.; storax, calamita, litharge, ana ʒss.; dock roots ℈j.; mercury precipitate gr. v.; oyl of cloves gtt. iij.; Venice soap q. s. Make wash balls," and others as "Sapo Cosmeticus Prevotii," etc., etc.

The history of invention and discovery everywhere and in all departments of science, gives unmistakable examples of this tendency to repeat itself, and from the above it would seem that the medical art furnishes no exception to the rule.

G. A. Hill, M. D.

Williamsport, Pa., June 9, 1886.

Amputation Above the Elbow.

Eds. Med. and Surg. Reporter:

On April 13, I was called to see Mr. Thos. Stites in consultation with Dr. L. Bush, of this place. He was suffering from gangrene of the left fourth finger. On inquiring into the history of the case, I learned that fifty-seven years ago, at the age of ten, he sustained a fracture of the left ulna, severing the olecranon process. The fracture was set, and upon uniting, there was a deformity. The adhesions were then broken up and the fracture was reset. The parts united by a capsular ligament, giving the joint a ball-and-socket motion. Apparently the blood-vessels and nerves had been injured, since there was a partial loss of sensation and impaired nutrition; the forearm and hand being considerably smaller than the corresponding parts of the opposite side. Not being able to check the gangrene, we decided to amputate the arm just above the elbow, which we did on April 21. In amputating I made the flaps by the method of Mr. Liston. Fearing some sloughing in consequence

of his age, I made them in length one-fourth the circumference of the limb. There was no sloughing, however, but enough contraction to form a good stump. Notwithstanding his age, at the end of four weeks the parts were healed with the exception of a small granulating surface externally. I prefer goodly-sized flaps, so that we will have something to fall back upon, since it would be much easier to remove a portion of a redundant stump than to reamputate, which latter is frequently necessitated in consequence of unlooked-for sloughing or contraction.

N. C. Miller, M. D.

Stroudsburg, Pa., June 4, 1886.

Coffee a Cause of Pruritus and Leucorrhœa.

Eds. Med. and Surg. Reporter:

Seeing an editorial in the Reporter, June 5, noticing observations of Dr. Brown-Sequard regarding the connection between coffee and pruritus in certain nervous subjects, I present two cases coming under my care, involving not only pruritus but also leucorrhœa. I have seen several since, but not so marked.

Case 1. A young lady, never accustomed to drink coffee at home, was sent to Germany to complete her education, went to a boarding-school, entirely isolated from family and friends, and had coffee three times a day as a common beverage. Within two weeks had an aggravated case of pruritus and leucorrhœa, which lasted despite treatment, during her two years' sojourn. Returning home, became entirely well within a short time, having had no coffee. The family breaking up a few years later, she went to board, resumed the habit, and the trouble returned. Numerous experiments proved the cause. To-day a cup of coffee in the morning will cause a return of the trouble before night.

Case 2. A young lady from the South, an habitual coffee-drinker, had pruritus and leucorrhœa since a child. Was never benefited by treatment. Coming under my care, I advised her to give up the habit. She did so, and received immediate benefit. Both were of a nervous temperament.

A. K. MacDonald, M. D.

Princeton, N. J., June 14, 1886.

—The forty-five million population of the United States have 89 regular medical colleges, with about 10,000 medical students; 8 of these medical colleges have each from 300 to 600 students, and 7 of these colleges have from 200 to 300 students.

News and Miscellany.

Ninth International Medical Congress, Washington, 1887.

RULES FOR THE GOVERNMENT OF THE LOCAL COMMITTEE OF ARRANGEMENTS OF THE NINTH INTERNATIONAL MEDICAL CONGRESS.

The following order of business shall be observed:

1. Reading the minutes of the previous meeting.
2. Reports of sub-committees, in order.
3. Unfinished business.
4. New business.

Meetings.

The meetings shall be held at such time and place as the Chairman or, in his absence, the Secretary shall select.

A majority of the General Committee present at any meeting shall constitute a quorum authorized to do business.

No member shall be permitted to speak more than five minutes on a single question.

The Officers.

The officers of this committee shall consist of a Chairman, Vice-Chairman, Secretary, and Treasurer.

Duties of the Officers.

The Chairman shall preside at all meetings, preserve order according to parliamentary rule, approve the necessary requisitions and vouchers, and all official communications to the Executive Committee shall emanate from him. In the absence or disability of the Chairman, the Vice-Chairman shall perform the duties of the Chairman for the time being, and in the event of his absence or disability a Chairman *pro tempore* shall be elected by the committee.

The Secretary shall keep a true record of all proceedings, notify the members of the times and places of meeting, and such other duties connected with his office as the committee may, from time to time, direct.

There shall be elected a Treasurer, whose duty it shall be to receive from the Finance Committee all moneys collected for the expenses of the committee, and to pay the same by check on vouchers duly certified by the Chairman of the Committee of Arrangements and the Chairman of the Finance Committee. He shall deposit all sums of money received by him from whatever source in Riggs & Co.'s bank, keep book of deposits and vouchers of all payments made by him.

Sub-committees.

The following sub-committees shall be recognized:

1. Committee on Congressional Legislation.
2. Committee on Finance.
3. Committee on Printing.
4. Committee on Reception.
5. Committee on Entertainment.
6. Committee on Transportation.
7. Committee on Place of Meeting for Congress and its Sections.
8. Executive Committee.

DUTIES OF SUB-COMMITTEES.

Committee on Congressional Legislation.

To this committee will be assigned the work of applying to the Congress of the United States to aid in meeting the expenses of receiving and entertaining in a manner commensurate with the dignity and pride of the United States Government, the International Congress here in America.

Committee on Finance.

This committee will be entrusted with the duty of collecting funds from whatever source it may see proper to apply (the U. S. Congress excepted) for the expenses to be incurred by the Local Committee of Arrangements, and all moneys so collected must be paid into the hands of the Treasurer at the end of each week, the chairman of sub-committee taking a receipt for the same and keeping an account of source from whence collected.

Committee on Printing.

This committee shall have charge of all printing necessary for the official business of the committee, blank-books and stationery, and shall furnish the same to the various committees on requisition of the chairmen of sub-committees, approved by the Chairman of the Committee of Arrangements.

Committee on Reception.

This committee will be intrusted with the duty of making all suitable arrangements for the accommodation of members of the Congress, and establishment and maintenance of a bureau of information for the members and guests of the Congress.

Committee on Entertainment.

This committee shall devise and arrange such plan of excursions and other entertainments as they may see fit to propose to the General Committee for its adoption.

Committee on Transportation.

This committee shall have charge of all matters pertaining to transportation of members of the Congress to and from the city of meeting, and of excursions, and shall see that accurate information upon this subject be supplied, not less than one month in advance, to all American members who may signify their purpose to attend the meeting in this city.

Committee on Place of Meeting for Congress and its Sections.

The duty of this committee will be to provide a suitable hall for the meeting of the Congress, as well as convenient and eligible rooms for the different Sections, and to make such arrangements as may be necessary for an easy access to the same by the members of the Congress.

Executive Committee.

The original committee of six, appointed by authority of the Executive Committee of the International Medical Congress, shall constitute an Executive Committee, whose duty it will be to act as an Advisory Board or Judicial Council, and determine the settlement of all miscellaneous questions referred to them.

All contracts involving expenditures by sub-committees shall be subject to the approval of the Executive Committee.

LOCAL COMMITTEE OF ARRANGEMENTS.

Chairman.—A. Y. P. Garnett, M. D.
Vice-Chairman.—J. M. Toner, M. D.
Secretary.—C. H. A. Kleinschmidt, M. D.
Treasurer.—D. C. Patterson, M. D.

EXECUTIVE COMMITTEE.

Dr. A. Y. P. Garnett, Dr. J. M. Toner, Dr. N. S. Lincoln, Dr. C. H. A. Kleinschmidt, Chief Medical Purveyor J. H. Baxter, U. S. Army; Surgeon-General F. M. Gunnell, U. S. Navy; Surgeon General Robert Murray, U. S. Army; Supervising Surgeon-General J. B. Hamilton, U. S. Marine Hospital Service.

1. *Committee on Congressional Legislation.*—Drs. Garnett, Baxter, Walsh, Townsend, Toner, Lincoln, Hammett.

2. *Committee on Finance.*—Drs. G. L. Magruder, J. T. Young, Z. T. Sowers, J. W. Bulkley, T. C. Smith, J. W. Bayne, C. V. N. Callan.

3. *Committee on Printing.*—Drs. J. B. Hamilton, W. T. Hord, U. S. N.; Thos. Antisell, D. P. Woolhaupter, Ralph Walsh, H. D. Fry.

4. *Committee on Reception.*—Drs. J. M. Toner, S. O. Richey, H. B. Loring, I. C. Rosse, Fairfax Irwin, M. H. S.; Louis Mackall, B. O. Skinner, U. S. A.

5. *Committee on Entertainment.*—Drs. N.

S. Lincoln, W. W. Godding, C. M. Hammett, W. O. Baldwin, G. W. Acker, D. R. Hagner, D. C. Patterson.

6. *Committee on Transportation.*—Drs. J. W. H. Lovejoy, Armistead Peter, W. H. Taylor, Geo. W. Stoner, M. H. S.; R. Reyburn, Sr., E. M. Schaefer.

7. *Committee on Place of Meeting for Congress and Sections.*—Drs. D. C. Patterson, J. F. Hartigan, C. W. Franzoni, Chas. Smart, U. S. A.; J. O. Stanton, W. H. Hawkes, Lachlan Tyler.

How the Founder of the Society of Friends Set a Dislocated Neck.

The *Med. Record* says: "In an interesting and scholarly address by Dr. J. J. Levick, on the 'Early Physicians of Philadelphia,' he tells us how George Fox traveled through New Jersey and New England, keeping a faithful journal of all that occurred. 'In 1672 he was passing through New Jersey, then but sparsely settled. He had spent the day with Richard Hartshorne, at Middletown Harbor (the ancestor, if I mistake not, of one of our present Board of Managers, and of three physicians of that name who have so well served this hospital), and next morning went on to Shrewsbury. "While at Shrewsbury," writes Fox, "an accident befell which for a time was a great exercise to us. One John Jay, a Friend of Barbadoes, who came with us from Road Island, being to trie a horse got upon his back, and the horse fell a running and cast him down upon his head, and brake his neck, as the people said. They that were near him took him up dead, and carried him a good way, and laid him on a tree. I got to him as soon as I could, and feeling on him, concluded he was dead. As I stood by him, pitying him and his family, I took hold of his hair, and his head turned anyway, it was so limber. Whereupon throwing away my stick and my gloves, I took his head in both my hands, and setting my knees against the tree, I raised his head and perceived there was nothing out or broken that way. Then I put one hand under his chin and the other behind his head, and raised his head two or three times with all my strength and brought it in. I soon perceived his neck began to grow stiff again, and then he began to rattle in his throat, and quickly after to breathe. The people were amazed, but I bid them have a good heart and be of good faith; to carry him in the house, give him something warm to drink, and put him to bed. After he had been in the house awhile he began to speak, but did not know where he had been. The next day he was pretty well, and many hundreds of miles did he travel with us after this."'"

Spanish Medicine.

The *Lancet*, May 8, says:

Don Luis Comenge has recently published a Spanish work, entitled "Medical Curiosities, preceded by a Discourse on the Flourishing Condition of Spanish Medicine in the Sixteenth Century and its Subsequent Decadence." Though entitled "Curiosities," there is much serious medical history which, as a reviewer in *El Genio Medico Quirurgico* says, deserves to be read and pondered over, such as descriptions of those who have contributed in past ages to the advancement of medical knowledge, and accounts of their doctrines and works. One chapter is devoted to the history of variolous inoculation, which was commenced in Spain, by Dr. O. Scanlan, and a parallel is drawn between the arguments of the anti-inoculationists of those days and the anti-vaccinationists of the present time, together with the opponents of Ferran's anti-cholera inoculations. With regard to decadence of Spanish medicine since the sixteenth century, the reviewer referred to remarks: "Until instruction undergoes a complete change, we shall not advance a step in the direction of progress. Medicine has for some years been in the stage of pure experimentalism, and we Spaniards experiment but little or not at all. In the professoriate there are, it is true, many men of profound knowledge, who are an honor to contemporary medicine; but there are still others who talk to their students about the pathogenetic importance of phlegm, and lecture on typhus, cholera, and other infectious diseases just as teachers at the commencement of this century might have done." With such elements in the professional staffs, the author and reviewer agree that but little progress is to be hoped for.

The Influence of Water on Nutrition.

At a recent meeting of the Société Médicale des Hôpitaux (Paris), M. Debove stated that so many objections had been raised against the method which he had adopted in making his experiments to ascertain the influence of water on nutrition, that he had subsequently made a fresh series of control experiments. In this series, he had selected none but perfectly healthy individuals. These persons were fed on raw meat, new bread, and water. Either raw meat or meat

boiled to shreds must be given, because both the chemical constitution and nutritive qualities of meat vary according to the way in which it is prepared. The daily bread should always be equally well baked. M. Flameng, M. Debove's house-surgeon, adopted a uniform diet for thirty-eight days. When he reached a weight that remained stationary, the allowance of water was doubled and trebled, but the rations of bread and meat remained the same. During the second part of the experiment, neither the weight nor the excretion of urea increased. Two other persons were submitted to the same treatment. Their weight also remained stationary, as did the quantity of urea excreted. M. Debove therefore concluded that the ingestion of more or less large quantities of water did not exert any influence on nutrition, when the quantity reached a certain degree. He admitted, with Dr. Dujardin-Beaumetz, that entire abstinence from water would disturb the digestive faculties. Therefore, persons deprived of water grew thin.

Artificial Coloring Matters in Wine.

Dr. C. Blarez sends to the Bordeaux Medical and Surgical Society, in support of his candidature, a paper embodying the results of various observations he has made on the subject of the noxious effects produced by drinking liquids colored with certain coloring matters derived from coal. Many of the observations were made on persons who, being medical or pharmaceutical students, were excellent subjects for the purpose. A number of experiments were also made by artificially carrying on the process of digestion with and without the addition of the coloring matters in question. The conclusions arrived at were that sulpho-fuchsine, which seems to be used for the coloration of of wine, though it can hardly be looked upon as a poison, is nevertheless capable of setting up a good deal of gastric disturbance, especially if taken habitually by persons whose digestive powers are not very strong, the symptoms produced being generally colic and diarrhœa. The author found that this substance, as well as "Bordeaux red" and safranine, distinctly retarded the peptonization of muscular fibrine.

Electricity in Physiology.

Dr. Stone, in his Lumleian Lectures, has certainly not wanted the courage of his opinions. He has approached the study of the electrical condition of the human body from the purely physical side, and has exposed unsparingly the fallacies into which he believes physiologists have been led, by neglecting thoroughly to understand the physical characteristics of the force which they have used. His contention is, that a force, whose phenomena are undoubtedly very complicated, and but imperfectly understood, has been used for the study of phenomena even more complicated and less understood. The science of electricity, partly, it must be admitted, under the stimulus of commercial necessities, has, in recent years, made great progress, and some of its discoveries and inventions, it is said, place in the hands of physiologists new and more accurate instruments of research, and refined methods of eliminating fallacies. Modern students of medicine are increasingly overwhelmed with details about the electrical phenomena of muscles, and so forth, and Dr. Stone's lectures may, perhaps, serve to suggest to teachers of physiology the advisability of ceasing the customary annual increment of facts of this class, which so remotely affect practical medicine, until their truth is a little better established.

Unqualified Masseuses in Vienna.

A Vienna medical journal complains bitterly of the patronage afforded to quackery in the form of massage by medical men of the highest position—professors, lecturers, and others—who assist in setting up their female relatives or servants in business for themselves as *masseuses*. Massage is not a treatment which can safely be trusted to a lay person. It requires a knowledge not only of normal anatomy, but of the nature and course of the disease from which the patient is suffering. As these persons frequently practice without reference to a medical man, it is not surprising that they sometimes go on "massiring" a malignant tumor or a case of tuberculous periostitis for weeks or months, and so do a great deal of harm. "It is a great pity," continues the journal referred to, "that people have taken it into their heads that it is undignified for a physician to practice massage. Men like Mesengeil in Bonn, Busch in Berlin, Bergmann in Stockholm, Johnsohn in Copenhagen, etc., have not been above practicing massage. It is greatly to be desired that the medical authorities may see their way, in the interest of the suffering public, to bring this new form of quackery within narrower bounds."

The Imperial University of Japan.

The Imperial University of Japan has

been recently reorganized. One of its most important departments is the College of Medicine, which is presided over by Dr. Miyake. The main course of instruction is modeled after that in the German medical colleges; the foreign professors, of whom there are at present also five, are also German. The course covers a period of four years, and the preparatory course three years more. There is also a course of lectures delivered in the vernacular, which is called the special course. The total number of students last year was nine hundred and seventy-two. The medical school of Japan is eleven hundred years old. In its early days it was presided over by a superintendent and an assistant, under whom there was one professor of medicine, one of acupuncture, one of massage, one of diseases of women, a teacher of materia medica, botanists, and a number of physicians. The whole course covered seven years.

A Russian View of the Berlin M. D.

The Berlin correspondent of a Russian medical journal makes merry over the mediævalism still lingering in Prussian universities, and especially over the ceremony of the disputation for the doctor's degree, with the dean in his red robes merely playing propriety with classical Latin phrases, and the candidate with his three "friend opponents," who have settled with him about the subjects to be discussed beforehand. All this, says the correspondent, is very different from the procedure in Russia, where there are no traditions handed down from the middle ages to be attended to, and the professors are much stricter about allowing candidates to pass, besides which the young aspirant has, instead of friendly opponents as youthful as himself, masters of the art of wrangling to contend against. Altogether, the writer seems to think it hard that the title of doctor can be obtained on so much easier terms abroad than in Russia. Comparisons are proverbially odious. It would be instructive to see what Berlin graduates acquainted with the proceedings at Russian universities have to reply to the criticisms of their Russian visitor.

A Simple Method of Keeping the Hypodermic Syringe in Order.

Dr. D. Tod Gilliam, of Columbus, O., writes to the *Med. Record*: "A simple and efficient method for keeping the hypodermic syringe in order is as follows: Draw out the piston-rod, immerse the syringe in water, then push the piston home, when the chamber of the syringe back of the piston-head will be found filled with water which entered at the orifice through which the rod plays. This will not leak out, will keep your syringe in prime order, ready for any emergency, and will save money as well as annoyance by enabling you to use a syringe that would otherwise be discarded. As the device is so simple, entails no trouble, and the syringe being once filled need not be looked after for weeks or months if need be, I thought it worth mentioning."

A Child Poisoned by the Nurse's Cosmetic.

The *Med. News* says that a German practitioner being called to see a child five weeks old who was constantly crying and suffering from colic, and whose skin was of a dull bluish tint, was somewhat puzzled as to diagnosis, until, looking at the nurse's face, and seeing it of a brilliant white and red tint, he touched the surface, which left a greasy stain on his fingers of a cosmetic rich in lead. This poisonous substance the nurse had long been in the habit of using for the purpose of improving her complexion. The cause of the child's colic being removed, and appropriate treatment adopted, a cure was effected in a few days.

The Cocaine Habit.

The *Med. Record* says that no drug with so short a history has gotten hold of so many victims as cocaine. We fear that the cocaine habit has a great and gloomy future before it. It is a habit more easily acquired and one which ruins body and mind even more quickly than does morphine. We make these comments *a propos* of a shocking case recently reported in a city in Central New York. A physician and his daughter were reported to have gone to a hotel and there have exhibited almost maniacal symptoms from the effects of cocaine. Both had been taking it in immense doses subcutaneously for some time.

Effect of Light on Bacillus Anthracis.

According to M. Arloing, gas-light is slightly prejudicial to the growth of the bacillus anthracis. The sunlight of summer suppresses the vegetation of the spores if the rays of light can penetrate easily the fluid media that hold the bacillus in suspension. Sunlight also interferes with the growth of the mycelium, and is an agent as effective as heat for the attenuation of the

virus of charbon. The effect of sunlight is due to the action of all its component rays; the effects are proportional to the intensity of the light and the transparency of the media.

Extraordinary Subject for a Prize Essay.

The Paris Academy of Medicine has chosen an extraordinary, not to say an impossible subject for a prize essay this year, "Préciser par une Série d'Observations s'il existe un Traitement Abortif de la Syphilis Confirmée," (to determine by a series of observations if there exists an abortive treatment of confirmed syphilis), upon which M. Diday has suggested that the Academy must have been seized with an economical fit, and that it would be interesting to see if any one could manage to write a paper of 400 pages of abortive treatment directed against confirmed syphilis.

Therapeutic Notes.

SUMMER CHOLERA.

In the summer diarrhœa of infants and in cholera morbus, a well-ordered diet is of the highest importance. Among other articles, "Nestle's Milk Food," which is advertised on another page, occupies a deservedly high rank as a bland and nutritious food for delicate stomachs.

The New York *Medical Journal* states that in the large class of summer diarrhœas of children and adults, with griping in the bowels and flatulence, the use of Listerine, in doses varying from ten drops to a teaspoonful (with or without water), has a most salutary and pleasing effect.

Old Age in St. Petersburg Poorhouse.

According to the *Novosti* a man has just died in the St. Petersburg poorhouse at the age of 122; he had been an inmate since 1818. He retained his senses to the last. Indeed, it was only about four years ago that he seemed to fail at all, having till then enjoyed excellent health. There is still living in the poorhouse a soldier's wife, who is shown by documentary evidence to be fully 110 years of age.

On the Alleged Fragility of the Bones of General Paralytics.

T. Christian says (*Journal of Mental Science*, vol. xxxi., p. 453,) that out of 250 general paralytics under treatment, not a single case of fracture occurred. General paralysis does not in itself entail any increased fragility of the bones, and osteomalakia, when present, is a purely accidental phenomenon, the result of other causes.

Items.

—In the *Jour. Am. Med. Ass.*, May 8, Dr. Wm. G. Eggleston reports two cases of reflex paraplegia (one with aphasia), from tape-worm and phimosis.

—It is said that stove-pipes can be cleaned by putting a piece of zinc on the coals of a hot fire. The vapor produced carries off the soot by chemical decomposition.

—The Municipal Council of Paris has voted the sum of 4,500 francs to defray the expense incident to making a complete statistical review of the cholera epidemic of 1884–1885, in that city.

—The Mississippi Valley Medical Society will hold its next meeting at Quincy, Illinois, in the court house, July 13, 14, and 15. Special fares on railroads can be obtained by addressing the Secretary, Dr. Robbins, at Quincy.

—On the occasion of the tercentenary festival of the University of Heidelberg, a gold medal was founded for contribution to the scientific knowledge of the human eye. The first award has now been made to Professor Helmholtz, of Berlin, for his discovery of the ophthalmoscope.

—Mr. Leland Sanford, wife of the millionaire Senator from California, has purchased a piece of land on Washington Avenue, Albany, adjoining the site of the old Lathrop mansion, and it is stated on the whole property she will erect a handsome and well-appointed hospital for old men and women, as a memorial of her parents.

—A subscription for the purpose of encouraging researches in the therapeutics of tuberculosis has been opened by the *Gazette Hebdomadaire de Mèdecine et de Chirurgie*, of Paris. The idea of a subscription for this purpose was suggested by M. Verneuil, and in a few days the sum of over four thousand francs was raised.

—In the *Lyon Médical* and *Journal de Médicine* for March 27, Aubert states that headache and coryza resulting from full doses of iodide of potassium can be prevented by using belladonna. In one instance, in which five grammes of the iodide were administered daily, six grammes of extract of beliadonna were also given. A few days later the belladonna was discontinued, and iodism did not return.

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Original Department.

Lecture.

LECTURES ON INSANITY.

DELIVERED AT THE UNIVERSITY OF PENNSYLVANIA.

BY CHARLES K. MILLS, M. D.,

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Reported by William H. Morrison, M. D.

Lecture X.

CONTRACTS WITH THE INSANE—BUSINESS CONTRACTS—ILLUSTRATIONS—MARRIAGE CONTRACTS—RHINELANDER CASE—CASE OF MARRIAGE AFTER A PARALYTIC ATTACK.

Gentlemen: In several preceding lectures I considered the methods of admitting and discharging insane patients from asylums or hospitals; the placing of insane under legal control; and also in the last lecture I discussed some of the dangers which physicians run in the performance of these duties, giving illustrations drawn from some recent experiences. I cannot too strongly impress you with the importance of conscientious care and watchful precautions for your own sakes, as well as for the sake of justice to your patients.

To-day I shall direct you to two new questions. The first is that of business, marriage, and other contracts with the insane. The second is that of wills and the testamentary capacity of the insane.

Following the semi-clinical method which has been adopted in these lectures, I shall at once give you two or three leaves from experience. A few years ago a gentleman of this city came to me as a patient. He was at that time at the head of one of the departments of a large manufacturing establishment in this city. When he first came under observation he was suffering from posterior spinal sclerosis or locomotor ataxia. He remained in my hands for several years. About three years after I first saw him, he began to develop symptoms of insanity. These were discovered by me long before his family or those who were in business with him were willing to acknowledge that he was insane; and a comparatively long time before he was placed under restraint, I advised the family to take some legal measures in order to protect themselves. Under the influence of delusions of grandeur, which, as you know, develop sometimes early, sometimes in the middle period, and sometimes late in the disease, he began to use money extravagantly, and even attempted to enter into contracts with reference to the purchase of houses, and other contracts, which he was pecuniarly unable to fulfil. He was a man of some means, probably worth $10,000 or $12,000. He had a wife who was herself an invalid, and it was important that this little fortune should be preserved to his wife. However, no steps were taken for some time to declare him insane. In the meantime, he threw away a large portion of this small estate. Among other things that he did was to make arrangements for the purchase of two or three houses on a prominent street in this city. He was well known, and always had been a responsible man. The gentleman with whom he attempted to make the contract had some of the papers drawn up before he would listen to the statements that he was insane. It

was difficult to make this gentleman believe that he was insane, and he threatened to bring a civil suit to hold him to the bargain. On one occasion, he gathered his boon companions around him and gave them a supper. He was really forty-nine years of age, but he said that he had had such a good time that he had really lived fifty years in forty-nine, and he was going to celebrate his fiftieth birthday a year before it was due. In this way he wasted several hundred dollars. He also gave money away. He was finally certified to be insane, and was placed in an asylum.

Another case more recently under my care was that of a prominent merchant. He developed symptoms first of melancholia. He was in this condition for several months, and although much depressed, and at times exhibiting suicidal tendencies, he was able to conduct his business. Then he had a sub-lucid interval. This was followed by symptoms of acute mania, and he then began to drink freely. When the symptoms of excitement or exaltation appeared, he began to have extravagant ideas from a business point of view. He was a thorough business man, and had been in the habit of making large purchases. He now purchased large quantities of goods for which there was no need, thus entailing loss. His symptoms finally became so marked that it was necessary to send him to an institution.

Still another case which came under my observation at about the same time as the last case was that of a man, the chief buyer in a large mercantile house, although not a member of the firm. This man began to develop symptoms of general paralysis of the insane, with delusions of importance, wealth, etc. He began to imagine that enormous business in a certain line was awaiting the firm. He went to New York and other cities and made extravagant purchases. It was then discovered that something was wrong, and he was sent to an asylum.

The story is related of a paretic dement, who was a very active member of the church, and was present on one of those glorious occasions when subscriptions are solicited under excitement, for the benefit of the church and for other purposes, and subscribed very liberally, some $30,000, I think, for the enterprise then on foot. Of course, he was a very popular man on that occasion. It turned out afterwards that he was a paretic dement, who had really subscribed this amount while in a delusional condition. It is probable that it occasionally happens that great subscriptions and liberal or even extravagant donations of money are made in this way.

What about the validity of contracts of this kind? The validity of civil contracts made by the insane, like so many other questions pertaining to insanity, must be decided largely by the circumstances surrounding the particular case. While we have decisions and laws relating to matters of this kind, yet these are not so absolute, and are not rendered so closely after previous cases, but that doubts may arise in a particular case. The mere fact of the existence of insanity will not always invalidate a contract. The particular circumstances surrounding such a case must always be taken into consideration. If a merchant, although insane, made a contract, and if the party with whom the contract was made would be the loser if it was not fulfilled, the law in all probability would hold the firm to which the insane man belonged liable. In one of the cases I have alluded to, the firm did not attempt to get out of their contract, although they involved considerable loss. Some American cases hold that there can be no recovery against lunatics in cases of this kind. In certain English cases, which will be found in the ordinary text-books, the opposite has been held. When it can be shown that an individual took advantage of an insane person to make a contract in his own favor, the courts would decide against the contract.

A person who has been declared to be insane by an inquisition or commission could not, I suppose, be held responsible in a court for any contract; but in other cases it would be largely a question of argument before a jury, and of special decision by the judge.

Let us now briefly consider the question of marriage contracts, in the case of the insane. The law recognizes insanity as an impediment to marriage. The insane person is in a condition similar to that of an infant under the law, that is, one who has not reached the age of twenty-one years. A marriage contract with a lunatic whose insanity has been legally or generally recognized would not be held to be valid, yet various cases arise in which marriage contracts with the insane are considered valid.

The "Rhinelander case," was of some interest in connection with the question of marriage contracts, as well as in other respects. Mr. Rhinelander is a member of one of the wealthiest families of New York, and is alleged to be insane. From the accounts which I have read in the newspapers, and in one or two medical journals devoted to psychiatry, there would seem to be little

doubt that he is in a delusional state. He is a shrewd and, superficially, an able man. I say "superficially," because the appearance of ability in these cases is usually only on the surface. He shot a New York lawyer who was the solicitor of his father's family, and was the instrument through which money was paid to him, on the supposition or delusion that the lawyer was having improper relations with his wife. He was declared sane. The case was four days before the Surrogate, and after testimony was given by experts on both sides, and evidence as to the man's past history was offered, a majority of the commission decided in favor of his sanity and a minority against it. The Surrogate decided in favor of his sanity, and under the law he is recognized as sane. In his case certain questions in regard to marriage arose. He had married a woman supposed to be in an inferior position in life, a domestic, I believe. Efforts were made to have them separated and to invalidate the marriage contract, under the idea that it was a marriage with a lunatic. These efforts not only failed, but the proceedings to find him a lunatic also failed. While a marriage with a lunatic is unlawful, the question of insanity is not always decided in accordance with the facts by judge and jury.

Sometimes curious phases arise with reference to marriage contract. A man well known in this city, particularly in political circles, had lived for many years with a woman to whom he was not married. By this woman he had had two or three children. He led a dual life so far as society was concerned. It seemed from what transpired after his death, that some members of his own family did not know that he was living in this way. He had a house in a certain part of the city where he lived part of the time with this woman, and they were known as man and wife. He took good care of her and of the children, and was supposed by many to be legally married to her. He was stricken with paralysis some weeks before he died. I was sent for by the physician in attendance to see him in consultation with reference to the prognosis and treatment of the paralysis, but with especial reference to his mental condition. I examined him, and found him paralyzed on one side, and also found that his speech was to some extent affected, but his mind was clear for all the ordinary purposes of life. Fortunately, in examining him I became interested in his case, and made, without any idea of the legal questions which afterwards arose, some use of special methods of examination. I had him read to me from papers and books for several minutes, and also asked him questions requiring answers in regard to certain matters. I found him capable of answering questions and of reading consecutively for a certain length of time. I saw him a second time two or three weeks later. Between my two visits he was married by the priest to the woman with whom he had been living, who thus became legitimately his wife. He died, and immediately efforts were made to take out letters of administration in favor of his wife. This procedure was resisted on the part of his relatives, who had not known that he was married, and who claimed that undue influence had been used, and also that he was not in a condition of mind to know what he was doing. The case came up before the Register of Wills to decide whether or not letters of administration should be granted. The attending physician, the priest, myself, and one or two others who had known him intimately during this time, testified to the belief that he was in a sufficiently good mental condition to make this marriage contract and to understand what he was doing. This was the sole point at issue. It was not a question as to whether he was in a condition to make a will or whether undue influence had been used to induce him to make a will of a certain character. The only qusstion was whether he knew what he was doing when he was married. After hearing the testimony, the Register of Wills gave letters of administration to the wife, and the case was dropped.

Communications.

MALARIAL HÆMATURIA.

J. A. STAMPS, M. D.,

Of Wallaceburg, Ark.

(*Concluded from page 6.*)

Treatment.—The first and most urgent indication is to arouse all of the emunctories to a proper performance of their work, and it would be well enough to begin with twenty-grain doses of calomel every four hours till there is a free evacuation from the bowels, it being one of the most valuable purgatives on account both of its certainty and mildness of action; it also powerfully stimulates the secretory function of the liver, and relieves portal congestion; and again, when given with other medicines, it has a peculiar property of aiding their action; "thus it

renders squills more diuretic, nitre and antimonials more diaphoretic" (*U. S. Dispensatory*, p. 1094).

Along with the calomel may be given the following, which is possessed of diuretic and diaphoretic properties: Spts. etheris nit., gtt. xx. to ʒss.; spts. ammoniæ aromat., gtt. xx. to ʒss.; aquæ, q. s., every two or three hours—the indication being to flush the kidneys by a copious flow of urine and keep the tubules cleared of those granular elements which, if allowed to remain in the tubules, would more than likely cause them to become incapable of ever performing their work in a way proper for the well-being of the individual (provided, of course, a sufficient number of the tubules are implicated to have a decided influence in lessening the capacity of the kidneys); also to arouse the skin to a proper performance of its functions, and thus lessen the strain on the kidneys.

As there is a peculiar condition of the blood-vessels, which lessens their power of retaining the blood constituents, an astringent is necessary, and for this end nothing answers, in my opinion, more admirably than gallic acid, in five-grain doses, every three or four hours. The gallic is not so strong as the tannic, yet it is preferable to the former owing to the fact of its being more readily transported by the blood, in all cases of hemorrhage where the blood-vessels must be reached through the blood. Ergot has also been used for this purpose by some, they supposing that it acted peripherally upon the vessels; but whether its beneficial effects are to be classed under the head of its peripheral action or upon its power of stimulating the vaso-motor centres, is questioned.

The next indication, or another one, for they are all very pressing seemingly, is to stimulate or arouse the vaso-motor centres to a normal performance of their functions by which the general tone of the entire vascular system may be brought up to its normal standard.

For this end ergot in ʒj doses every 3 or 4 hours may be mentioned first; not on account of its superiority to the other remedies to be mentioned, but from the fact that it is given by some, as before stated, for its direct action on the peripheral muscular coats of the vessels and nerves connected with them (the vessels). This it may do in part, but I am strongly of the opinion that it has a decided stimulant effect upon the vaso-motor centres. In the U. S. Dispensatory, p. 562, you will find the following regarding the medicinal properties of ergot, "and the most important physiological action of the drug is upon the vaso-motor nervous system.

"It has been abundantly proved that in full therapeutic doses it raises markedly the arterial pressure by producing a general vaso-motor spasm. The spasm is almost certainly the result of a stimulation of the vaso-motor nervous centres, but there are still some authors who believe that the drug acts peripherally upon the muscular coats of the vessels or upon the nerves connected with them."

Another medicine is sulphate of atropia in $\frac{1}{120}$ gr. doses every 4 to 6 hours, or in very urgent cases $\frac{1}{80}$ gr. at first dose, which has proved very successful with some members of the profession, among whom is our Vice-President, Dr. Hart, whose praise in behalf of a remedy would most assuredly allow it a place among meritorious remedies. This in moderate doses acts as a stimulant to the vaso-motor centres, and thereby causes a great rise of arterial pressure. Upon the spinal cord, it acts as a powerful stimulant.

The U. S. Dispensatory, p. 66, says: "In shock and other similar states in which vaso-motor paralysis is an important part of the morbid condition, it is a very useful stimulant."

It is eliminated by the kidneys, and may cause an increased flow of urine, and also to some extent allay the irritation which is more than likely to exist in the blood-vessels.

I will now give a treatment to which I attach a great deal of importance, having in my opinion saved a patient's life by it and very successfully treated another. It consists in the following, to wit: Upon first seeing the patient, begin with 20 gr. doses of calomel every 4 hours till four doses are given. Next begin with $\frac{1}{20}$ gr. doses of sulph. strychnia, and $\frac{1}{4}$ gr. doses of sulph. morphia every 4 hours. The strychnia acts as a powerful stimulant to the vaso-motor centres in the medulla and spinal cord. Foster's Physiology, p. 276, says strychnia stimulates both the vaso-motor centres in the medulla and spinal cord.

Strychnia is also recommended as a remedy *par excellence* for paralysis, its action being more especially directed to the paralyzed part.

The U. S. Dispensatory, p. 1370, in dealing with strychnia, says: "On account of its stimulant effects upon the gastric mucous membrane, and of its tendency to excite the vaso-motor centres of the spinal cord, and thereby increase the activity of the circulation and general systemic tone, strychnia is a very valuable tonic, which may be given along with iron and simple bitters in cases of

anæmia, especially in cases of general relaxation."

And besides these effects, it has been highly extolled as a remedy in the treatment of other forms of malaria. Now morphine is excitant in its primary action.

U. S. Dispensatory, p. 1075, says: "In low typhoid complaints requiring a supporting treatment it exalts the action of the arterial and nervous systems, and in moderate doses frequently repeated may be employed with advantage in conjunction or alternation with other stimulants."

Probably dependent upon a similar influence over the nervous system is the property which it possesses of allaying general and local irritations, whether exhibited in the nerves or blood-vessels, provided the action does not amount to positive inflammation, and even in this case it is often prescribed with advantage.

And in suppressing morbid discharges, it answers another indication which alone would answer an admirable purpose in the affection. And next to this is its power of relieving pain, for which it is unexcelled by any therapeutic agent yet added to our armamentarium of medicines which are given per orem.

Besides these effects, it seems to have some power in controlling the extreme nausea and vomiting, in small doses and not too frequently repeated; and, by the way, I have failed thus far to mention these important and very distressing symptoms, viz., nausea and vomiting, for which the various antiemetics may be of service, as peppermint, lime-water, carbolic acid, ice internally in small quantities or applied to the epigastrium or throat just above the manubrium. I however attach more faith to brom. of potash in from 5 to 20 gr. doses every 2 hours than any other remedy, for the vomiting is certainly of nervous origin, and from a trial of it in the last case that I had I was led to believe that its administration checked these symptoms, which did not return.

Quinine has been recommended by many authorities as the sheet-anchor in this trouble, while others hold to the view that it is contra-indicated from the fact that in large doses it is capable of producing gastric and intestinal irritation, and may even cause violent purging, vomiting, and in rare cases causes hemorrhage from the bowels and kidneys. This is however the result of enormous doses, and we should not entirely discard so important a remedy on account of its power of producing alarming symptoms when recklessly employed. It is true that in large therapeutic doses it decreases the excretion of urea and uric acid from the blood, yet I am of the opinion that when administered in *small* doses, 3 to 5 grs. every 6 hours, it is of decided advantage in combating the underlying cause of this malady, which is undoubtedly the much-dreaded malarial poison.

Now, as to the general principles of treatment, the patient should be comfortably clothed and all possible care taken to prevent his taking "cold" (as the laity say); he should be kept in a house where an equable temperature could be maintained, and any considerable amount of company should be excluded from the sick-room; and here let me state, that if we could adopt the plan more fully of isolation of the sick, I am confident that we would see a marked improvement in many of our cases. All excitement should be avoided as far as possible, and the patient should be kept as quiet as practicable.

Now, as to the diet, there may or may not be anorexia; in the former case, milk, or beef-tea, or gruels should be given in combination with whisky, or some of the astringent wines in small quantities and frequently repeated, and in all cases I am of the opinion that a liquid diet would be preferable to any other.

If the nausea and vomiting be so severe as to render all efforts at feeding per orem out of the question, it would be desirable to give the food per rectum, and to render it more easily assimilable, it would be well enough to add a small quantity of pepsin to the fluid just before injecting. And if the vital powers seem to be flagging, stimulants should be pushed, for it is astonishing to see how much these patients, on the verge of collapse, can take without displaying any symptoms of intoxication. If the patient's heart becomes weak, digitalis in small doses should be given.

After the establishment of convalescence the patient should be kept on nutritious food, but not allowed to indulge his appetite too freely, as they are wont to do; and I mention this from the fact that my case was, I think, unnecessarily prolonged by the attendant's well-meant theory—injudicious allowance of his cravings.

A tonic composed of tr. nucis vomicæ, ℥ss.; tr. ferri mur., ℥j.; glycerine, ℥ij.; aq. q. s., ad ℥vi.; M. sig., teaspoonful three times a day; and if heart is weak, tr. digitalis, ℥iij., added to above, answers admirably.

Case 1. Volley R., son of F. J. Roberson, who for the past eight or nine months has been living within a quarter of a mile of the

Ozan. He had been the subject at irregular intervals during the summer and fall months of paroxysms of intermittent fever, which had yielded to the salts of Peruvian bark; but when the anti-periodics were discontinued there would be a return of the paroxysms. For the four or five weeks previous to his last attack he had complained almost constantly of pain in his back and loins, and when a paroxysm came on he would experience a choking sensation, which caused him considerable discomfort.

On the morning of October 15, 1885, he had a slight chill, followed as usual by a febrile state of some hours' duration.

On the evening of the 16th at 1 or 2 o'clock he had another paroxysm, the delay in recurrence being attributed to the fact that he had taken during the forenoon several doses of quinine and a solution of liq. pot. arsenitis, gtt. j, ol. sassafras, gtt. j, spts. vini recti., gtt. xiv.

On the morning of the 17th he had a slight paroxysm and of short duration. On the evening of the same day he experienced a severe paroxysm followed by a very high fever, which lasted nearly all night, accompanied by delirium of a low muttering character, but when roused up and spoken to he seemed to be perfectly rational, and complained of a pain in his bowels, of a griping character, and of a feeling of fulness in the lower part of his abdomen, and of pain in the left hypochondriac and lumbar regions, a dull, heavy headache, persistent nausea and vomiting, and several evacuations from his bowels during the night, which were of a dark color.

Next morning, October 18th, about 7 o'clock, after an evacuation from his bowels and kidneys, the contents of the chamber was discovered by the attendants to be of a prune-juice color, indicating the presence of some abnormal constituent.

The family becoming very much alarmed, I was immediately summoned with the statement that he had hemorrhage from the bowels, and upon my arrival I found him complaining of very little pain except in the left hypochondriac and lumbar regions. Pulse 96, temperature 102½°. Skin hot and dry, and of a very deep yellow color. The icteroid condition of the conjunctiva was also well marked. There was extreme nausea, with frequent though ineffectual attempts at vomiting. The contents of the chamber were so intimately mixed that the urine could not be saved for chemical tests. They were of a deep prune-juice color. I ordered a combination of soda hyposulphite, acid gallic, fld. ext., ergot and tr. belladonna, to be given every 2 hours.

I saw him again at 11 a. m. of the same day, and found him very restless, saying that he "was very sleepy but could not sleep." Still an uneasy sensation in hypochondriac and lumbar region. Some pain in left supra-mammary region, which was attributed by the family to the frequent attempts at vomiting. Still considerable nausea and vomiting of a greenish-colored material. Respiration 20 per minute, and modified after the order of sighing. Pulse 100, temperature 103°. Had taken a small amount of milk. Nausea very troublesome and persists. He was given 30 grs. calomel and 2 grs. Dover's powder, to be repeated in four hours. The mixture heretofore alluded to was continued. At 3 p. m. he voided a quart of urine of the same prune-juice color, which was brought to me for examination. There was very little odor about it. Specific gravity 1022. Applying nitric acid, it yielded a very abundant white precipitate, which, after applying heat, showed at least one-half albumen. The precipitate removed, and more nitric acid added, failed to give a precipitate. Then adding a solution of nit. silver, the chlorides were found to be in excess. Equal parts of trs. guiac and turpentine added to a portion of urine gave a decided reaction in favor of the presence of blood.

Sunday night at 11:30. Respirations 24 and sighing. Pulse 120, small and very compressible. Temperature 97. Very restless and complaining of extreme nausea and frequent attempts at vomiting. He was given ¼ gr. morphia hypodermically, which quieted him down to some extent. At 12 m. Respiration 24 and more natural. Pulse 120. Temperature 98⅔.

Monday morning at 7 o'clock. Has had several evacuations from bowels during the night, which were of a very dark color and very offensive; no action from kidneys. Respiration 24 and sighing. Pulse 112 and very feeble. Temperature 97. Extreme nausea and frequent vomiting.

Monday at 12 m. Pulse 112, hardly perceptible at the wrist and very compressible. Respirations, sighing in character and somewhat faster than normal. Temperature 96. Nausea and vomiting still present to an alarming extent.

Monday evening at 6 o'clock. Respirations about the same as at 12 m. Pulse 120 and scarcely perceptible at the wrist. Temperature 95. Bowels been acting very freely all day; stools of an almost black color, staining articles green, and of a very offensive odor. Kidneys had acted once or twice dur-

ing the day, and were of the same color as on previous occasions. His features were pinched; nose and lips of a bluish-purple hue; skin still yellow, and every appearance indicating impending dissolution; could retain nothing on his stomach; he was given ¼ gr. sulph. morphia and $\frac{1}{60}$ gr. of sulph. strychnia, hypodermically, to be repeated in four hours, the dose of strychnia being decreased to $\frac{1}{30}$ of a grain. Enemata of milk and whisky every four hours.

Tuesday morning at 8 o'clock. Passed a moderately good night. Bowels acted several times during the night; stools still of a dark color and very repulsive. Respirations 24 and more natural. Pulse 112, with more volume than usual. Temperature 97⅘. There is still considerable nausea, though somewhat ameliorated as compared with previous evening. Strychnia and morphia continued per orem, and three-grain doses of quinine every three hours. Seen again at 11 a. m. Respirations 20, and very good. Pulse 112, and of good volume. Temperature 97⅘. Nausea still persists, but gradually abating; only complains when he takes medicine; says he feels better; there is still complete anorexia. At 8 p. m. Respirations 20. Pulse 100, and getting down to a good beat; temperature 97⅘. Nausea still present, though gradually subsiding; very little appetite; ordered milk and whisky per rectum.

Wednesday morning at 8 o'clock. Respirations 18, and normal in every respect. Pulse 80 and regular, with good volume. Temperature 97⅘. Says he feels better. Nausea not so severe as on previous evening. Consumed half a cup of coffee and half a soda cracker, which he retained. Strychnia, morphia, and quinine continued. Stimulants and nutriment ad libitum.

Wednesday evening at 3:40. Respirations normal in every respect. Pulse 80; good. Temperature 97⅘. Has micturated twice during the day, the urine on both occasions being free from blood. Nausea gradually giving way, having had only one or two attacks during the day. Has been eating a little. From general appearance, seems considerably improved.

Thursday morning at 7:25. Respiration normal. Pulse 84, of good volume. Temperature 97⅘. There is complete anorexia. Says he feels very weak, and complains of severe vertigo upon assuming the upright posture. Had an evacuation from bowels and kidneys, considerable nausea and slight vomiting following. There was about one pint of urine voided, of a light straw color; specific gravity of 1012, and contained no abnormal constituents nor excessive quantity of normal constituents discoverable by my limited resources for chemical tests.

Thursday evening at 5:25. Respirations normal; pulse 88, of good volume, regular; temperature 98⅘. Still weak and very irritable. Occasional slight nausea.

Friday morning at 8:20. Respiration normalin every respect, pulse 84, temperature 97⅘. Vomited at 7 o'clock, and complains of some nausea. Very little relish for food. Strychnia, morphia, and quinine continued, and iron in addition.

Friday evening at 5:40. Respiration normal, pulse 84 and tolerably full, temperature 99. Some slight tenderness in right iliac region. Bowels slightly tympanitic. No appetite.

Saturday morning at 11:20. Respiration good, pulse 82, temperature 98⅕. Anorexia still present. Was ordered in addition to the medicine above alluded to, milk and whisky every two hours.

Saturday evening. Respiration same as in morning, pulse 84, temperature 98⅕. Says he feels very well. Nausea about gone. General appearance very good. Some slight tenderness in right iliac fossa. Bowels very slightly tympanitic.

Sunday evening at 12:40. Pulse 82, full and regular, temperature 98. Bowels have not acted for two days and nights. He is restless and despondent, worrying about his bowels not acting. Ordered salts and an enema.

Sunday evening at 2:40. Pulse 82, temperature 98⅕. Very restless. Had a small action from bowels. An enema was given, and in 2 or 3 hours he had a copious evacuation from bowels and was greatly relieved.

Monday morning at 7:40. Pulse 72, temperature 98. General appearance good. Icterus entirely gone. Has some appetite. Very little nausea and no vomiting.

Tuesday morning at 9 o'clock. Pulse 72, temperature 98⅕. Still improving, and to all appearances out of danger. He continued to improve till Thursday, when a new train of symptoms developed in the form of severe pain of an aching character beginning in the epigastrium and traveling upward to the infra-mammary region.

I saw him at 8 o'clock Thursday night. He had been taking camphor and tr. opium at intervals during the whole afternoon, without experiencing any relief of the pain. I ordered tr. assafœtida gtt. xx., tr. opii camph. ʒss., spts. ammonia arom. gtt. xx., aq. q. s., to be given every 2 hours. This gave temporary relief, but when he came out from

under the influence of the medicine, the attacks would return with the same severity. Thinking that in all probability it was of a neuralgic character, I ordered quinine in 5 gr. doses every 4 hours, and 20 drops muriated tr. of iron every 6 hours. But he kept suffering more or less severely at intervals.

I saw him again Friday night at 7 o'clock, and found his abdomen tympanitic and irregular contractions of the muscular fibres, with a good deal of tenderness in the epigastric region and complaining of a constant dull, aching pain in that region, and an occasional attack of severe pain radiating to the infra-mammary region. He was given a hypodermic of ¼ gr. morphia and 10 drops tr. belladonna, and he rested well till midnight, after which the pain and uneasiness returned, though less frequently than before.

Saturday morning I ordered opii ext. gr. ½, camphor gr. ij., quinine sulph., gr. j., saponis, q. s. M. Sig. One pill every 3 hours.

On Monday morning, November 2, he was comparatively easy. Pulse seemed to be about normal. Temperature in mouth 98⅕, in axilla 98⅖. The abdomen was slightly tympanitic, with some slight tenderness in the right iliac fossa. Gurgling could be heard over whole abdomen, which I attributed to the fact that he had had no evacuation from his bowels since the morning before, and had taken salts during the night till shortly before my arrival, at which time he had a loose action, which was very black and tolerably offensive. He was given a 5 gr. dose of quinine and 20 drop doses of muriated tr. iron, to be given every 4 hours. Pills of quinine, opium, and camphor to be continued instead of quinine, every 4 hours. And as typhoid fever was feared he was to have nothing but liquid diet and 3 drops of turpentine twice a day.

Monday evening his temperature was 99⅕. Bowels had moved at noon. Pulse good. Tympanitis not so marked as in forenoon. Only very slight tenderness in right iliac fossa, it requiring deep and firm pressure to cause any uneasiness. Was put on tr. nux vomica ʒij., tr. digitalis ʒij., tr. ferri mur. ʒss., glycerine ʒss., aq. ad. ʒiij.; teaspoonful every 6 hours. Some slight tenderness in right hypochondrium. Complains of a slight frontal headache, which was attributed to large doses of iron, and it was accordingly decreased to 15 drops. Ordered him to be sponged off with tepid water, to which a small amount of bicarb. soda was added.

Tuesday morning. Temperature was 99⅗. Pulse good and regular. Had perspired pretty freely during the night. Tympanitis less marked than on previous visit. Tenderness almost gone. Says he feels better, and has a good appetite. Craves solid food, but none allowed.

Tuesday evening. Temperature 99⅘. Pulse good. Says he feels better, and his general condition indicates the establishment of convalescence. Was allowed a small quantity of bread and milk. Tympanitis almost none. No tenderness over bowels. Medicine continued.

Wednesday morning, November 5. His temperature was 98⅘. Pulse good. Very little tympanitis. Does not complain of any tenderness on pressure. Appetite good, and craves solid food; allowed to have rice and bread, with milk. Treatment continued as above.

Wednesday evening. Temperature 99. Pulse good. General condition good. Skin clear, and of a good color and feel. No tympanitis nor tenderness of abdomen; has sat up a good deal during the day, and says that he is gaining strength rapidly. Has an avaricious appetite, but diet still somewhat restricted. There has been no suffering since Monday, and the case was dismissed, and he rapidly recovered without any untoward symptoms.

Case 2. Lizzie R., sister to the preceding case, aged six years, of rather slender build, blue eyes, light, sandy hair, and moderately fair complexioned, had been having chills for several months at irregular intervals. The paroxysms could be kept off by the free use of quinine, but would invariably return shortly after discontinuing the treatment.

On December 16, 1885, she ate a hearty breakfast, and seemed to be doing well (having had a chill on the previous day) till about eight o'clock, when she began to complain of feeling sleepy, and in a short while she had a tolerably severe chill (though not so severe as the one on the previous day), accompanied with pain in her head, cramping pains in stomach and bowels, and a feeling of soreness across her loins. Just as her fever began to rise, or about an hour after the chill, she discharged about a half pint of urine of a bright red color. Fever ran right high. No nausea nor vomiting. I was sent for that morning, but being absent, my stepfather, Dr. Roberson, sent the following, to wit.:

℞. Hydrarg. chloridi mite, gr. xv.
Pulv. Doveri. gr. vj. M.

Dv. cht., No. 3. Sig.—One cht. every two or three hours. Also a combination of ergot, tur-

pentine, and sweet spirits nitre every three hours.

I arrived at the house that evening at about seven o'clock, and found the patient comparatively easy. Skin of entire body of a tolerably deep yellow color and boggy feel. Pulse 114. Temperature not taken, as I had failed to carry my thermometer; but roughly stated, I would say that it would not have exceeded 101° F. She was complaining of nausea, though there had been no vomiting. Bowels had acted once during the day; kidneys had acted seven or eight times. There being no change in the color from the bright red, I ordered—

R.	Strychniæ sulph.,	gr. ij,	
	Morphiæ sulph.,	gr. vj.	
	Aq. dest.,	ʒj.	M.

Sig.—Ten drops every four hours.

Also,

R.	Fld. ext. ergot,	ʒj.	
	Spts. etheris nit.,	ʒiij.	
	Spt. terebinth.,	ʒj.	
	Aq. q. s., ad	ʒiij.	M.

Sig.—Six teaspoonful every two hours.

Three-grain doses quinine sulph. every six hours, and stimulants and nourishment ad lib., were also ordered.

Thursday morning, at 8:40. Pulse 120; temperature 98. She had been troubled a good deal during the night with nausea and vomiting. Had had one action from the bowels and kidneys during the night. Urine not quite as deeply colored as before. Complete anorexia. Icterus still present.

Thursday, at 11 a. m. Nausea and vomiting still troublesome. I sent her five grains brom. pot. to be taken every two hours, which, as I had supposed from a theoretical standpoint, acted admirably, there being no recurrence of nausea after the second dose. I was told by her father that she was better in every other respect, the icterus being less marked, and her general appearance better.

Thursday evening, at 6:25. Pulse 120; temperature 100°. Bowels had acted several times during my absence. Kidneys had acted several times, and had been free from the coloring matter since the previous night. Had complained all morning of a feeling of soreness in her right side, though absent at my visit. Slight tenderness in right iliac fossa. Nausea had stopped at about two o'clock. The same treatment continued. General appearance was good; icterus gradually declining. I did not see her again, but she rapidly convalesced.

—A new caustic made of benzol and calomel, has proved useful in epithelioma.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Stated meeting, March 25, 1886. The president, Dr. J. C. Wilson, in the chair.

Recorder, Dr. W. E. Hughes.

Intracranial Hemorrhage.

Record and Classification of 143 Consecutive Fatal Cases Observed in Medico-Legal Practice and in Private Autopsies in the City of Philadelphia, by Dr. H. F. Formad.

Dr. Formad made some remarks on the different forms of intracranial hemorrhage he had observed, and presented a number of specimens in illustration. There existed, he said, no well-defined description of the various forms of intracranial hemorrhages with reference to their etiology, and no classification that could be of any service in medico-legal examinations, and Dr. F. suggested the classification and observations presented below as particularly adaptable for the latter purpose. These records may also be of some use to the surgeon who wishes to trephine. The observations were sufficiently numerous to warrant conclusions of importance for various ends. Dr. F. regretted that he met his cases on the autopsy table only, and hence was unable to offer clinical details. In some cases the history was far from being reliable, and in a few the history was left to conjecture from the surroundings, the circumstances of the case, and the appearances and general lesions of the body.

Dr. F. wished to give credit to his colleague in coroner's work, Dr. R. R. Stewart, whose assistance in these observations he enjoyed, and also to his assistants Drs. A. J. Plumer and George H. Chambers. Dr. Formad's cases of intracranial hemorrhage embrace the results of various kinds of head injuries (traumatic), and cerebral apoplexies (idiopathic hemorrhages) as well. By the term cerebral apoplexy, he meant exclusively hemorrhage in the brain, and did not refer to "congestive," "serous," "embolic," or "nervous" apoplexies and other affections, which tyrannic nomenclature has thrown together under the name of apoplexy. Idiopathic cerebral apoplexy should also be strictly separated from a traumatic cerebral hemorrhage (this is not done by many writers). The latter can be further subdivided into very well-defined sub-varieties of hemorrhages; each etiologically distinct, as will be shown below. These observations will clearly show the necessity and useful-

ness of a classification such as suggested. There should never be any reasonable doubt at the post-mortem table as to whether a cerebral hemorrhage was due to disease or to injury, or to both combined; nor as to whether a head injury preceded or followed an intracranial hemorrhage. Dr. F. believed that the diagnosis between the conditions just stated was much more difficult during life. He had seen errors made by the foremost surgeons and physicians, and in the best hospitals in this city. Dr. F. had seen cases of apoplexy diagnosed fracture and trephined, and he had seen cases of fracture of skull, unrecognized and untouched, left to die in the medical wards.

Upon the post-mortem table, however, there should be no difficulty in diagnosing such lesions at the present status of morbid anatomy as a distinct and well-defined science. After sufficient accurate observations have been made, and after seeing conditions repeat themselves, case after case alike, and having in the majority of instances cause and effect directly before the eyes, one should be enabled in disputed cases to make a post-mortem diagnosis which leaves but little room for doubt.

Dr. Formad divided the cases of intracranial hemorrhage observed by himself into the following eight different classes, the accounts being given here in abstracted form:

CLASS I.—12 CASES.

Post-mortem Appearance.—One or more small hemorrhage in the fasculi teres in fourth ventricle; also ecchymoses in the lining of the other ventricles; no massive hemorrhage anywhere; cerebral substance as well as membranes intensely congested. Cranium much congested; drops of blood oozing from cut surface and from periosteum all over. Mark of contusion in scalp, with more or less ecchymoses noted in all cases.

Histories.—In two cases death was caused by electricity (details will be recorded elsewhere). Ten cases revealed histories of concussion of brain from injuries to head, without fracture of skull. Death was rapid or sudden from shock in all these cases. Six were males and six females; the majority were young persons.

CLASS II.—23 CASES.

Post-mortem Appearance.—Massive hemorrhage (blood-clot) of various sizes found between pia and dura mater, location in the majority of cases about opposite to place of application of violence. In none of these cases was this meningeal blood-clot located immediately beneath the point of application of violence. Ventricular ecchymoses also found usually. Brain anæmic in the majority of cases, wherever hemorrhage is large. Scalp injury well marked in some, in others less so, while in a few cases it was hardly noticeable.

Histories.—Concussion from injuries to head without fracture in twenty-one cases; with fracture of skull in two cases. Death rapid (all within one hour) or sudden, either from shock or from compression of brain, the result of pressure from clot, or from both. Fourteen males; nine females; ages varied.

CLASS III.—45 CASES.

Post-mortem Appearance.—Massive hemorrhage (blood-clot) usually quite large, located between dura mater and inner surface of fractured skull, and at the site of application of violence only. Brain anæmic.

Histories in all these cases revealed injuries to skull from accidents, blows, or other violence resulting in fracture of skull. Death, on the average, ensued slowly from compression or anæmia of brain in the lapse of from several hours to several days (in a few cases, from five to eight days). Thirty-eight males and seven females; majority young and middle-aged persons.

CLASS IV.—12 CASES.

Post-mortem Appearance.—Massive hemorrhage, the same as in the preceding class, but occurring both at site, at application of violence, and also on some point on the opposite of skull; the first, a large clot between dura mater and skull, while the latter usually a small one, in the arachnoid (between dura and pia mater). At the site of injury there was found a fracture of the skull in all these cases, so that they presented the combined features of Classes II. and III.

Histories.—In these twelve cases there was shown injury to skull, resulting in both fracture and concussion.

Death was nearly instantaneous in all these cases. Nine were males and three were females, mostly young and middle-aged persons.

CLASS V.—9 CASES.

Post-mortem Appearance.—Punctiform and multiple hemorrhages into the tissue of the dura mater, which showed much thickening and adhesions to inner surface of skull from chronic pachymeningitis. Great œdema of the pia mater. Brain congested.

Histories in these cases revealed former attacks of sunstroke or old injury of head. Death usually sudden, and usually following

a fall or severe intoxication and excitement. Ages of deceased between twenty and fifty; all males.

CLASS VI.—34 CASES.

Massive hemorrhage of various sizes into the brain substance proper, and thence into one or both of the lateral ventricles. Hemorrhagic softening of brain substance of corpora striata or their vicinity. No meningeal hemorrhage in any of these cases, though in some instances blood was observed to have leaked out from the inner ventricles through the transverse fissure and the fourth ventricle, and some usually liquid (post-mortem) blood would be seen on periphery of brain in the meshes of the pia mater and arachnoid. Brain substance in nearly all cases quite anæmic. Atheroma of cerebral vessels in all but three cases. Multiple small aneurisms of cerebral vessels noted in several cases. Chronic pachymeningitis in various degrees in all but five cases. In some cases there were scalp injuries from secondary falls, *i. e.*, falls that were the result of a preceding cerebral hemorrhage. Many of these cases came under coroners' jurisdiction on account of suspicion of violence.

Histories, whenever obtainable, revealed either alcoholism, rheumatism, or syphilis. Middle or advanced age; 26 males, 8 females. Death in the majority of cases ensued slowly. These are true cases of idiopathic cerebral apoplexy.

CLASS VII.—6 CASES.

Post-mortem Appearance.—Massive hemorrhage of various size below pia mater, into brain substance, without breaking into lateral ventricles. In one case the blood clot involved the substance of the pons and protruded into fourth ventricle; in two cases it occupied the substances of the right parietal lobe, which was the seat of an abscess. In three cases the hemorrhage was multiple in smaller foci, with localized hemorrhagic softening of periphery of the brain substance in various places. In three cases there was atheroma, and in the other three fatty erosions of the cerebral vessels. Chronic pachymeningitis in all cases. Brain substance congested.

Histories wore those of former head injuries, alcoholism, and probable syphilis. Death rapid, following intoxication or exertions. Age advanced in all these cases; five men, one woman. Foul play had been suspected in all these cases.

CLASS VIII.—2 CASES.

Post-mortem Appearance.—Massive meningeal hemorrhage below pia mater, combined with hemorrhage into ventricles; no visible hemorrhage into brain substance. Atheroma and multiple small aneurisms of vessels of pia and of choroid plexus. Ecchymosis of scalp.

Histories of accidental falls. No previous symptoms of cerebral disease had been noted. Intemperate habits, injury of head leading to rupture of the diseased vessels, evidently had preceded the cerebral hemorrhage. The persons were at work (washing) at the time, when nearly simultaneous with the concussion from the fall, death ensued. Both were women; ages 57 and 63 years.

REMARKS AND COMMENTS.

A number of cases of intra-cranial hemorrhage observed by Dr. F., he had excluded from the series above detailed. Several cases of compound comminuted fracture in which the skull, membranes, and brain were partly pulpified into a mass, and hence the hemorrhage not being satisfactorily made out were excluded from the above records. He also excluded chronic cases of cerebral hemorrhage and those resulting in abscesses or in a fatal lepto-meningitis or cerebritis, after the patient had partly recovered from the immediate effects of the hemorrhage. Dr. F. did not incorporate into these records another large class of intra-cranial hemorrhage, viz: that of infantile meningeal hemorrhage. Of these he had seen many in coroner's work. Meningeal hemorrhage is common in infanticides and fœticides, and even in still-born children. Dr. F. could not plausibly explain the frequency of meningeal hemorrhage observed in the still-born, otherwise than presuming that they were due to traumatic injuries from violence or to compression of the cranium during protracted labor, or when forceps had been injudiciously applied. He did not meet with cerebral hemorrhage in children other than meningeal.

Returning to his classification, Dr. Formad stated that the quantity of the hemorrhage or the size of the clot in any case of intra-cranial hemorrhage appeared, in all the cases he observed, to depend upon the duration or the time that elapsed from the moment of injury to death. In cases where death ensued rapidly or instantaneously from shock, like in many fatal cases of concussion; or even in fractures of the skull followed by immediate death, like in falls from a great height, the bulk of the ante-mortem hemorrhage (the blood-clot) was remarkably small; or clots were occasionally entirely absent.

and only a post-mortem oozing of liquid blood could be observed. When death was protracted for several hours, then the blood-clot was usually large, weighing up to six or eight ounces, and causing death by compression of brain. In some cases of fracture of skull the hemorrhage is probably delayed for several hours, or ensues but very gradually. Some patients are said to have walked around for many hours after the injury, and subsequently when the blood oozed out in sufficient quantity to compress the brain, they fell, became unconscious, and died in coma. In one case of this nature he had found a meningeal clot weighing eight ounces.

Dr. F. observed that in the cases in which the intra-cranial hemorrhage was voluminous and death instantaneous, there was very little scalp ecchymosis; whereas scalp hemorrhage was more pronounced if the intra-cranial hemorrhage was small and death delayed.

Further, Dr. F. noticed that in no case where there was internal cerebral hemorrhage, was there any meningeal hemorrhage when cerebral vessels were normal; and in no case of traumatic meningeal hemorrhage did he see any coincident ventricular hemorrhage (except small ecchymoses) unless there existed some old lesion of the vessels or substance of brain. It appears, however, that blood from the lateral ventricles may leak through the foramen of Monroe into the third ventricle and thence by the aqueduct of Sylvius find its way into the fourth ventricle, but Dr. F. did not see in any one of the cases he observed that a primary hemorrhage into the fourth ventricle ever extended to the lateral ventricles, probably on account of its repeatedly fatal character.

A hemorrhage on the outside of an uninjured pia mater cannot reach the interior of the brain or the lateral ventricles.

The source of the hemorrhage is often very difficult to determine. In fracture of the skull the hemorrhage is often diploic; in concussion of brain the hemorrhage has for its source the vessels of the pia mater; in diseased conditions of the brain, or in atheroma of vessels, the small feeding branches of the middle cerebral and of the basilar artery bleed most frequently, and the blood breaking into the lateral ventricles forms clot in either one or both of the ventricles.

The view expressed by Dr. J. A. Lidell in his large treatise on apoplexy (N. Y., 1873, p. 113), that "meningeal hemorrhage not unfrequently occurs spontaneously, as well as in consequence of the operation of violent causes;" and that (see page 120) "meningeal hemorrhage of spontaneous origin is not a rare affection," is unquestionably erroneous. Yet such "views" are quoted by writers on forensic medicine and presented to juries in murder trials as FACTS. Ignorant or ill-informed post-mortem examiners can set murderers free; or, on the other hand, can create unnecessary court trials.

Conclusions:

1. Hemorrhages exclusively above the pia mater and above the dura matter, *i. e.*, on the outside of the brain, is always due to *traumatism* or to *sunstroke*, provided a cerebral source for hemorrhage is excluded and the cerebral vessels and membranes were not diseased.

2. Hemorrhage in the floor of the fourth ventricle is always traumatic, provided there are no blood clots in the lateral ventricles or any other part of the cerebral substance.

3. Hemorrhage exclusively below the pia mater, or in any part of the brain substance or in the ventricles (except the fourth) is always idiopathic, *i. e.*, is due to disease.

4. There must be a diseased condition of the cerebral vessels or substance in order to ascribe a hemorrhage to disease. There must be traumatism (a fall or a blow, etc.,) in order to account for a hemorrhage in a normal brain.

5. The blood clot in concussion of the brain is not found at the point of application of violence, but always somewhere about the opposite side of the brain, and always within the arachnoid, *i. e.*, between pia and dura mater.

6. The blood clot in fracture of skull is always found at the point of application of violence immediately below and always between the dura mater and the fractured part of the skull itself.

7. A blood clot formed within the cranial vault is more favorable to the patient if due to fractured skull than if due to a mere concussion.

8. Only clotted blood and infiltration of blood corpuscles into tissues indicate an ante-mortem hemorrhage; liquid blood is due to post-mortem oozing, and only stains, but does not infiltrate tissues.

9. Severe bruises and cuts of the scalp may be seen in cases of idiopathic apoplexy where a sudden cerebral hemorrhage causes a person to fall.

10. In some cases it is impossible to decide by medical examination alone as to whether a head injury and the resulting hemorrhage is due to a fall or to violence.

11. External marks of violence may be invisible to the unaided eye in some cases of injury of the head or other parts, but are easily detected and also distinguished from post-mortem spots by means of the microscope (see above).

12. The bulk of an intra-cranial hemorrhage stands usually in inverse proportion to to that of the external scalp hemorrhage.

Dr. T. D. Dunn presented an unusual case of *cortical hemorrhage with rhythmical contractions of the left side of the body.* A widow, æt. 73 years, came under his care June 23, 1886, with the symptoms of congestive apoplexy. In a few days she recovered sufficiently to be able to leave her room. With the exception of some mental impairment for several months before the attack her health had been good. February 6 there was a second attack during the night, and when Dr. D. saw her there were regularly recurring movements of the left side of the body. Sensation and consciousness were not affected. The right side of the body could be moved at will, but articulation was impossible. The contents of bowels and bladder were discharged involuntarily. The movements continued during sleep. The movements gradually diminished, being lost in the leg on the fourth day and in the arm on the fifth. She died six days after the attack. At the autopsy a clot as large as a hen's egg was found situated on the right side of the brain very superficially extending from the ascending parietal convolution to be occipito-parietal fissure and from the convolution of the longitudinal fissure to the temporo-sphenoidal lobe. The convolutions pressed upon and partially destroyed were the ascending parietal, the convolution of the longitudinal fissure, the supra-marginal and the angular gyri.

Dr. F. A. Packard presented a patient having a *congenital anomaly of both hands.* The right hand consists of a thumb, an index and little finger, with only two metacarpal bones. The thumb has two phalanges and articulates with the same metacarpal bone as the index finger. The power of flexion is absent. The index finger has three phalanges. It can be flexed as a whole, but the individual phalanges are fixed. The little finger has three phalanges. The left hand consists of a thumb, index, ring, and little fingers with four corresponding metacarpal bones. The patient is one of five children. His mother and father are normally formed. One sister has one hand that resembles his left. Another has a left hand similar to his and on the right hand has the middle and ring fingers united throughout their length. One brother has both hands similar to this man's left. The only member of his generation not deformed is his twin brother. He has several children, all normally formed, and so, too, with his nephews and nieces.

Dr. J. M. Barton presented a *tumor of the stomach* removed from the body of a man æt. 47 years. His digestion became impaired two years ago, and soon afterward he noticed the tumor. The symptoms were mainly those of chronic gastritis, with at one time a profuse hemorrhage. The tumor was hard and well defined and occupied the epigastric region. At the autopsy the tumor was found occupying the upper portion of the pyloric outlet of the stomach and did not encroach enough on the outlet to prevent the ready passage of a finger. It was found on microscopic examination to be a scirrhous carcinoma.

CINCINNATI ACADEMY OF MEDICINE.

Stated meeting, May 18, 1886. Samuel Nickles, M. D., president, in the chair. G. A. Fackler, secretary.

Dr. E. G. Zinke reported

A Severe Case of Delirium Tremens.

The patient, æt. 33, clerk in a shoe store, had been addicted to the use of strong drink, especially whisky, for ten years. Had often been treated by the reporter for nervous attacks of a day or two in duration. This time he had been restless and without sleep for five days. Temperature 100; pulse 150, tremulous; appetite good; talkative and delirious. Prescribed—

℞	Chloral hydrat.,	drachm 2.
	Potass. brom.,	drachm 4.
	Codiæ sulph.,	grains 2.
	Syr. simpl.,	
	Aq. dest., āā	oz. iss.

M. S.—Tablespoonful every hour till asleep.

He took all this without procuring sleep. Requiring stimulants, he was put on ounce doses of whisky, with 30 drops of laudanum every three hours. Still no sleep. Delirium desperate. It required three or four men to hold him upon the bed. Fearing the opium and chloral, he was put on 30 grain doses of the bromide of potassium every two hours. He obtained no sleep, but grew worse. One-half grain morphia, subcutaneously, and the straight jacket were found necessary, and lastly, the administration of chloroform, which put him to sleep in about an hour. This, however, lasted but a short time. A

season of comparative quiet followed, but was succeeded by more violence than ever. The patient's appetite being good and his bowels regular, it was determined to again administer the chloroform. In large quantities this had some effect, and the patient improved. He was then put on chloral and did well.

Manifest prostration supervening he was given tablespoonful doses of wine of coca every four hours. From this time on recovery was uninterrupted.

The patient during the five days took the following amounts:

Bromide of potassium,	ounce 1.
Chloral,	drachms 3.
Morphia,	grains 3.
Laudanum,	drachms 5.
Chloroform,	ounces 20.

This seems a large amount of drugs, still the fact remains that he was little affected by them, and the reporter thought it required the combined effects of all of them to produce the desired result. He admitted he had used heroic treatment, but thought the case demanded it.

The sense of the discussion which followed was that food was of prime importance, bromide of potassium was the most suitable remedy, chloral and opium were dangerous unless handled with great care, and that chloroform was sometimes necessary as a dernier resort, but had not been needful in the hands of the speakers.

Dr. J. C. McMechan reported a case going to show the

Contagiousness of Phthisis,

and reviewed the literature on the subject. He complimented the work of the German Society for the Investigation of the Contagiousness of Disease under Meyerhoffer, and referred in extenso to the writings of Flint bearing on this subject. The essayist did not believe that the disease was contagious to any great extent, yet was to a limited degree. The case reported was one showing that the disease is contagious.

The gentlemen who took part in the discussion agreed fully with the essayist.

Dr. E. S. McKee reported a case of

Carcinoma Cervicis Uteri.

A German woman, æt. 40, came under his observation after nine months bleeding from the womb. She was very anæmic. Physical examination led to the diagnosis of advanced cancer of the cervix. She was given tr. ferri chloridi internally, and powdered chlorate of potash was applied to the cervix. Under this treatment she improved wonderfully, both as to her general and local condition. Indeed, this improvement was so marked that it was thought possible that it was not cancer but a case of extensive laceration with eversion, a very interesting point in differentiation. This, however, was soon dispelled. The hemorrhages returned with increased violence and the infiltration extended into the anterior vaginal wall, involving the bladder. She lived about seven months, when she was attacked by an acute peritonitis, to which she succumbed on the third day.

Post-mortem showed both ovaries degenerated and formed into numerous simple cysts, one of which had ruptured, causing peritonitis.

Editorial Department.

Periscope.

The Microbes of Pneumonia.

The *Lancet*, June 12, says:

The subject of acute pneumonia is one of those which of late has excited a considerable amount of attention, and yet, common as the disease is, it is one which is surrounded by many unsolved problems. Prof. Weichselbaum has recently contributed to the Vienna Medical Society a paper, in which, after stating the prevalent opinions upon the nature of the affection, and dwelling especially upon the different opinions held by Friedländer on the one hand and Fränkel on the other as to the precise characters and properties of the supposed bacterial agent, he relates his own experiences. He points out that clinicians are divided into two camps upon the etiological question, some regarding pneumonia as solely an infective disorder, others considering that the infective forms are different from those caused by exposure to cold. Weichselbaum, distinguishing between primary and secondary forms, divides them into:

1. Lobar.
2. Disseminated.
3. Passive pneumonia—hypostatic, etc.
4. Lobular.

He has examined 127 cases and instituted

eighty-seven cultivation experiments, the material for the cultures being obtained one or two hours after death, as well as from the living subject, by means of a Pravaz syringe introduced into the lung and pleura. He distinguishes four kinds of micro-organisms. The diplococcus pneumoniæ is the most common, consisting of oval, elliptical, and round cocci, which occur in chains as well as in pairs. The chains are composed of from six to eight or as many as twenty to thirty cocci, are straight or slightly curved, and the cocci are enveloped in a capsule of varying thickness in proportion to their vitality. The second variety resembles the first, but distinguished by a greater uniformity in spherical shape, and in forming long and sinuous chains. The third is known as the Staphylococcus aureus s. albus. The fourth he terms the bacillus pneumoniæ, consisting of rods of different lengths, the smallest and apparently youngest being oval. They have a capsule, and correspond to Friedländer's pneumo-coccus. The first variety was found in ninety-one cases, mostly of croupous pneumonia, also in the secondary forms. The second, or streptococcus, was found twenty times—namely, in fifteen cases of primary and five of secondary pneumonia. The staphylococcus only occurred in secondary cases, and mostly where the primary disease was due to this micro-organism. The fourth kind was met with nine times, four times unmixed with other forms. All these organisms were most abundant in the earlier stages of the disease, being scanty or absent in grey hepatization, and, if present, staining badly or unencapsuled. At the margins of the pneumonic focus in the œdematous tissue micrococci were numerous, pointing to the œdema being not a passive process, but a precursory stage of pneumonic infiltration, and resembling the invasion of cutaneous tissue in erysipelas. Moreover, inflammatory changes accompanied by these micro-organisms were found in the respiratory tract above the lungs. Secondary meningitis in pneumonia was shown to be due to the presence of the same micro-organisms, which were also found in the serous exudations of pleurisy and pericarditis, which might complicate the lung affection. The bacterial origin of the disease was therefore held to be demonstrated.

Effects of Various Drugs on Peptonization.

Dr. Klikovich has examined the effect of various drugs on artificial digestion, publishing an account of his observations in the Russian *Weekly Clinical Gazette*. His method was to determine the quantity of peptone after the action of artificial gastric juice for from four to six hours on dry egg-albumen and inspissated blood-serum. This estimation was made by the polarization instrument of Soleil and Wentzke, and by an instrument of Lorant's. For the preparation of the artificial gastric fluid, from 0.5 to 1.0 gramme of pepsine was added to a litre of water containing 10 cubic centimetres of officinal hydrochloric acid. For each observation from 20 to 40 grammes of albumen and 450 grammes of the digestive fluid were employed, 50 cubic centimetres of a solution of the drug whose action was to be examined being added, and a control experiment without the addition of the drug being arranged at the same time. In this way the following results were obtained: Alcohol, when less than 5 per cent. of the whole mixture, exercised no deterrent effect on the peptonization, 10 per cent. decidedly retarded it, and a still larger proportion arrested the process entirely. Antipyrin, in quantities up to 2.5 grammes, had no effect; larger quantities had only a slight retarding action. Iodide and bromide of potassium, only when in considerable quantities, interfered with peptonization; thus 0.5 gramme of the bromide had no effect, but 1 or 2 grammes showed a tendency to prevent it, the iodide acting rather more energetically in the same way. Organic salts of iron had no effect, but reduced iron and its inorganic salts exercised a decidedly adverse action on the process. Calomel, in quantities of from 0.3 to 1 gramme hindered peptonization, but not to a very great degree. Arsenite of sodium, when in quantities of from 0.05 to 0.1 gramme, did not appear to affect the process in any adverse manner; but from 2.5 to 5 grammes of salicylate of sodium produced a marked retarding effect. The sulphates of sodium and magnesium, even in small quantities, hindered peptonization. Chloral hydrate, in quantities below a gramme, had no decided effect; but when from 1 to 5 grammes were present a very marked effect was produced, and when more than 5 grammes were introduced the process was absolutely arrested. Chloride of sodium, in quantities of a gramme, had little or no influence. Acceleration of the process did not occur even with very small quantities, but with large ones a retarding effect was observed. Chloride of potassium gave similar results.

—Dr. D. Hayes Agnew's well-known works on surgery have been translated into the Japanese language.

Traumatic Tetanus Treated with Chloral Hydrate in Conjunction with Urethan—Recovery.

Dr. William Thomas Jackman thus writes in the *Lancet:*

The following brief notes of a case of tetanus which recovered under the influence of the new hypnotic, urethan, in conjunction with chloral hydrate, are of interest as suggesting a new use for this valuable drug.

J. C., a lad aged fifteen years, came under my care on March 15, 1886. The patient presented well-marked symptoms of tetanus, which were evidently the result of an injured finger on his right hand. This had been crushed by cogged wheels five weeks previously, and had healed up slowly under simple local treatment. The lockjaw was complete, and the opisthotonos well marked; severe paroxysms of pain were complained of, which were greatly exaggerated at night. The patient had noticed his neck and jaw muscles gradually becoming stiff for the past few days, but attributed this to a chill. Chloral hydrate in 20-grain doses every three hours was ordered. This relieved the paroxysms of pain slightly during the day, but the lock-law, opisthotonos, and rigidity of the muscles of the leg remained the same, and the pains were just as severe and frequent during the night. Fluid nourishment was administered and the chloral treatment continued until March 25, when, as no abatement of the symptoms was apparent, after consultation with my partner, Mr. T. Simpson, it was decided to discontinue the chloral during the night, and in its place give the patient four grains of urethan every two hours, from 6 p. m. to 6 a. m. The first night of this treatment showed a marked decrease in the severity of the symptoms, and the patient made gradual and uninterrupted progess until April 20, when his recovery was established. The failure of the chloral hydrate to relieve the severe symptoms during the nights, and the well-marked improvement under the influence of the urethan, seem to point to the latter being likely to prove a very valuable drug in the treatment of tetanus, either prescribed alone or as above in conjunction with chloral hydrate.

Corrosive Sublimate as an Antiseptic.

This substance has come into very general use during the last few years, in the form of a solution, as an antiseptic. There can be no doubt that it possesses very considerable antiseptic powers; but, unfortunately, it is also a violent poison, and abundance of cases are now on record which show that its use is often attended with very great risk of toxic effects resulting from its absorption. In a paper recently contributed by Dr. Lucien Butte to the *Nouvelles Archives d' Obstétrique et de Gynécologie*, a long series of such cases is adduced, in many of which a fatal result followed persistent vaginal injections of the solution of Van Swieten (1 in 1,000). The symptoms of poisoning were the more difficult to detect from the fact that, occurring during the puerperal period, they were masked, to some extent, by those incidental to this state. They consist principally of hypogastric pain and tenderness, violent abdominal pain of a colicky character, accompanied by frequent mucous stools, often stained with blood. The urine is generally diminished in quantity, and contains epithelial cells, casts, and more or less albumen. Salivation is most frequently absent, but the mouth and throat are red and dry, and there is marked thirst. Dr. Butte is inclined to consider that absorption occurs most frequently in cases where lacerations of the perinæum, or of the cervix uteri, have taken place, or where large ulcerating surfaces are present. The toxic effects are naturally more marked in debilitated and cachectic patients. The post-mortem appearances are indicative of enteritis, with sloughing of the mucous membrane of the large intestine, while the kidneys are enlarged and anæmic. Deposits of crystals of oxalate of lime are common in the uriniferous tubules, due, it is suggested, to the decalcification of the bones, which is said to result from the presence of the bichloride in the system. As Dr. Butte quotes no fewer than twenty cases, in which the fatal result was attributable to absorption of the mercury, it is evident that, in obstetric practice at any rate, the use of even extremely dilute solutions requires very great caution.

Tubercle Bacilli in Addison's Disease.

It has long been held by some writers that the fibro-caseous change which characterizes the supra-renal bodies in Addison's disease is of tubercular nature, and the histological characters upon which this opinion rests have been strengthened by the detection of the bacillus tuberculosis in the morbid material. For this observation pathology is indebted to Herr Goldenblum, of Dorpat, in a well-marked case of the disease which he examined in 1884. The subject was a man twenty-four years of age; there was well-marked bronzing of the skin and mucous

membranes, caseation of both supra-renals, general wasting, pulmonary emphysema, cloudy swelling of the heart fibres, liver, and kidneys, and swelling of the intestinal solitary glands and the portal lymphatic glands. At Professor Thoma's suggestion the diseased capsules were examined by Ehrlich's method, and large quantities of tubercle bacilli found in the caseous masses (Virchow's *Archiv.*, Bd. 104, s. 393). Although Guttmann in 1885, and Rauschenbach in the present year, have reported cases of supra-renal bacillary tuberculosis, yet in neither case were symptoms of Addison's disease prominent, and both these cases must yield priority to Goldenblum's. He remarks that on the bacillary test his case goes to prove that in Addison's disease, in which the capsules are the only organs that exhibit caseation, the lesion must be regarded as a local tuberculosis, unless it can be proved that the occurrence of the bacilli is a secondary event.

Dr. Javal on Glaucoma.

The Paris correspondent of the *Lancet* (June 19) says that Dr. Javal, the well-known ophthalmologist and director of the Ophthalmological Laboratory of the Sorbonne, recently delivered a very interesting lecture on glaucoma, which he considers to be one of the most difficult subjects in ophthalmology. The lecturer chose this subject to demonstrate the fallacies that prevail even among specialists concerning the etiology and pathology of this affection. He remarked that the premonitory signs and symptoms are of little or no value as a means of diagnosis, as the same may be found in other affections of the eye. Even the ophthalmoscope does not render much assistance, as the excavation of the optic nerve is only produced at a later stage, and the pulsation of the central artery of the retina may be missing in glaucoma, and it has been seen in healthy eyes. And yet it is of importance that glaucoma should be early recognized and properly treated, as any error in diagnosis or treatment will inevitably lead to the most disastrous results. It is now known that expectant treatment is not permitted in glaucoma, and it is also known that the instillation of a single drop of atropine might produce irremediable mischief in an eye affected with glaucomatous prodroma. Even cocaine, notwithstanding the diminution of the compression which habitually follows its employment, might produce, in glaucomatous eyes, effects as baneful as those produced by atropine. When an eye feels hard to the touch and is accompanied with perikeratic injection, an immobile pupil and a rough and painful cornea, the diagnosis is easy enough; but it must be remembered that, in general, glaucoma sets in by alterations so futitive that no ophthalmoscopic sign reveals its existence. If, however, a patient complains of weakness of vision, and the surgeon observes the least inequality of the pupils, or the least paresis of the sphincter of the iris, Dr. Javal cautions against the instillation of atropine or cocaine, adding that an eye affected with glaucomatous prodroma is not always hard and may not present any abnormal appearance. The halo, however, observed by the patient is a sign by which a glaucoma may be known at its onset; but, as other affections may produce these halos, Dr. Javal recommends the instillation of eserine, and if the halos disappear under its influence the diagnosis is no more doubtful. As regards the treatment of glaucoma, Dr. Javal states that the same eserine will serve to combat the accidents of the commencement of the malady, and recommends it to be used in the form of gelatine tablets, instead of collyria, as being more convenient than the latter. If, after the application for a few days of the eserine, the symptoms are not completely arrested, surgical interference becomes absolutely necessary. But should an oculist not be within reach, and as every moment of delay is of importance, any medical man might afford temporary relief by making a slight incision of a few millimetres into the globe of the eye near its equator, between the internal recti and inferior recti muscles, as recommended by M. Parinaud. This little operation will permit the patient to proceed to an oculist, who ought to perform iridectomy without delay, and set aside sclerotomy, which is a useless and dangerous operation in such cases.

A Case of Recurrent Proliferous Cyst in a Woman of Sixty-three: Ovariotomy Twice within Nine Months; Recovery.

Dr. R. J. Shepherd reports this case in the *Lancet* of June 9:

Elizabeth B., aged 63, was admitted on June 26, 1885, suffering from tumor of the abdomen, with a history of between two and three years' duration. She was otherwise in good health. Dr. W. Beech Johnston, having been called in, confirmed the diagnosis, and also the prognosis that the case would be likely to do well. On August 7, bichloride of methylene was given by Mr. V. A. Jaynes, and Dr. Shepherd, assisted by Dr. W. Beech

Johnston, Dr. Malpas, and Mr. W. Steer, performed ovariotomy with strict antiseptic precautions. The tumor consisted of two large cysts, each about the size of a cocoanut, and of a prodigious number of smaller cysts from the size of a pea to that of a goose's egg. The pedicle, of a good length, was tied with carbolized silk and dropped back. The operation was a very simple one; there was no difficulty, and no ligatures were required. The sutures were removed on the eighth day, and when next the dressings were removed the wound was healed. Severe tympanites occurred on the third day and gave rise to some anxiety, but the temperature did not rise. It was probably caused by reflex irritation from a tight suture, of which some misgivings had been felt, and it subsided on its removal. Otherwise convalescence was uninterrupted, and the patient grew quite fat.

Early this year it was plain that the woman was again the subject of ovarian tumor. She was urged to submit to its early removal, but refused till April 19, when she again underwent the operation of ovariotomy. The tumor was the counterpart of its predecessor, only smaller. The pedicle was longer and had become twisted on itself, so that it had to be untwisted four or five times before the ligature was placed around it. The operation was even easier than before. She never had a bad symptom, and is now well.

Treatment of Chronic Ulcers.

In the *Brit. Med. Jour.*, February, 1886, Mr. W. S. Low records a case of long-standing chronic ulcer, which he treated with much benefit to the patient. A man, aged 48, had suffered for twelve years from a very extensive ulceration of the right leg. There was almost one mass of broken surface on each side of the knee, on the back of the calf, and in the popliteal surface, even extending to the posterior surface of the thigh. The surfaces were deep, with raised hard edges. The discharge was very offensive. The whole surface was first attacked with a lotion of solution of bichloride of mercury (one drachm to eight ounces). This was syringed daily over the wound, the condition of which was quickly sweetened. As the dead tissues separated, there often was much hemorrhage. At first the wounds were only dressed with lint wrung out in the bichloride lotion, but later on the author dusted finely-powdered iodoform freely over the most painful spots. This gave great relief to the pain, and contributed immensely to the comfort of the patient. In using iodoform, it is necessary not to persist in its application too long, as granulations tend to break down after it has been used for a short time. Its application to an inflamed surface should be avoided as it tends to irritate. Much benefit was derived in this case from the use of a Martin's elastic bandage, which was applied over the dressings from the toes to the thigh. In about six weeks the ulcer completely healed, and the general health improved.

Hot Baths, Hot Packs, and Pilocarpine Compared.

Dr. Zelenetski, of St. Petersburg, in order to examine the comparative effects of hot baths, pilocarpine, and hot wet-sheet packing on nephritis, treated the same patients on different days by means of each of these methods, observing the effects on the temperature, pulse, etc. Fifty-seven observations were made on seven patients, who were as nearly as possible under identical conditions. Twenty-three baths, eighteen hypodermic injections of pilocarpine, and fifteen hot packs were given. The hot baths produced the greatest loss of weight, averaging 801 grammes, and the packing the least, averaging 94 grammes, pilocarpine producing effects of an intermediate character. Here the mean loss of weight was 514 grammes—306 by perspiration, and 208 by salivation. The temperature rose considerably after the baths, and even at the end of three hours was always above normal. The packing caused it to fall at first; but after an hour it rose, and returned to its original height within three hours. With pilocarpine it was reduced for two hours, and then rose to normal. The pulse corresponded to the temperature with the baths, but became slower with both packs and pilocarpine. The patients expressed themselves as feeling the most improvement after the baths; the pilocarpine causing complications, such as headache and nausea, and in one case vomiting and collapse.

Nephrectomy and Resection of Lung.

A man, aged forty-nine, received a wound in the left side of the chest between the ninth and tenth ribs on August 30, 1885. There was a hernial protrusion of the lung of the size of half a fist. Urine and blood flowed from the wound from the very first. Peritonitis developed and gradually became localized to the left flank. Inflammation of the protruded lung and phlegmon of the tissues around caused M. Demons to resect the pulmonary hernia by means of the thermo-

cautery and écraseur, eight days after the accident. Profuse offensive discharge, however, continuing, and the phlegmon not subsiding, M. Demons performed nephrectomy on September 26, twenty-seven days after the accident. A vertical incision being made in the lumbar region gave vent to a large quantity of offensive matter, when the fascia of the quadratus lumborum had been incised. Considerable hemorrhage followed the removal of the kidney; suppuration continued for two months, and did not cease till a large sphacelus of connective tissue had been expelled. The case is interesting from a practical surgical point of view; unusual complications no doubt presented themselves, but the question remains whether the entire removal of the kidney was called for.

Two-Horned Womb with Double Vagina.

In the *Meditz. Obozrenie*, No. 24, 1885, p. 1068, Dr. Maria O. Prujanskaia, of Moscow, records the case of a strong and healthy married lady, aged 24, who began to menstruate at 13, the catamenia coming every three weeks, lasting each time seven days, and being always profuse and painful. She had four pregnancies, the first of which ended at full term, but the labor was difficult and tedious, and the child weak and short-lived; a second labor came prematurely; the last two pregnancies were interrupted by abortion in the fourth and second months. No catamenia appeared during the first two pregnancies, while the last two were complicated by an almost incessant, though slight, hemorrhage. On examination, the author found a double two-horned uterus with two fully-developed cervices, the right being virginal, and smaller than the left one, which presented all the usual signs of past labors. The vagina was also divided into two parts by a septum which was thrown off from the anterior vaginal wall in its two lower thirds, and could be felt and seen through the vulva, in the shape of a high fleshy crest attached to the posterior wall of the vagina.

Removal of Deep-seated Tumors of the Neck.

In the *Lancet*, January, 1886, Mr. A. E. Barker records four cases in which he removed deep-seated tumors from the neck with success. All the tumors lay beneath the sterno-mastoid muscles, and in one case the scalenus anticus muscle and inguinal jugular vein were implicated, and had to be cut away with the growth. From the experience gained by these cases, the author does not consider that any injury occurs to the nerves of the neck if proper care be taken, nor does any trouble arise when it is necessary to ligature one of the large veins of the neck. All the wounds healed by first intention, and were dressed in accordance with strict antiseptic principles; the carbolic gauze, however, being replaced by salicylic wool, which allowed pressure to be equally applied when the wound was bandaged.

Reviews and Book Notices.

Book Notices.

A Treatise on Diseases of the Nervous System. By William A. Hammond, M. D., etc. Eighth edition. 8vo.; illustrated; pp. 945. New York, D. Appleton & Co., 1886.

The author of this work justly congratulates himself that the various previous editions which have been called for have received the approval of the profession beyond that ever given to any other work of like scope and objects published in any part of the world. In order to maintain the high character thus attributed to it by the best judges, he has subjected this edition to a thorough revision, and has added a new section treating of certain obscure diseases of the nervous system, as tetany, Thomsen's disease, miryachit, and kindred affections.

We need say little of the general merits of the work. The style is always clear, forcible, and to the point. The references to other writers indicate an ample and discriminating knowledge of the literature of the subject; while numerous illustrative cases are drawn from the extended experience of the author himself. The difficulties of diagnosis which are especially present in many diseased conditions of the nervous centres are greatly reduced by a perspicuous arrangement of the symptoms; and the treatment recommended is, as usual with Dr. Hammond, positive and definite. In all respects, we must place this treatise as the best in the language on the specialty to which it is devoted.

—An advertisement extolling the virtues of a new make of infant's feeding-bottle winds up as follows: "When the baby has done drinking, it must be unscrewed and laid in a cool place, say under a tap." Poor baby!

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DIFFERENCE IN THE EFFECT OF ELECTRICAL AND GAS ILLUMINATION IN A THEATRE.

Probably the most important investigation this year has been made by Dr. Breslauer in Berlin. The question was to determine the difference, if any existed, between the effect of illumination by gas and that of electrical light on the air in a large crowded building (*Deutsch. Med. Zeit.*, January 21, 1886). For this purpose the Royal Theatre in Munich was selected, and the experiments were made with that thoroughness with which they are usually undertaken by German scientists.

The air was examined in the parquet, the gallery, and the centre of the latter; and observations were made while the house was full and when empty. The results were as follows: With electrical light and with gas the increase of temperature noted from beginning to end of play was—

	Electrical Light.	*Gas.*
In parquet	2.5	25.0.
In gallery	8.1	26.1.
Centre of gallery	9.3	26.7.

The percentage of carbolic acid per mille was:

	Electrical Light.	*Gas.*
In parquet	0.055.	3.926 (!)
In gallery	0.870.	3.151 (!)
Centre of gallery	1.178.	4.353 (!)

Under the effect of gas the percentage of carbonic acid increased, therefore, above the limits of safety from 1.81 to 3.35 per mille! Many other observations concerning the percentage of watery vapor, etc., were also made; but we simply mention their result, together with the investigator's resumé of the whole.

1. The air with electrical illumination does not reach in a theatre the former high temperature, a fact especially of advantage to those frequenting the gallery.

2. The air remains purer; it contains far less carbonic acid, and almost no smoke-particles.

3. There is no longer so much moisture added to the air as used to be the case with illumination by gas, and the less the percentage of moisture in a crowded room, the more agreeable will be the air to persons living in it, and the less favorable will be the conditions for the development and the propagation of pathogenic germs, especially if the moisture diminishes in the same ratio as the temperature sinks, always occurring under the effect of electrical light.

4. The quality of the air has become a far more uniform one in all parts of the house, while with illumination by gas the air be-

comes the hotter, the more moist, and the more impure, the higher situated the seats are.

For hygienic purposes in the same theatre another alteration has been made, viz., the substitution of more opaque glass for the globes of the electrical light. Though the illuminating power has diminished under its use from 20 to 25 per cent., the effect on the eyes is less injurious, as it produces a peculiar mellow light, very agreeable to the eyes.

RED CORPUSCLES IN PSEUDO-LEUCÆMIA.

Again and again the fact has been stated that in Hodgkin's disease no increase of the white corpuscles occurs, but only a great diminution in the number of the red corpuscles; but here and there cases are reported, which evince a great ignorance in this respect. The mistake may, however, be easily explained. A physician, when examining the blood from a patient suffering from pseudo-leucæmia, will be misled by the proportion of red and white corpuscles as appearing on the field. Whoever bases his judgment on this fact is bound to commit an error, for the red corpuscles are so greatly decreased in number in this disease that the field easily makes the impression, as if the white corpuscles were present in increased numbers, while such is the case but relatively. In this respect the practical rule for new experts in microscopical examinations is not without its value; the blood comes from a leucæmic patient only when at least twenty white corpuscles appear on the field. More certain it is to study their proportion in connection with their number, for whenever the number of red corpuscles has decidedly diminished without there being an increase of the white, the disease belongs to the great class of anæmic and pseudo-leucæmic maladies, and not to that of true leucæmia.

As an instance to the point, we will mention a case recently reported in the *Deutsch. Arch. f. Klin. Med.* (xxxvii. Heft. 1 and 2), by Dr. R. Geigel. It concerned a boy æt. 12, who showed all the usual symptoms of a typical case of Hodgkin's disease. When he first came in charge of Dr. G., an examination of the blood demonstrated a decided diminution of the red corpuscles, there being only 2,440,000 to every cmm. blood, but within seven weeks this decrease became enormous—1,130,000 per cmm. The white corpuscles were not augmented absolutely, only relatively in comparison to the lessened number of the red. The urine remained free from albumen during the whole course of the disease, though daily analyses were made and on some occasions the urine was twice daily examined. Death occurred after the appearance of hydrops and of continuous fever. The post-mortem proved it a typical case of pseudo-leucæmia. The spleen was greatly enlarged. On account of the rather severe and continuous gastric symptoms, the case had first been diagnosed by a former physician as one of dyspepsia.

The typical cases of this malady, where all the symptoms are present, not being very frequent, Geiger's case is of interest as corroborating the fact stated at the beginning of these lines, and the diagnostic point raised also is of importance, especially as regards prognosis; for while cases of true leucæmia are often amenable to treatment, no case of true Hodgkin's disease has yet been reported cured; the latter malady always ending fatally within eighteen months after its first phenomena have made their appearance.

A POOR SPECIMEN OF PERSONAL JOURNALISM

The New York *Medical Record* has been so clearly put in the wrong about the International Medical Congress, and feels so sore at being exposed as the organ of the New York clique who want to break down the barriers of legitimate medicine and admit consultations with all sorts of irregulars, that it takes refuge in the last and worst of all defenses—an unfounded personal attack on the senior editor of the MEDICAL AND SURGICAL REPORTER.

This is the small-souled way in which Dr. Shrady satisfies his spleen:

> Our learned and scholarly contemporary, the MEDICAL AND SURGICAL REPORTER, is a stalwart supporter of the Old Code. This is an excellent thing, and is another reason for admiring the sunset covers of our neighbor. We believe, ourselves, in all that is moral in the Old Code, and especially in the section which says, "it is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them." Yet we observe, with sorrow, that there regularly appears in the daily papers an advertisement of a certain proprietary "water," which is "the famous specific for the cure of Bright's disease," and is endorsed by D. G. Brinton, M. D., of Philadelphia. We beg our erring contemporary to set a better example.

Now, as Dr. Shrady well knows, nothing is more common than for the names of persons of some prominence in the profession to be thus used without their consent. At this writing, we have before us the advertisement of an unblushing gynecological "professor," who refers to Drs. Thomas and Lusk, of New York city, as his guarantors. To come out

in a medical journal and accuse these gentlemen of connivance and approval of such reference would be disreputable and indecent in the person who did so. And we apply these adjectives to Dr. Shrady's action in the case quoted. We defy him to bring any evidence to show that the sellers of the proprietary water in question had any authority to use the name of the senior editor of this journal. They acknowledge in letters before us that they can produce none, and if Dr. Shrady had made the slightest inquiry before publishing his contemptible charge, he could have convinced himself of this. It shows to what poor straits a defeated man of a certain character may be reduced in order to seek revenge when he can no longer expect success.

Notes and Comments.

A Peculiar Pathogenic Cause.

In the Autumn of 1884, a coachman in Russia, who had been in the habit for years of sleeping with his horses on the straw or in the hayloft, and had occasionally been drinking with them out of the same trough, was seized with pains in the left chest. In October, several abscesses formed below the left mamma. They gradually increased in number, and changed to ulcers.

In August, 1885, he was admitted into the Jewish hospital at Berlin, and there came under charge of Dr. J. Israel, who reports the case in the *Centrlbl. f. d. Med. Wissensch.*, May 1, 1886. The patient then was greatly emaciated, and his left thorax was decidedly shrunken. The latter was covered with abscesses and ulcers, whose secretion contained many stellated fungi. These are also continually present in the sputa, which, usually muco-purulent, occasionally is tinged with blood.

In March of this year the patient died, evidently of complete exhaustion, superinduced by incessant diarrhœa, which yielded to no treatment.

The autopsy revealed as the only focus in the left lung a cavity situated in the lower part of the upper lobe immediately beneath the upper surface. The process of aktinomykotic degeneration had spread from the torn and irregular anterior wall of this cavity through the thickened pleurae to the peripleural tissues, and penetrated the wall of the thorax at numerous points. The liver, spleen, and intestinal mucous membrane were in a state of amyloid degeneration.

In the aktinomykotic cavity of the lung a foreign body was found, which was of the size of a split pea, resembled, macroscopically, a piece of tooth, and was proved such by its microscopical and chemical examination!

Thus, for the first time, evidence has been adduced in favor of the hypothesis made by Israel, that the lung-aktinomykosis is caused by the aspiration of germs from the buccal cavity, and that at times carious teeth form the breeding place of these micro-organisms.

The pathological specimens were presented to the Fifteenth Congress of German Surgeons, and a detailed report of the whole will be published in the annals of the latter.

Vicarious Menstruation.

There seems to be considerable diversity of opinion as to whether there really is such a thing as vicarious menstruation. That so high an authority as Dr. Robert Barnes believes in it is evidenced by his remarks in the London *Med. Press* (May 5), where he says:

"If then menstruation is not carried out in the ordinary way by the discharge of blood from the uterus, an attempt more or less successful will be made—

"1. By ectopic discharges of blood.

"2. By discharge of mucous serum, by leucorrhœa or diarrhœa.

"3. Or the material in the circulation, and the nervous energy prepared, will be used up in the other functions, as in the processes of gestation or lactation.

"4. By building up new tissues, as fat or other aberrant forms of metabolism.

"5. By effusions in the connective tissue, in serous cavities, or in the substance of organs.

"6. By exciting various neuroses, as hysteria, epilepsy, apoplexy.

"One of the most common routes chosen for vicarious menstruation is the stomach. In a large proportion of cases there is hæmatemesis simply, and in a further number there is hæmatemesis complicated by hemorrhagic discharges from other structures. Another common route is by the nose."

And he concludes thus:

"That as menstruation is a physiological necessity, so when the function cannot be performed in the ordinary way, some substitute for it must be found, or mischief will ensue.

"Vicarious or supplementary functional action is a fundamental law in physiology.

"There is nothing exceptional in vicarious menstruation.

"Vicarious menstruation may occur under many phases.

"It is conservative in intent and action, lessening or averting evil."

The Mitral Cardiac Murmurs.

The study of the mitral cardiac murmurs at the present time is of importance to every medical practitioner, as well as of interest to those whose attention is especially directed to the diseases of the heart. In an able article in the January number of the *American Journal of the Medical Sciences*, Dr. Austin Flint reviews our existing knowledge of these murmurs. He holds that there are four mitral murmurs, namely, (1) the systolic regurgitant, (2) the systolic non-regurgitant or intraventricular, (3) the presystolic, and (4) the diastolic. Each of these four murmurs has distinctive characters which individualize it. Two, three, and even all four, may be combined in the same case. This statement, as will be seen, applies to the systolic regurgitant and to non-regurgitant murmurs. The names post-diastolic and post-systolic, proposed by Hayden, seem to the author unnecessary refinements, and therefore objectionable. If the reader would stop to reflect upon the inquiry whether the mitral murmurs offer topics for consideration and discussion of sufficient interest and importance to occupy the thirteen and one-half pages which Dr. Flint devotes to them, let him refer to that portion of the elaborate and able work on diseases of the heart, by Hayden, which treats of the cardiac murmurs. He will there find a statement of the defects in our existing knowledge, together with differences of opinion in regard to the number of the mitral murmurs, their characters, their significance, and the modes of their production, which must convince him that they afford scope for an article extended much beyond the limits to which the author restricts himself. In fact, the object of the article is to present certain conclusions and suggestions, without attempting to consider the subject comprehensively and fully.

Eclampsia.

In an interesting article in the *Berl. klin. Wochensch.*, 1886, No. 21, Dr. H. D. Lewandowsky remarks, that even in those forms of eclampsia infantum not depending upon central nervous changes, one-sided spasms frequently occur, and that the only exception to this rule is met with in the very young infants still nourished by the breast. The convulsions begin, as L. had often occasion to convince himself, first in the face, afterwards the arm, and finally the leg on the same side are attacked. L. found all reflex excitability extinguished on the affected side in the pauses between the spasms. According to L., all the phenomena may best be explained by supposing an irritation of the motor centre of the cortex of the crossed hemisphere. L. considers chloroform the most effectual remedy for the convulsions. He also is of the opinion that the prognosis of these one-sided spasms is always a favorable one, and it is mainly in this respect that his observations are of great importance.

Heretofore, all one-sided convulsive movements were thought to depend upon structural central lesions, and their prognosis was accordingly looked upon as a grave one. But if L.'s investigations are correct, a fact which can scarcely be doubted, these one-sided spasms in children, if of an eclamptic nature, admit of a far more favorable prognosis than those attacking the whole muscular system.

Case of Ileus Cured the Seventh Day by Laparotomy.

Amongst the reports in the *Berlin Charité Annals*, x., p. 486, the following interesting case is told by Dr. Roehler:

A young man, æt. 23, after two attacks of perityphlitis, frequently suffered from spasmodic pains. After an immoderate use of fruit one day, intense pains again set in, accompanied by vomiting of green masses; after that, no movement of the bowels any more. The usual internal remedies and injections had no effect; from the fifth day the vomited matter assumed a fæcal character. In consideration of the preceding inflammation, the physicians supposed that peritoneal bands had strangulated the bowels. The seventh day an incision was made in the linea alba and the abdomen laid open. The fact that the tense bowels did not prolapse but remained fixed at once, was an evidence of the correctness of the diagnosis. The seat of occlusion was soon found; a band two inches long and three-quarters of an inch wide passed from one bowel to another, and a third was strangulated between them. While separating the adhesions, the bowel tore in one part, so that some excrement escaped. But the opening was successfully closed by Lembert's suture, and the abdominal wound was then closed with great care. Twenty-four hours later, the first motion of the bowels occurred, and the third day all vomiting ceased. The further progress of convalescence was undisturbed.

Intra-pulmonary Injections in Phthisis.

Whether or no this method of treatment has any merit to recommend it has been repeatedly discussed. To give all sides of the question, we reproduce the following conclusion of an article by Dr. John Blake White in the *Med. Record:*

To patients afflicted with this justly-dreaded affection, the intra-pulmonary treatment opens up new hope, and, I think, with good reason. The plan of treatment enables the physician no longer to stand with folded arms awaiting for his patient the inevitable end, but puts in his hands the means of prolonging and sometimes of saving life.

The following formula is the one which I have been using, and which seemed to occasion the least amount of irritability when injected:

℞.	Atropiæ,	gr. ¼.
	Morph. sulph.,	gr. ij.
	Tinct. iodine,	℥ iij.
	Acid. carbol. (pure),	gtt. xx.
	Glycerine,	℥ iss.
	Diluted alcohol, 20 to 30 per cent.,	℥ iss.
M.	Sig.—15 to 30 minims.	

Rapid Dilatation of the Cervix Uteri for Dysmenorrhœa and Sterility.

Dr. A. H. Godet, of New York, thus concludes an article in the *Med. News*, April 3. The conclusions arrived at are:

First. That rapid dilatation is a perfectly safe, justifiable, and satisfactory procedure, free from the dangers which frequently follow the cutting operations, especially the occurrence of cicatricial contraction.

Second. If the stem be used in the after-treatment, recontraction does not occur, and the operation does not require repetition.

Third. The operation is demanded by the following conditions, viz.; (1) Marked stenosis, with or without flexion. (2) Acute flexion without actual stenosis, the obstruction existing only coincident with menstruation. (3) Slight stenosis, as shown by the passage of the sound, dysmenorrhœa and sterility existing without other cause. (4) Mild endometritis from acquired narrowing of the cervical canal and lack of free drainage for the discharges.

Modern Medicine of the English-Speaking Race.

In the opening article of the January number of the *American Journal of the Medical Sciences*, Sir Henry Acland presents a philosophical survey of the "Modern Medicine of the English-speaking Race," and referring to the new international character of the *Journal*, he says: "Some apology is offered to science for the assumption that there is room for a scientific journal with the apparent restriction to one language and one human stock. Science has no restriction and a universal brotherhood. But science has her votaries everywhere, and every language can contribute its share. The present endeavor is to offer to those who seek it, a means of hearing a message from English-speaking people, who, apart from politics of every kind, may gather results profitable to medicine, learnt from types of every climate of the globe, from very many races of the most diverse origin, and from every occupation and every condition in which the human family is engaged."

Items about Inebriates.

We take the following items from the *Quarterly Journal of Inebriety:*

Never contradict or attempt to reason with an intoxicated man; tell him clearly and kindly what you wish him to do, and then have power to compel obedience. This is an asylum axiom.

Sneers and denunciations of the disease of inebriety, and persecution of the facts are dangerous, for, like dynamite they will explode from pressure, and send their advocates into oblivion.

The defective memory of inebriates always leaves an impaired power to reason correctly as to the nature and character of acts, or to draw proper conclusions from the experience of the past.

The damage to the central brain regions in inebriety is clearly seen in the perverted sensations, so often manifested in hyperæsthetic and anæsthetic conditions of the skin, disorders of taste and the special senses.

Puerperal Aphasia.

Dr. Poupon, in the *Encéphale*, 1886, No. 3, reports the following case. A woman, æt. 24, four days after a normal delivery, was seized with right-sided hemiplegia and partial aphasia, probably produced by embolism of the left arter. fossa Sylvii, as the patient had been suffering for some time from regurgitation of the mitral valve. P. also mentions eleven similar cases in literature. Basing his deductions on these observations, he comes to the following results:

Aphasia in the puerperium is a very rare occurrence, and if happening, takes place the first few days after delivery. The aphasia may be produced by albuminuria, septicæmia,

transient disturbances of circulation (hyperæmia, anæmia of the brain), or permanent disturbances (hemorrhage, embolism, thrombosis). It may also depend upon nervous disturbances, hysteria, violent physical excitations. Its duration varies, twenty minutes, half hour, several days. Prognosis is favorable, especially for that form of aphasia due to nervous disturbances.

Poisoning by Ol. Succini.

A physically strong woman, æt. 30, had swallowed a tablespoonful of amber oil with the intention of committing suicide (Seybert, *Centrlbl. f. d. Med. Wiss.*, May 2, 1886). Immediately after she was seized with violent vomiting, scarcely controllable diarrhœa, and high temperature. She was pregnant, and the vagina showed a purulent discharge of not fœtid odor. Urine opaque, no albumen. The thirteenth day of her illness a twin abortion occurred, accompanied by moderate bleeding; both fœtuses were removed from the vagina in a very decomposed state. The next day one, twenty-four hours after, the other placenta was expelled. Symptoms of sepsis set in after the delivery, and in consequence of strong injections of corrosive sublimate, parotitis and stomatitis developed, but finally recovery took place. The disease in the beginning greatly resembled typhus. In the eastern provinces of Prussia ol. succini is employed as a popular remedy to bring about abortion.

Treatment of Furunculosis.

Guigeot (*Bull. de Therapeutique*) urges the adoption of a more rational treatment of boils than the old method of poultices, incisions, and bleedings, now that we have a more accurate knowledge of their pathology. The disease is inoculable (Lannelongue) and parasitic, the active agent being apparently the *torula pyogenica* (Pasteur and Löwenburg). The treatment must therefore consist of parasiticides as local applications. The acid nitrate of mercury and carbolic acid act well, but Guigeot prefers tincture of iodine, painted freely and repeatedly on and around the affected spots. If applied early it will abort the further development of the sore, and should be used prophylactically to any other synchronous lesions of the skin, to prevent them from becoming furuncular. For the face, camphorated alcohol may be substituted for the iodine, to avert discoloration. Internally he finds sulphur most useful, but its administration should be continued for a month at least, or even longer in obstinate cases.

Cocaine in the Vomiting of Pregnancy.

Weiss, of Prague, has used cocaine successfully in a case of vomiting of pregnancy which had resisted all other treatment. The patient was weak, anæmic, of a nervous disposition, and had suffered in three previous pregnancies from persistent vomiting; in the present pregnancy her condition was serious. One-twentieth of a grain of hydrochlorate of cocaine dissolved in alcohol and diluted with water was given every hour. After the sixth dose an improvement was noticed. After the sixteenth dose the patient ate with relish chicken broth, slices of white chicken meat, and drank a glass of wine without vomiting. The pulse and respiration increased in frequency, and the administration of the drug was interrupted for a time. Subsequently, hourly doses were given, with the result of checking the vomiting entirely.

Hypodermic Solution of Quinine.

Where it is necessary to administer quinine subcutaneously, the following formula is recommended by Dr. S. Burt as being as little irritating as possible:

℞.	Quiniæ bisulphatis,	ʒj.
	Acidi borici,	gr. ij.
	Morphinæ sulphatis,	gr. ¼.
	Aquæ distillatæ,	ʒj.

Sig.—For hypodermic use. One drachm contains seven and a half grains of quinine.

A Remedy for Coryza.

Rabow (*Deutsch. Med. Wochenschrift*, 5, 1886,) has repeatedly seen benefit from the following powders, used like ordinary tobacco snuff, which also they resemble in appearance:

1. Menthol, 2 parts; roasted coffee, 50 parts; white sugar, 50 parts: mix, and take as snuff.

2. Cocaine hydrochlorate, 1 part; roasted coffee and white sugar, of each 50 parts; mix, and use as before.

Cocaine in Labor.

It has been claimed by some that the local application of this drug will alleviate the sufferings of parturition. Five per cent. watery solutions have been applied on a tampon, through a speculum in the first, and without it in the second stage. While the results have been fairly satisfactory, it cannot yet be said that the use of this drug is as desirable as chloroform.

Disguising the Taste of Iodide of Potassium.

This remedy, which has a disagreeable and acrid taste, may be rendered comparatively palatable, according to one of our exchanges, by dispensing it in a syrup made from the juice of gooseberries.

Correspondence.

Cerebral and Spinal Trouble.

Eds. Med. and Surg. Reporter:

W. A. T., of Iowa, reports his case in the Reporter of May 15, page 640, and asks suggestions in reference to its diagnosis and treatment. He omitted to say whether or not his patient has had syphilis, or is or has been addicted to the use of alcoholic compounds. In consequence of this omission in the description, he has left his readers to diagnose the case as one of chronic inflammatory trouble or degeneration of the brain and spinal cord, which must be attributed to that depraved condition or diathesis of the general system, which is so often observed to excite a slow, tedious, and almost always fatal inflammation. The favorite organs of this morbid peculiarity of the constitution, are the lungs, kidneys, brain, and spinal cord, and when an inflammatory action is excited in either of these organs by the influence of a strumous state of the system, such cases are always serious, and a prognosis in reference to them must necessarily be unfavorable. If the brain or spinal cord is so attacked, entire recovery is the rare exception, and the rule is epilepsy, insanity, paralysis, and death, in a longer or shorter time.

The patient must avoid undue mental and physical exertion, and his bowels must be kept regular by the following tonic saline mixture:

℞.	Sulphate of magnesia,	℥iss.	
	Diluted sulphuric acid,	♏iss.	
	Tinct. gentian comp.,	℥j.	M.
	Aqua,	℥v.	

S.—Shake well. Dose a tablespoonful two or three times a day.

The application of three or four leeches to each temple, and the bites allowed to bleed for a few hours, will do much to relieve the pain in the head and the redness of the eyes. Mercury and iodine and their combinations, are the principal drugs to be relied upon in the attempt to cure the effect of strumous inflammatory action of the brain. The iodide of potassium, in the following combination, will probably make the best tonic and alterative:

℞.	Iodide of potassium,	℥ij.	
	Tinct. cinchona comp.,	℥vj.	
	Fluid ext. ergot,	♏iv.	
	Syrup. simplex,		
	Aqua,	āā ℥iij.	M.

S.—Shake well. Dose a tablespoonful after meals.

A very good formula in cases attended with epileptiform attacks is as follows:

℞.	Liquor hydrarg. bichlorid.,	♏ vj.
	Chloral hydrate,	ʒ iss.
	Infusion gentian comp.,	ʒ iv.
	Iodide potassium,	ʒ ij.
	Syrup simplex,	ʒ ij.

M. S.—Shake well. Dose, a tablespoonful after each meal for two weeks, and then an intermission of one week, unless the mercurial should make it necessary to drop its use earlier. In such an event, the balance of the formula may be continued with much advantage.

The diet should be bland and nutritious. Milk and water should be allowed as the only drinks. Tea and coffee or alcoholic compounds should not be allowed. Sleeplessness at night should be overcome by full doses at bedtime, of a combination of the bromides. If iron should be indicated, the syrup of iodide of iron is the best form in which it can be given in such cases.

The case which W. A. T. describes, is but a type of the many cases, which the physician meets in his practice, of troubles about the brain and spinal cord. The symptoms are slow and deceptive in their development, and often, long before they are decidedly pronounced, organic alterations have been sufficiently serious to preclude the possibility of the power of medicine to bring the brain to even an approximation of health. These cases have their remote cause in a scrofulous predisposition, and are most common between the ages of forty and sixty years. They are too often mistaken for dyspepsia and overwork, and the patient is too frequently injured by the administration of quinine, morphia or wine, and the various stimulating prescriptions for indigestion. Such cases are never relieved by a treatment suitable for dyspepsia, and they go steadily on from bad to worse. If the progress of a case is not suddenly ended by a fatal attack of apoplexy, other terminations are apt to take its place, and the listless manner, insane gaze, wild face, incoherent speech, palsied touch, altered hearing, halting step, and pitiful changed appearance of the whole exterior, tell that morbid manifestations have taken control of what was once the commanding activity of a healthy brain.

J. B. Johnson, M. D.

Washington City, D. C.

News and Miscellany.

A Turkish Confinement.

The following account of the accouchement of a Turkish princess, is from a private letter from Cairo, published in the *Albany Medical Annals:*

"Her highness had got a French nurse, so as to have the whole thing conducted on European principles. I was ushered into her presence by the pasha, her husband, the eunuchs stopping short at the bedroom door.

"The princess was unveiled, and lying on a mattress on the floor, being fanned by two Circassian slaves, who were seated on the floor at the princess' head.

"The princess speaks French fluently, so we communicated in that language rather than in Arabic, as I am ignorant of Turkish. I was not entirely a stranger to her, as I had superintended her taking gas some months ago when she was having a tooth extracted by her dentist.

"I told her it was very inconvenient for me to have her so very low down, so she got up and walked into another room where there was a bedstead, and in a few minutes I was told to come in. The pains were coming on about every ten minutes, but not severe, and not forcing pains. She inhaled the chloroform in right good earnest, so that three or four inspirations were sufficient for each pain. Between the pains she smoked cigarettes and talked. By and by the pasha brought in Dr. Fauzy Bey, one of the native surgeons at the government hospital. It seems the princess had seen him some time ago and asked him if he knew anything about giving chloroform in confinement cases, and, on admitting his ignorance, she told him that when she was confined it would be done under chloroform, and she invited him to come and see how it was done.

"He remained with me, therefore, till the accouchement was finished, and even had the hardihood to give the princess the last few whiffs of chloroform while I was supporting the perineum and conducting the child into the world.

"The princess was so thoroughly under the influence of the anæsthetic that she did not know when the child was delivered.

"Everything came off gloriously, and the child was a boy—a great consideration in the eyes of a Turk. I was with her six hours. As my custom is, I gave her a teaspoonful of ext. ergotæ liq. when the head was well down. It is now the fourth day since the event, and there has been no untoward symptom. She had no milk at her last confinement, and will have none now. There was a rise of about 2° F. after the accouchement, but that lasted only a short time. The lochia offered to stop entirely yesterday, so she has been up and about to-day, and brought it on again slightly. Altogether it is a most favorable case for introducing chloroform and medical men into the harems generally for confinements.

"Both the bandaging of the mother and the dressing of the baby seemed to be something quite new to them."

Chinese Medical Missions.

Unlike Japan, which has rapidly absorbed European medical and biological science, and is training men of first-rate knowledge and considerable original research, China is still in outer darkness. Chinese medicine is a byword; Chinese surgery is almost non-existent; it is not surprising, therefore, to find that the Celestials are willing to take advantage to European skill, and attend the mission hospitals at Swatow and Ung-Kang-Phu in considerable numbers. The hospital arrangements for in-patients appear to be delightfully simple. "Scarcely a day passes," writes Dr. P. B. Cousland, in his annual report, "but little groups of, perhaps, husband and wife, mother and children, or a company of fellow villagers, may be seen coming into the hospital courtyard, with their baskets of the all-necessary rice, a few cooking utensils and bed-mats, and, perhaps, a mosquito-curtain, depositing them in a convenient corner until the janitor, or matron, has assigned to them their proper ward." Though there were 3,867 in-patients during the year, the only expenditure of the hospital in food seems to have been a sum of ninety dollars for "rice and cash tickets," so that the expenses are limited to the cost of drugs, and the wages of assistants and servants. The assistants, who do duty as house-surgeons and dispensers, are natives. The objection to submitting to amputation is very strong, and Dr. McPhun, in his report from Ung-Kang-Phu, where 2,620 patients were treated, complains that the majority of his patients were either incurably ill, or suffering from external diseases, because the Chinaman fears that internal remedies will work magically upon the heart to turn it from his ancestral religion. A very large proportion of the patients treated at the mission hospitals are suffering from diseases of the eye, the most common being trichiasis, and granular ophthalmia with its consequences. The number of opium-smokers treated at Swatow alone

was 649, but the prospect of permanent cure is not spoken of hopefully; many run away, unable to endure the misery of the first few days, and but few remain long enough to undergo a course of tonic treatment, which is considered to be essential.

Association of American Physicians.

At the first annual meeting of this new society held in Washington, June 17 and 18, the following papers were read:

"Chronic Catarrhal Gastritis," by Dr. Francis Delafield, of New York. "Tendon-Jerk and Muscle-Jerk in Disease, Especially with Reference to Posterior Sclerosis of the Spinal Cord," by Drs. S. Weir Mitchell, and Morris J. Lewis, of Philadelphia. "Typhoid Fever," by Dr. F. Peyre Porcher, of Charleston. "Spasm of the Glottis in Rickets," by Dr. James T. Whittaker, of Cincinnati. "Notes on Some Cases of Diaphragmatic Pleurisy," by Dr. Edward T. Bruen, of Philadelphia. "Demonstration of Bacterial Cultures from a Case of Mycotic Endocarditis in Man, and of Specimens Showing the Experimental Production of the Disease in Rabbits," by Dr. T. Mitchell Prudden, of New York. "Certain Elements Found in the Blood of Malarial Fever," by Dr. W. T. Councilman, of Baltimore. "Tetany," by Dr. H. M. Lyman, of Chicago. "Perforating Inflammation of the Vermiform Appendix; with Special Reference to Its Early Diagnosis and Treatment," by Dr. Reginald H. Fitz, of Boston. "Peri-uterine Inflammation," by Dr. William M. Polk, of New York. "An Experimental Study of Glomerulo-Nephritis," by Dr. W. H. Welch, of Baltimore. "Bicuspid Condition of the Semilunar Valves and Its Relation to Aortic Disease," by Dr. William Osler, of Philadelphia. "The Bacillus of Typhoid Fever," by Dr. George M. Sternberg. "A Clinical Report of Nine Cases of Hemianopsia," by Dr. E. C. Seguin, of New York.

The following papers were read by title: "Notes of a Case of Hepatico-Bronchial Fistula," by Dr. J. E. Graham, Toronto. "Pancreatic Hemorrhage as a Cause of Sudden Death," by Dr. F. W. Draper, of Boston. "Pernicious Anæmia," by Dr. A. Jacobi, of New York. "A Case of Hodgkin's Disease," by Dr. F. Forsheimer, of Cincinnati.

The following officers were elected for the ensuing year:

President.—Dr. S. Weir Mitchell, of Philadelphia.

Vice-Presidents.—Drs. Francis Minot, of Boston, and R. Palmer Howard, of Montreal.

Secretary.—Dr. George L. Peabody, of New York.

Recorder.—Dr. G. T. Whittaker, of Cincinnati.

Treasurer.—Dr. W. W. Johnston, of Washington.

Council.—Drs. Wm. F. Draper, of New York; Robert T. Edes, Boston; H. M. Lyman, of Chicago; Samuel C. Busey, Washington; Fred. C. Shattuck, of Boston; Wm. Osler, of Philadelphia; and W. A. Welch, of Baltimore.

Bowditch on Homœopathy.

Dr. Vincent T. Bowditch, late President of the Boylston Medical Society, has been addressing the Hahnemann Society of the Boston University School of Medicine on "Homœopathy as Viewed by a Member of the Massashusetts Medical Society," and he thus concludes his remarks (*Boston M. and S. Jour.*, June 30):

"Gentlemen, from the use of cant phrases and figures of speech which smack of a mawkish sentimentality, I shrink instinctively, and I sincerely wish I could express in new and simple words the thought to which I wish to give utterance before I bid you farewell, yet I feel sure you will receive it in the spirit I wish.

"We are *all* members of a profession which, when regarded in its true light, above the plane of party strife and mere selfish gain, I regard as the finest and noblest of all, and the feeling grows stronger within me with each year of practice. There is that in it far above the mere desire and ability to cure disease; that which can soothe all regrets for possible failure and disappointment in our daily work—I mean the power of human sympathy; the power which bids the young mother silently and gratefully press the hand that helped her in her hours of trial; the power that impels the dying man at the very last to turn to him who, though powerless to save, yet by a word, a look, a touch of the hand, gives strength and courage to one just passing to that 'undiscovered country from whose bourne no traveler returns.' In the midst of discord and disappointment, let us keep this thought before us gentlemen, and at the end perhaps we may be permitted to see our past life, as it were, stretched before us, and feel that we have done our small share towards making our chosen professson what it should be, 'a blessing to all mankind.'"

The Wonders of an Egg.

The *Popular Science News* says that Mr. Matthieu Williams, in one of his lectures, says: "Every one who eats his matutinal egg, eats a sermon and a miracle. Inside of that smooth, symmetrical, beautiful shell lurks a question which has been the Troy town for all the philosophers and scientists since Adam. Armed with the engines of war—the microscope, the scales, the offensive weapons of chemistry and reason—they have probed and weighed and experimented; and still the question is unsolved, the citadel unsacked. Professor Bokorny can tell you that albumen is composed of so many molecules of carbon and nitrogen and hydrogen, and can persuade you of the difference between active and passive albumen, and can show by wonderfully delicate experiments what the aldehydes have to do in the separation of gold, from his complicated solutions; but he can't tell you why from one egg comes a 'little rid hin,' and from another a bantam. You leave your little silver spoon an hour in your egg-cup, and it is coated with a compound of sulphur. Why is that sulphur there? Wonderful, that evolution should provide for the bones of the future hen! There is phosphorus also in that little microcosm; and the oxygen of the air, passing through the shell, unites with it, and the acid dissolves the shell, thus making good strong bones for the chick, and at the same time thinning the prison-walls. Chemists know a good deal now about albumen; and if they cannot tell us why life differentiates itself therein and thereby, they can tell you how not to spoil your breakfast."

Massachusetts State Medical Society.

At the 105th annual meeting, held in Boston, June 8 and 9, the following papers were read:

"Abuse of Medical Charity; a Remedy Applied in 3,000 Cases of Out-door Patients; Results," by Dr. Frederick F. Doggett, of Boston. "Does the Law Recently Enacted by the Legislature Prevent the Spread of Scarlet Fever?" by Dr. John L. Hildreth. "The Present Status of Bacterial Pathology and its Relation to Therapeutics," by Dr. Albert N. Blodgett, of Boston. "The Management of Cases of Rigidity of the Os Uteri in Labor," by Dr. William E. Boardman, of Boston. "A Not Well-recognized Source of Domestic Poisoning, with Cases," by Dr. Charles Harrington, of Boston. "Abdominal Cellulitis," by Dr. Julian A. Mead, of Watertown. "An Epidemic of Malaria in Eastern Massachusetts in 1885," by Dr. Zabdiel B. Adams, of Framingham. "The Causation and Treatment of Lateral Curvature," by Dr. Edward H. Bradford, of Boston. "Some of the Results of Fractures," by Dr. Joseph E. Garland, of Gloucester. "The Etiology and Treatment of Summer Diarrhœa of Infants," by Dr. Henry C. Haven, of Boston.

Extraordinary Medical Skill.

In *Harper's Magazine* for July we read that on a stormy night, when the roads were well-nigh impassable, a son of Erin came into a doctor's office and desired the dispenser of physic to go to see a friend who was "jist a-dyin'." He would not take no for an answer; so, putting the saddle-bags upon his horse, the physician started out upon his journey. As soon as he saw the sick man he knew it was nearly over with him, and remarked to the courier:

"Peter, you told the truth; your friend is just at the point of death."

"Can't ye do ainytheeng for heem?" replied Peter.

"No; it is too late."

"But, doethor, ain't ye goin' to give heem ainything at all at all?"

"It will do no good."

"But, doethor, ye have come so far, it would be too bad to go back without doin' ainything."

For the peace of Peter's mind, the doctor now took a small quantity of sugar from a phial, and placed it upon the dying man's tongue just as he was drawing his last breath.

Peter, seeing his friend's head drop back, looked up to the doctor with big eyes, and said, half in a whisper, "Oh, doethor, an' didn't ye do it quick!"

The Operating-Room of a Vienna Ophthalmologist.

Dr. G. H. Claiborne, Jr., writing from Vienna to the *Virginia Medical Monthly*, describes the operating-room of Prof. Hirschberg: "His operating-room is a model of scientific care and accuracy. The floor and tables are of marble; the walls are painted with an oily substance which allows of their being washed with soap and water. Glass and porcelain are the materials of which the basins for instruments and disinfecting fluids are composed. The hands of all parties concerned in the operations are washed with soap and water and bathed with a sublimate solution ($\frac{1}{1000}$). The instruments for operations on the ball lie in absolute alcohol;

those for muscle and lid operations in a three per cent. carbolic acid solution. Cocaine and atropine are dissolved in $\frac{1}{5000}$ sublimate solutions, and a separate new bottle is used for each case. Prof. Hirschberg disinfects the conjunctiva by wiping it carefully with antiseptic gauze wet with a $\frac{1}{5000}$ sublimate solution, and instills one or two pipettefuls of the same solution over the wounds after the operations are finished. He never operates out of this room. Each patient has his own box of solutions, pencils, bandages, etc."

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE FIVE WEEKS ENDED JUNE 26, 1886.

Mead, F. W., passed assistant surgeon. Granted leave of absence for twenty days, June 9, 1886.

Guiteras, John, passed assistant surgeon. Granted leave of absence for thirty days, June 14, 1886.

Watkins, R. B., assistant surgeon. Granted leave of absence for thirty days, June 4, 1886.

Pettus, W. J., assistant surgeon. To proceed to Charleston, S. C., for temporary duty, June 11, 1886.

Sawtelle, H. W., surgeon. To proceed to Wilmington, California, on special duty, June 22, 1886.

Wheeler, W. A., passed assistant surgeon. Granted leave of absence for thirty days, June 23, 1886.

Williams, L. L., assistant surgeon. To proceed to Buffalo, N. Y., for temporary duty, June 24, 1886.

Norman, Seaton, assistant surgeon. To proceed to Cleveland, Ohio, for temporary duty, June 26, 1886.

A Troublesome Patient.

A foreign exchange tells us that an incident in professional life is reported from Vienna, in which a tailor, on being told by his physician, whom he had called to consult as to a disease from which he was suffering, that recovery was impossible, forthwith shot the physician in two places, and then turned his arm—or rather arms, for there were several—against himself, with a fatal result, so far as he was concerned. Nine shots in all were fired; and the number may, perhaps, be accounted for by the fact of this recalcitrant patient being a tailor; but it is to be hoped that a needless complication will not be introduced into professional life by such a practice becoming general. Medical men have already a good deal to put up with from patients; and, if further difficulties be introduced, the relations of doctor and patient may become strained. In any case, the medical man, if he must needs take lead, would probably prefer it in the shape of false coins to the more conical form of revolver bullets. We are glad to state that the physician was not much hurt, and will shortly be able to resume what may be considered an eventful career.

Salicin.

The willow is now being largely cultivated in America for medicinal purposes. The switches at the end of two years are from four to seven feet long, and are cut and gathered in bunches like sheaves of wheat. In the stripping building they are steeped in water, and the bark at the larger end is loosened for a couple of inches by machinery. One by one the switches are placed in a mechanical stripper, and with a pair of pliers are pulled through with a sudden jerk. They are then wiped off with a woollen cloth, bundled, and laid away to dry. All the leaves and bark are dried and baled, when they command a price of 25 cents a pound. On one farm in Georgia there are at present 400,000 willows growing, and 80,000 additional slips have recently been put in, it being intended eventually to devote sixty acres to this crop. The average yield is a ton to the acre. When dried, the willows command $200 per ton, and find a ready market.

How to Keep a Cistern Clean.

The *American Agriculturist* says that complaints are frequent of the impure water of cisterns. This is inevitable under the careless management of these useful additions to the water-supply, and is a fruitful source of what are called "malarial diseases." A roof gathers a large quantity of impure matter, dead insects, droppings of birds, dust, dead leaves, pollen from trees, etc., etc., all of which are washed into the cistern, unless some means are provided to prevent it. Even then the water should be filtered before it is used for culinary purposes. One way of preventing foul matter from entering the cistern, is to have the leader movable, and swing from a waste-pipe to the cistern pipe. In dry weather the pipe is turned over the waste, and after the rain has fallen for a sufficient time to wash off the roofs and gutters

it is turned into the cistern pipe. The cistern is provided with a soft brick wall laid in cement, through which the water filters, coming out by the pump perfectly pure, and free from unpleasant odors.

A Certain Cure for Corns.

The *Med. Press* tells us that a Berlin gentleman, very much troubled with corns, saw in a paper an advertisement for a certain cure for them, application, enclosing 1 mark 10 pf. in stamps, to be made under cover to A. X., Post Office, Geneva. The gentleman not unnaturally made application, and in the course of a few days received the following reply, which we have feebly striven to give in English:

Sind ihre Hühneraugen gross
So dass von Schmerz Sie schwitzen
So sägen Sie die Zehen los
An denen solche sitzen.

(Have you large corns upon your toes,
So that with pain you sweat, Sir?
Then take a saw and saw off those
On which your corns are set, Sir.)

"I recommend for this purpose my bone saws; price from 10 to 30 mark."

A Better Fee than Billroth's.

Dr. C. Beard (retired), late of New Orleans, now of Boston, writes to the *Med. Record*:

"Referring to your mention, in your last number, under 'News of the Week,' of the fee, 25,000 francs, to be received by Professor Billroth, of Vienna, for an operation to be performed upon a wealthy banker of Alexandria, Egypt, in 1858 I was paid a somewhat larger sum—$5,000—for a cataract operation on Mr. Lastie Duprée, of Opelousas, La., and did not leave my home. Judging from the unction with which the announcement is made abroad, the foreign estimate of the value of distinguished services, at the present day, must be at least no higher than it was in this country before the war, and fees paid to distinguished men much lower than they were, according to my recollection, when I was in Europe in 1849–52."

How to Render Corks Ether-tight.

The *National Druggist* says that C. Neuman has recently pointed out that corks may be rendered ether-tight by chrome-gelatin. It is well known that ordinary corks very soon become porous to the vapors of ether, benzol, and other volatile liquids, which gradually carry off every trace of moisture. By coating the corks with a solution prepared from 4 parts of gelatin, 52 parts of boiling water, and 1 part of ammonium bichromate (added to the filtered gelatin solution), and then exposing them for a few days to sunlight, absolutely tight stoppers will be obtained. The apparatus may be put together with unprepared, sound corks, and the exposed portions of the latter afterwards coated and exposed to sunlight. It is well known that gelatin, in the presence of bichromates, is also rendered insoluble in water by exposure to light.

Temperance Drinks.

"Temperance drinks" have become very popular in England, but recent investigations show that the name is in some cases a misnomer. The *Popular Science News* says that at Birmingham a sample of "temperance port," warranted by the dealer as "unfermented and free from alcohol," was found on analysis to contain 17.4 per cent. of proof spirit; and a "temperance sherry," so-called, contained 19.6 per cent. No wonder that these "non-alcoholic" beverages become favorites with "reformed" tipplers, and, what is worse, that they tend to encourage tippling among people who use them without suspicion of their real nature. Several makers and sellers of these dangerous and delusive liquors have been detected, and prosecuted for violation of the excise laws; and it is believed that the illegal and demoralizing traffic will ere long be broken up.

Rhode Island Medical Society.

At the 75th annual meeting, recently held in Providence, the following officers were elected for the ensuing year:

President—Dr. Horace G. Miller.

Vice-Presidents—Dr. Albert Potter and Dr. John W. Mitchell.

Recording Secretary—Dr. George D. Hersey.

Corresponding Secretary—Dr. E. M. Harris.

Treasurer—Dr. Charles H. Leonard.

Board of Censors—Drs. A. Ballou, J. H. Eldredge, J. W. C. Ely, G. P. Baker, S. S. Keene, Benjamin Greene, Eugene Kingman, and Job Kenyon.

The Yellow Fever Commission.

The Washington correspondent of the *N. Y. Med. Jour.*, says that the Senate has passed the yellow fever commission bill, which was

urged in person by Dr. Joseph Holt, of New Orleans, in behalf of the American Public Health Association. Some opposition on the part of some of the friends of the late National Board of Health, and some sentiments of frugality, induced Congress to amend the bill so that it now provides for the detail of two officers already in the service, but with the proviso that they must be skilled in bacteriology and microscopical research. No provision is made in the bill for the appointment of a member of the commission from civil life, but the employment of experts is allowed.

A Higher Standard of Education.

The last report of the Illinois State Board of Health takes the ground that the diminution in the number of students and graduates in the medical colleges of the United States during the session of 1884–5 was due to a general and increasing desire on the part of the profession to raise the standard of attainments necessary to enter its ranks, and to the enforcement of certain requirements in States which have enacted laws regulating the practice of medicine. This seems a very probable explanation, and is sufficient to excite considerable reflection as to the causes at work which may influence medical education in this country.

Ferran's Laboratory.

A correspondent of the London *Times* writes that while Ferran was in Valencia he used for his laboratory the kitchen of a new and as yet uninhabited house. In this kitchen there was a water-closet, placed against the inner wall as far as possible from the windows, and ventilated into the kitchen through an opening over the door. The house had just been built by a physician of Valencia, who apparently had as much sense of the fitness of things as he had knowledge of sanitary science. The writer adds that the closet was already so foul and choked up that he was unable to discover whether it was trapped or not.

Indiana State Medical Society.

At the meeting of the Indiana State Medical Society, held at Indianapolis May 11 and 12, the following officers were elected for the present year:

President—G. W. H. Kemper, M. D., of Muncie.

Vice-President—W. V. Wiles, M. D., of Spencer.

Secretary—E. S. Elder, M. D., of Indianapolis.

Assistant Secretary—J. McLean Moulder, M. D., of Kokomo.

Treasurer—C. B. Higgins, M. D., of Peru.

Connecticut Medical Society.

At the 96th annual meeting, held at New Haven, May 26 and 27, the following papers were read:

"A Study of Diabetes Mellitus," by the president. "The Treatment of Lacerations of the Cervix Uteri," by Dr. Beckwith, of New Haven. "The Microscope in its Relation to Disease," by Dr. Wright. "O Tempora, O Mores!" by Dr. Stanton. "Morbus Brightii," by Dr. Wright. "Pneumonia," by Dr. Gilbert.

Items.

—It is proposed that the Medical Department of the Virginia State University be hereafter located in Wheeling.

—In the *Annals of Surgery*, for June, Dr. Robert T. Morris reports a case of amputation of the leg, with recovery, in a man eighty-three years of age.

—Dr. G. C. Savage, of Jackson, Tenn., has recently been elected Professor of Ophthalmology, Otology, and Laryngology in the Universities of Nashville and Vanderbilt.

—In remarking upon the saying by Carlyle that "Dyspepsia kills poetic ambition," the *Boston Post* says: "If dyspepsia would only get its work in more constantly, it would be for the comfort of the world generally."

—Before undertaking a post-mortem, Dr. Crevenger recommends holding the hands over strong liquid ammonia, when the smarting which ensues will reveal all sensitive or abraded places that need a touch of caustic before beginning the examination.

—"Here comes the mustard-plaster," said a shopman to another, as a lady with a sharp nose and a business-like air, waltzed into the shop and proceeded to tumble over a big pile of goods. "What a funny name!" said a customer who was standing by; "why do you call her a mustard-plaster?" "Simply because she gets in front of the counter and buys nothing, and asks so many questions that she irritates the poor man who is waiting on her." "How does that make her a mustard-plaster?" "Because she is a counter-irritant."

THE

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Original Department.

Lecture.

LECTURES ON INSANITY.

DELIVERED AT THE UNIVERSITY OF PENNSYLVANIA.

BY CHARLES K. MILLS, M. D.,

Lecturer on Mental Diseases in the University of Pennsylvania; Consulting Physician to the Insane Department of the Philadelphia Hospital; Neurologist to the Philadelphia Hospital; and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

Reported by William H. Morrison, M. D.

Lecture XI.

DELUSIONAL CLAIMANTS—WILLS OF THE INSANE AND TESTAMENTARY CAPACITY—ECCENTRICITIES SHOWN IN WILLS—LUCID INTERVALS—SENILE DEMENTIA.

Gentlemen: It is of importance that physicians, called in to patients who are likely to die soon, should make an examination of their mental as well as of their physical condition. With reference to wills, it is of the utmost importance that physicians who are frequently called upon as witnesses, or who are present at the time or just before and after a will is witnessed, shall in a most careful manner assure themselves of the mental condition of the patient. This is a wise thing to do in any case, and especially if the individual is a man of property.

An interesting phase of the insanity question with reference to wills, is that which pertains to delusional claimants. A certain type of the delusional monomaniac is an individual who believes that he has been wrongfully deprived of an inheritance. He is the man or woman in search of an inheritance. A number of such cases are to be found in every city. I know of several in Philadelphia. This is sometimes the only delusion in the particular case. A case was sent to the Norristown hospital by two physicians of this city. He remained there for a long time, and I was called upon, when consulting physician to the institution, to examine him in order to determine whether or not he should be discharged. He was also examined by Dr. T. G. Morton, of the Committee of Lunacy, and by the superintendent of the asylum. It was with the utmost difficulty that any legal evidence of insanity could be obtained. He talked as well as any one on ordinary matters, and he was upon his guard in reference to the few matters on which he was alleged to be insane. This man believed that some of his relatives had leagued together to deprive him of an inheritance. Evidence was brought to show that this idea was without foundation. In the case also were certain other interesting features which illustrate the curious way in which an insane mind will work. The delusion was in regard to this inheritance, and he wanted to get the advantage of those who he thought were depriving him of it. One thing which brought him into court and sent him to prison—for he was removed from a prison to the asylum—was to write most scurrilous and obscene letters to his own sisters, and to abuse them in other ways publicly. His idea was not to injure them directly by these letters and this public abuse, but it was to bring the matter of this inheritance of which he had been cheated to public notice, and thus make a great public scandal, and obtain what he deemed his just deserts.

The case came into court, through the Lunacy Committee, the superintendent and the assistant physician at the hospital, the two physicians that signed the certificate, Dr. Morton, myself, and others testified in the case, and the man was discharged by the judge, and I suppose is now at liberty. None of us were anxious to keep the man in the asylum. I simply testified that I believed him to be insane, and explained in detail the peculiar form of insanity; and stated that in all probability he might remain for months or years without giving trouble. The judge concluded that it was not proper to hold him any longer, and decided to give him a chance to enjoy his liberty as long as he behaved himself.

The office of the Register of Wills in this city is besieged sometimes by claimants of all sorts and kinds. In a former lecture, I spoke of the well-known case of Captain McCracken, a noted Delaware pilot, who believed that he was the heir to the estates of Jonathan Dickinson. Here is a Philadelphia newspaper account of a few of these delusional claimants. An old man with a fiery eye and a big red wig, marches up to the deputy's desk and requests that the $5,000,000 left to him by a prominent man recently dead be turned over to him at once. The officers learn that it is not always wise to deny these cases at once, but better to practice a little diplomacy. The clerk looks over a book and tells the party that the estate is not yet settled, and that he should come again, and bring his counsel with him. Not long ago a determined-looking young man came into the office with a bridle on one arm and a rope on the other, demanding a mule and a cow which had been left to him by his uncle. Another came in with a club over his shoulder, stating that he was the representative of her Majesty the Queen of all Britain and Ireland, the Emperor William of Germany, and King Humbert of Italy, and demanded that an inheritance be given him. These are simply illustrations of the delusional character of many of the claimants for bequests. From these absurd and ridiculous cases to the class of cases represented by the man before referred to who believed that he had been deprived of an inheritance, there are illustrations of all grades and degrees of analagous delusions.

I will conclude the lecture with a few words about the question of wills of the insane and the testamentary capacity of the insane. Not every man who is a lunatic (even under the law) is deprived of the right to make a will. A lunatic who has been certified to be insane, who has been declared by special legal process to be insane, and who has been an inmate of a lunatic asylum, has made a will disposing of his property, and this will has been upheld in court. That will show you at once that the mere fact of alleged lunacy or the existence of real lunacy will not in every instance enable a contest against a will to be successfully sustained.

Relatives are often unjustly deprived of their rights as a result of the peculiar mental condition of the individual at the time of making a will; and, on the other hand, those competent to dispose of their property, are unjustly alleged to have been insane.

The law is about this, that a person is regarded by the law as of a "sane and disposing mind if he knows the nature of the act he is performing and is fully aware of its consequences." These words are quoted from the law as found in text-books. This constitutes the phraseological rock upon which these questions are argued, but even this is capable of much discussion. A man may be aware of the nature of the act he is performing, and be aware of its consequences, yet he may be insane and do a very unjust act; but it is difficult to get a general principle to cover these important cases. It is like the old question of the plea of insanity in criminal cases, many arguing that we should make the knowledge of right and wrong on the part of the alleged lunatic the point about which the question of his responsibility should hinge. One thing must be borne in mind, that bodily disease, no matter what it may be, will not, under the law, incapacitate a man from making a will, unless it can be proved that the bodily disease has so affected his mind as to render him incapable of judging, or, in other words, has made him not of a disposing mind. Various special phases of this question are of great interest. The question of delusions in insanity with reference to wills, is one of these. It has been affirmed by courts that the mere fact of the existence of a delusion, or the fact that the person was a delusional monomaniac, would not invalidate a will. It practically comes to this: that in order to gain a case in a contest of this kind it must be proved not only that the person was a delusional monomaniac, but that the delusion was of such a character as to interfere with his just judgment in making a will. In other words, a man may have hallucinations of hearing, or sight, or persecutory delusions of a marked character, and yet he may be

able to conduct his business in a proper manner. Evidence could be brought in such a case to show that the man had been a delusional lunatic with hallucinations of hearing and sight for, perhaps, twenty years; and testimony equally strong might be given to show that during those twenty years he had not made a bad business contract. In such a case the will would probably hold.

In a day or two a case about which I have been professionally consulted, is to be tried in a neighboring county. The man is a delusional lunatic. This is admitted on both sides, and it is even admitted that he has committed a criminal assault, although not of a serious nature, under the influence of his delusion. Some time ago he was in an asylum, and the question came up in reference to the propriety of discharging him. The physician in charge of the institution and myself gave a guarded certificate stating that at that time the man was, to all appearances in a condition in which he might be given his liberty without detriment to society. Since then the man has developed more marked symptoms of insanity. An inquisition has been held, and he has been declared to be insane. The guardians are in doubt as to what they should do—whether they should defend his liberty, or whether they should submit to the finding of the inquisition and allow him to be put in an asylum, or under interdiction. The point in connection with wills is that this man with marked delusions, who has committed a criminal assault, has been shown to have business capacity, and while it might be doubtful how the courts should decide in case a question as to the validity of his will were brought up they would be as likely to sustain it as not.

Mere eccentricities and peculiarities in wills do not invalidate them. Thus recently a maiden lady, fond of cats, left a large portion of her fortune for the establishment of an institution for the care and comfort of cats, and I do not know that the validity of of this will has been questioned. A well-known gentleman holding certain peculiar views with reference to spiritualistic phenomena, left a sum of money to this University for the investigation of this subject. It might be held that owing to these peculiar views the man was not in a mental condition to make a will, but the courts would probably not sustain such a contest. Another case is that of a man who believed in the old doctrine of the transmigration of souls. He left a will, which held certain parts of which were supposed to be connected with this peculiar idea. Simple eccentricities or peculiar religious or other views are not sufficient to invalidate the testamentary capacity. Still, in not a few of such cases injustice has been done to somebody. An institution may get the money which should go to a deserving family.

One way in which the will of a lunatic is sometimes considered valid is on the old doctrine of lucid intervals. I was once asked in a lunacy trial by a dignified juryman, "Doctor, what is the difference between lunacy and insanity?" Practically, we do not recognize any distinction between the terms lunacy and insanity nowadays, but there is an old distinction. A lunatic in the old legal sense of the term was one who was insane but had lucid intervals supposed to depend upon the changes of the moon. This question of lucid intervals is one which is often brought up in will cases, it being claimed that although the individual was insane yet he had a lucid interval. A man in this city had an attack of apoplexy in the morning. He was seen every three or four hours by different medical men during the twenty-four hours before he died. It was claimed that during this time he had made a will. As far as the medical witnesses had seen he had been comatose much of this time. It was said that he roused up and made a will, but the will was not signed. It was said that he did not sign the will because of the paralyzed condition of the hand. This, however, is an extreme case. In many cases, as in circular insanity, where you have melancholia, then a lucid or sub-lucid interval, and then mania, etc., a will made between the attacks would probably hold in law. This old question of lucid intervals is an interesting one for discussion, and it is one on which contests are often based or resisted.

Senile dementia is another condition on which a contest of a will is often based. Some most interesting cases are of this kind. One recent case is that of a man in West Virginia, in which a number of those connected with the University have given testimony. This man conveyed his property to certain of his relatives before his death, and thus deprived some of his children of their inheritance. It is shown by a hypothetical question, which has been answered by physicians, that he was not in a state of mind to decide justly, because of senile dementia. Senile dementia is something more than the normal deterioriation of the aged. It is a peculiar disease with special symptoms.

Communications.

PERIODICAL HYPERÆSTHETIC RHINITIS.*

BY JOS. BLOOM, PH. G., M. D.,
Of Baltimore, Md.

Already aware of the innumerable papers and pamphlets written and circulated, bearing upon this subject, I undertake from personal experience to make some practical remarks upon the same, feeling myself, to my sorrow, peculiarly well fitted to deal with the subject of my paper in a comprehensive and practical manner to which I invite your attention.

Having been a victim of this unwelcome annual visitor for the past twelve years, and having three friends similarly affected, I manifested deep interest in this disease long before I adopted the profession in which I am now engaged.

Previous to that time I dealt with it in a practical manner; now I deal with it in a somewhat theoretical manner, but the ultimate results from either treatment have not been as pleasing as could be desired. I can give no better or more comprehensive definition than that of Dr. Geddings, of N. H., in his article upon hay asthma, contributed to the recent excellent work of Dr. Pepper, which reads as follows: "Hay asthma is a form of catarrh appearing in the spring, early summer, or autumn, attacking persons predisposed every year at the same time, the patient being at other times free from the disease; characterized by symptoms resembling those of influenza; the chief of which are sneezing, redness, swelling, and increased secretion of the conjunctivæ, and the mucous membrane of the entire respiratory apparatus from the nose down to the minutest bronchi, frequently culminating in more or less severe attacks of asthma."

The interest recently manifested by the profession in the disease, is, no doubt, due to the increasing number of victims annually appealing to the practitioner for relief or possible cure. Not many years ago the practitioner diagnosed and treated the disease as a common cold or coryza, and I regret to say, with almost as much success as hay fever up to quite a recent date was treated. I remember that when in 1880 I confronted my medical adviser, one, too, of high standing, and stated I would like to be cured of hay fever, he replied: "My dear boy, if I could cure hay fever I would be a millionaire in a comparatively short time." Upon this reply, I, like all ambitious youths, eager to make lots of money in the shortest period of time, set to work experimenting with drugs and chemicals, without knowing the pathology of the disease; but, like my learned medical adviser, I found that the cure of hay fever would never reap me a fortune. From statistics which I have borrowed from the work of Merrill Wyman, the then prevalent idea that it was a disease of the cultured and educated members of society, seems somewhat plausible, from the fact that their temperament is more nervous than that of the multitudes engaged in manual labor.

Previous to 1860, the fact that the disease was unknown in Germany, where it is now known as "Hen Schnupfen," is substantiated by the honest confession of Phoebus, when confronted by a colleague suffering with the disease, that he was not acquainted with the disease, neither was its name familiar to him.

Of late hay fever has become as familiar and popular among the fashionable and intelligent classes as malaria and Bright's disease among the laboring classes. I will not enter into detail as to its etiology, nor touch upon the pathology at all, but to those interested I could commend no better work than the recently published one of Dr. Charles Sajous, of Philadelphia, or Merrill Wyman's, a sufferer like myself.

As to the cause of this disease, I am, and always have been at a loss, and from the literature I have read upon the subject, my conclusion is that all authors are at a loss as to the definite cause of this torturing malady. One will favor the "Pollen theory," and among the advocates of this theory are such learned authorities as Morrell Mackenzie, Moore, and Blackley; others are advocates of the "Thermic theory;" others advance the neurotic theory, and this I deem a true one, to the extent that a neurosis predisposes to the disease. This theory was advocated by Dr. John N. Mackenzie, of this city, and published in the year 1884 in the *N. Y. Medical Record*. Another advocates the individual peculiarity of the sufferer.

In its heredity I have no faith, unless the attack is accompanied or complicated by asthmatic symptoms, and I am strengthened in this opinion from the fact of having ten cases under my observation, in only three of which cases could the disease be traced back to the ancestors, and all three of the cases gave evidence of asthma.

Being exposed to the same causes of this disease as multitudes of others are, it most

* Read before the Clinical Society of Maryland.

assuredly must be some peculiarity in the person so affected, but up to the present such peculiarity has not been discovered.

I remember some years ago encountering in my flights to the mountain tops a negro afflicted with hay fever, a curiosity from the fact of not hearing or reading of another case among the African race. The disease is more common among males than females, and affects primarily those between the ages of fifteen years and forty years. From Wyman's statistics I note the fact that among ten professions the physician and medical teacher takes the precedence of all others in the percentage of victims of hay fever.

That the pollen is a cause, I almost hesitate to differ with such high and learned authorities as Blackley and Morrell Mackenzie, but that it is the excitant of an aggravated attack I submit, as a case now in my recollection, some years ago under my observation will illustrate: A lady whose husband is engaged in the grain business, and has a store-house well stocked with hay, straw, and oats, has her symptoms aggravated by his presence, or the removal of his clothing in her bedroom before retiring.

A peculiarity of the disease is the regularity of its invasion and recurrence. In the aforesaid case and my own the attacks recur annually on the 19th of August.

With those who hold that heat is the cause, I also disagree; but like the pollen it most undoubtedly aggravates the attack. The rays of the sun, or of artificial light falling into the room or upon the face of the victim will aggravate the attack. The electric light is innocent as compared to candle or gas light. My experience, like many others, has been such that a cloudy or rainy day is far more welcome to the sufferer than the sun in all his brilliancy, the symptoms being less in severity on such days. Having spent five years in the pharmaceutical laboratories of Messrs. Sharp and Dohme, of this city, where I manipulated and compounded many drugs and chemicals, my attacks were so severe at times that I was compelled to withdraw from the establishment for an hour or two. I noticed this especially in handling ipecac, quassia, senega, guaiac, or preparing the green or red iodide of mercury, a fact which would somewhat substantiate the pollen theory.

The first intimation that my foe is confronting me is a paroxysm of sneezing, malaise, and languor, soon followed by the army of symptoms, such as a tickling sensation in the fauces, nostrils, a roaring sensation in the ears. In the region of the frontal sinuses there is a sense of fulness shortly after these initiatory symptoms; the secretions from the eyes and nose become excessive and slightly acrid, constantly trickling down the face, causing excoriations of the adjacent parts.

The victim whilst suffering will seek solitude, avoiding his friends, and if possible his family. I have at times been melancholic, refusing to dine at the family table, and secondly from loss of appetite, which leaves me in a relaxed and depressed state after the siege has been fought.

As to locations exempt from the disease, my knowledge from experience is very limited, having only visited the mountains of our own and adjacent states.

I visited Deer Park and Oakland situated in the extreme west of this state, in Garrett county, at an elevation of 2,500 feet, and a temperature of 50° F., but my attacks were quite as severe, perhaps more so, when I reached the resorts, necessitating my return home before the week had ended. I also visited the Blue Mountain House, situated half a mile from the popular summer excursion resort, Pen-Mar, with a similar effect. The next place to which I took flight was at the request of my former kind and sympathizing preceptor, Mr. A. P. Sharp, to his country seat at Rock Hall, Kent county, situated about ten miles from Tolchester Beach, and about twenty-five miles from Chestertown. At this place I enjoyed comparative ease, as my symptoms were not so severe, which I attribute to the moisture emanating from the soil so adjacent to Rock Hall Creek, a tributary to the Chesapeake Bay. Since my last visit to this place, Mr. Sharp has made the observation that the atmosphere from Tolchester Beach on the bay shore, to the north of Chester river, is well charged with ozone. He also informs me that the physicians of Kent county are not acquainted with hay fever, and have encountered very few cases of neurotic asthma or phthisis.

Last year I took a trip to Europe, and on my return sailed from Bremen on 13th of August for America; although, as I have previously stated, my attacks regularly began on the 19th, on this occasion I experienced not the slightest symptom of hay fever until the 27th of August, when Sandy Hook was in sight, and then the disease attacked me in all its severity. This was sufficiently conclusive that the ocean did and does effect complete exemption, and I would advise such a voyage to those suffering, and finding such a voyage convenient.

As the greater number of my hearers are like myself engaged in the general practice of medicine, and do not possess the galvano-cautery, or other surgical appliances, neither have we acquired the skill and dexterity in manipulation of the rhinoscope and cautery, etc., as the specialist in the use of the same, I will therefore limit my remarks to the medical and hygienic treatment of the disease, which will undoubtedly confront us during the approaching months of June, July, and August.

For convenience, I will classify the treatment into local and general. The following receipts I have compounded and used whilst engaged in pharmacy:

℞. I. Quin. sulphas, ʒj.
Morphiæ sulphas, gr. j.
M. Use as a snuff.

I have also used this in solution.

℞. II. Bismuth. subnitras, ʒij.
Pulv. acacia, ʒj.
Morph. sulphas, grs. iv.
Sig.—Use as a snuff.

This was more satisfactory than ℞. I.

℞. Iodine resublimated, ʒj.
In a bottle filled with absorbent cotton and the vapor inhaled.

The good effect was only momentary.

During the remaining four weeks of my attack in 1885, I used a four per cent. cocaine nasal suppository, and a four per cent. oleate of cocaine dropped into the nasal cavity with a pipette, whilst in the recumbent position. The cocaine constringing the turgescent blood vessels, and shriveling the mucous membrane, thereby obtruding the sensibility of the hyperæsthetic nerve fibrilla situated in that organ. As a collyrium I have used the following:

℞. Boric acid, ʒj.
Aquæ rosæ, ʒj.
℞. Sodii biborat., ʒj.
Spts. vin. gallici, ʒss.
Aqua camphor, ʒj.
Aqua puræ, ʒj.
A few drops into each eye t. d.

An infusion of green tea applied externally with a piece of lint had a soothing influence, no doubt due to the effect similar in its analogue, erythroxyllon coca.

Before retiring apply oleate of zinc ointment to the margins of the eyelids to prevent their adhesion in the morning, and if such adhesion should occur I use a lukewarm solution of bicarbonate of soda to the eyes.

As to the naso-pharyngeal and ophthalmic symptoms, internal medication has proved unavailing, but in cases accompanied or complicated by asthmatic symptoms, internal medication is highly essential, and for this purpose I can commend the following:

Morphia or codeia heads the list, but its administration should not be left to the patient's indiscriminate use. Bromide of potash or soda, valerianate of zinc or ammonia, Fowler's solution, fluid extract coca, or fluid extract grindelia robusta.

℞. Stramonium leaves, ʒj.
Belladonna leaves, ʒj.
Lobelia leaves, ʒj.
Anise seed, ʒij.
Tobacco leaves, ʒss.
These to be mixed and powdered, then saturated with ʒij of potass. nitras. in solution, then dried, and a teaspoonful ignited, and inhale the smoke before retiring.

As an alterative I have used:

℞. Potass. iodid., ʒij.
Tr. rhei, ʒss.
Tr. cinchona comp., ʒiiss.
M. Sig.—ʒj t. d.

This was also the tonic used by me.

In regard to hygienic treatment I have little to say. It is customary with me to take a cold bath every morning during the season, using the friction brush and Turkish towel quite vigorously; an unpleasant ordeal I confess, but an invigorating one, giving me an appetite for a light but nutritious breakfast, consisting of milk, soft-boiled eggs, and Vienna rolls or Graham bread.

My suppers are extremely light, owing to the insomnia and restlessness produced by an overburdened stomach.

During the entire season I use the London smoke glasses, which protect my eyes from the rays of the sun, also particles of dust floating in the atmosphere.

AS TO OUR LENGTH OF LIFE.

BY THOS. S. SOZINSKEY, M. D., PH. D.,
Of Philadelphia.

One meets frequently in the course of his general reading, and even in scientific publications, declarations to the effect that of late the length of human life, as well as the vital stamina of the race, has markedly increased. Some assert that the average age has been run up ten, fifteen, even twenty years, but a doctor of hygiene puts the case moderately thus: "The average duration of human life has increased, and all the evidence, I think, is in favor of the view that we are a better stock or race than we were a few years ago." "A few years" are sufficient to work material changes in the "stock or race!" Let the disciples of Darwin take notice.

The asserted increase in the length of life and vital force is attributed to more hygienic living, due in great part to the growth and diffusion of sanitary knowledge, which is said, of course, by the enthusiastic doctor of hygiene, to be a span-new science. Our forefathers were an ill-conditioned and ignorant set—they did not know anything about right-living. Shades of Hippocrates and other great lights of the past, take no offence at modern presumption!

Macauley spoke with great force, as was his wont, of the improved condition of the English people in his day. "The term of human life," said he, "has been lengthened over the whole kingdom, and especially in the towns;" but it is nearly forty years since the historian wrote, and, of course, the hygiene of forty years ago, according to the modern doctor, being of little account in comparison with what it is to-day, there must have been considerable addition since to "the term of human life;" for be it known that an increase of "the term of human life" goes *pari passu* with the modern "strides" in sanitary science. The day dawns, to be sure, in which men will live as long as the antediluvians!

Such statements are apt to be very agreeable to *amour propre*, but are they really true? Is the vital condition of the race improving?

The volume of the United States Census Reports of 1880, which has been issued recently, furnishes an interesting mass of plain, unvarnished facts bearing on the subject in question. During the census year it appears that of a hundred deaths reported forty were of persons under five years of age, fifty-two were of persons under twenty, and only twenty-two were of persons over fifty. Only about ten per cent. survive their three score years and ten. Twenty-four per cent., or nearly a quarter of the deaths are of persons between twenty and fifty years. Here is the table in detail:

Age.	*Deaths in* 100.
Under 1	23.24.
1 to 5	16.90.
5 to 10	5.71.
10 to 15	3.04.
15 to 20	3.89.
20 to 30	9.61.
30 to 40	7.60.
40 to 50	6.49.
50 to 60	6.22.
60 to 70	6.88.
70 to 80	6.38.
80 to 90	3.28.
90 to 95	.43.
95 to 100	.26.
Unknown	.42.

These astounding figures represent the mortality according to age, as already intimated, for the entire United States. For the thirty-one cities in which the deaths were registered during the census year the showing is far worse. "Under five years of age the proportion of deaths (reported) in the country at large was forty-three and seven-tenths per thousand of living population, while in the registration cities it was eighty-eight and four-tenths per thousand. In other words, the mortality of children under five years of age * * * was about twice as great in the cities as in the average of the whole country." So it is said in the Census Report. Of course, if a far greater proportion of the deaths in the whole country of persons under five years than of those older were not reported, which was certainly the case, the percentages given in the table of deaths of those dying at different ages of over five years, are much greater than they really ought to appear; for *il va sans dire* that the greater the number of deaths of very young people the lower is the average age at death. Even as the table stands, the average age is not far up in the twenties.

In France forty-eight per cent. of the deaths are of persons over fifty years of age; and what is more remarkable, twenty-five per cent. are of persons over seventy-years of age. The French present the best showing, except, perhaps, the Irish, of any nation as regards long life. Only about twenty-six per cent. of their deaths are of children under five years. About six per cent. only are of persons from five to twenty years.

For the purpose of comparison, the following table of the percentages of mortality at different ages in England and Wales in 1880 may be given:

Age.	*Deaths in* 100.
Under 1	25.48
1 to 5	16.98
5 to 10	3.66
10 to 15	1.73
15 to 20	2.23
20 to 25	2.61
25 to 35	5.51
35 to 45	6.36
45 to 55	6.88
55 to 65	8.75
65 to 75	10.06
75 to 85	7.66
85 and over	2.09

According to this table the deaths of persons from five to twenty years of age were less than eight per cent. of the whole; while in the United States they were over twelve. The deaths of persons from twenty to fifty-

five years of age were twenty-one per cent. of the whole; while in the United States the deaths of persons from twenty to fifty were more—twenty-four per cent. The deaths of persons over seventy-five years of age were about equal to the deaths of persons over seventy in the United States.

As serving to show how much other things than the advancement of practical hygiene have to do with the length of human life, the following table of the percentages of deaths at different ages in Ireland in 1880, is highly interesting:

Age	*Deaths in* 100.
Under 1	13.98
1 to 5	11.60
5 to 10	4.00
10 to 15	2.53
15 to 20	3.41
20 to 25	3.85
25 to 35	5.62
35 to 45	5.78
45 to 55	6.54
55 to 65	10.77
65 to 75	14.05
75 to 85	13.30
85 to 95	3.73
95 and over	.80
Unknown	.05

Let the modern doctor of hygiene look critically at these figures. No nation of Europe is supposed to be more oblivious of sanitary science than the Irish, and yet a far greater percentage of the people of Ireland than of any other people, except the French, live to and beyond the age of seventy years. Nearly five in a hundred of the deaths are of persons over eighty-five years of age! Only about thirty-five per cent. of the deaths are of persons under twenty years of age. About forty-two per cent. of the deaths are of persons over fifty-five years. One-half almost of the deaths are of persons over forty five years. In England and Wales, only thirty-three per cent. of the deaths are of persons over forty-five years, while in the United States only thirty per cent. are of persons over forty years of age.

Let the boastful doctor of hygiene say what he will, the vital condition of the people of neither England nor the United States is satisfactory; it is lamentably unsatisfactory. I know of no sound evidence pointing the other way. Appealing to the experience of life insurance companies does not meet the case at all, for the simple reason that the very young, the frail and the diseased, are very carefully excluded from regular insurance. Then, if the physical condition of the people of Ireland, a people poor and comparatively ignorant of sanitary science, is immensely superior to that of either, there must be influences at play in both England and the United States which much more than counterbalance all the beneficial effects of the sanitary science in practice in either country. Climate has something to do in the case, but the mode of living of the people far more. There is only too much reason for the belief that the very artificial mode of existence general in civilized countries is harmful. In other words, the less natural one's mode of living is, the more likely is his vital powers to become impaired. The multiplied appliances and complex ways of highly civilized life do not make for health and long life. The comparatively uncivilized do not suffer much from disease, or at least non-contagious disease, and their offspring are not doomed to die in great part in their infancy. The simple habits of those who live close to nature are most favorable to real human welfare. To live close to nature, which in general means in accord with nature—that is, the cardinal axiom which the doctor of hygiene would do well to specially inculcate. To this I may add, by way of conclusion, that Mephistopheles, who unlike the modern doctor of hygiene, was wont to say "*allwissend bin ich nicht*," gave Faust passing wise advice as to how to preserve his youthful health and vigor:

"Betake thyself to yonder field;
There hoe and dig as thy condition;
Restrain thyself, thy sense and will
Within a narrow sphere to flourish;
With unmixed food thy body nourish;
Live with the ox as ox, and think it not a theft
That thou manur'st the acre which thou reapest;
That, trust me, is the best mode left
Whereby for eighty years thy youth thou keepest."

THE ABSTRACTION OF BLOOD IN THREATENED APOPLEXY.

BY ENOS T. BLACKWELL, M. D.,
Of Cedarville, N. J.

The rebound that followed the excessive use of the lancet by our fathers, caused this remedial measure to fall into unmerited neglect. So fierce was the outcry against it that many physicians preferred to drop it from the list of curative means rather than to incur the opposition almost sure to be encountered, and the difficulties of enforcing its use. Hence, arose a timid and temporizing policy which interfered with its use at the proper time, and made its success dubious or not demonstratively successful. Here and there, it is true, might be found a prac-

titioner bold enough and sufficiently independent to employ any remedy that in his experience or in that of others had been attended with success. It has been the habit of the writer to bleed, in special cases, when requested to do so, to relieve ill feelings in the head of a person somewhat advanced in life, although the pulse was small and feeble, and the result was always satisfactory.

The following case, illustrating successful treatment in cerebral hyperæmia, threatening apoplexy, is deemed of sufficient importance to place before the profession.

On December 4, 1881, I saw Mrs. Phœbe H., aged 74 years, a farmer's wife, living in Warren county, this State, who gave the following history: She had always had good health till within a few years, when her mind and body had been taxed to its utmost in caring for a son whose health, mental and physical, had been wrecked by excessive study. She commenced to be dizzy in the summer of 1879, when she came near falling from this cause. She was also very sick at the stomach. In the spring of 1880, she fell while going up-stairs. She fell again the succeeding summer; her changed relation to objects about her leading her to believe that the furniture was toppling. She had many dizzy spells when she did not fall. In July, the year following, she would have fallen but for timely support. The dizziness was generally followed by sickness of stomach and excruciating pains in the loins for a short time. The attacks occurred frequently, and she would have all she could do to keep from falling. A month previous to my visit, she had pain over the right eyebrow, coming and going, and passing down the right side of the nose. She also had aching in the right eyeball. There was double vision in this eye, and objects appeared misplaced. She put a bandage over the affected organ, and the upper eyelid became paralyzed. She could discern objects by raising the lid with the fingers; but sometimes they appeared as if viewed through a veil. Her mind was wearied. The double vision lasted for one day only. The symptoms were present, in varying degree, until the time of my visit, objects appearing strange and distorted, and she was in constant danger of falling. Deeming that there was undue blood pressure upon the brain and nerves of special sense, and that there was imminent danger of apoplexy, I abstracted a pint of blood from the right arm, and prescribed potass. iodide 5 grains three times a day. The treatment gave some immediate relief, and, on the following morning some muscular power was manifest in the affected eyelid. December 13 she was to take a half-teaspoonful of fluid extract of ergot three times a day, with pil. hydrarg. every third evening.

I know not that any other treatment was used. All the evil symptoms disappeared, and her health was perfectly restored. There was no relapse until the latter part of February, or the beginning of March last, a period of over four years. She then had an uncomfortable feeling in the head, perhaps it might be termed a pain, which was constant. She was unsteady in her movements, and was confined mostly to her chair. She was now over 78 years of age; and the tottering gait gave an appearance of feebleness. The pulse was medium as to fulness and force. The gentleman who attended her could perceive no benefit from remedies skilfully employed; but was unwilling to let blood on his own responsibility, in the conditions named. I saw her on Saturday, March 13, meeting her medical attendant on the day following. Scanning the conditions carefully, and bearing in mind the positive success of the former bleeding, I unhesitatingly gave my voice for this measure, and one pint of blood was accordingly abstracted. The arm, when bared, was dry, withered, and flabby; nevertheless, a vein was easily opened, and the blood flowed freely and copiously. There was no flagging in the stream, when the amount was reached that was deemed proper to be taken; nor was there any faintness perceptible. There was an immediate change for the better, and my professional friend was enthusiastic in praise of the success of the measure, as were also the friends of the patient. The amendment was steady and assured, the patient at this time being in her ordinary good health.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, May 6, 1886. The President, B. F. Baer, M. D., in the chair.

Asepsis not Antisepsis. A Plea for Principles, not Paraphernalia in Laparotomy.

By Howard A. Kelly, M. D.

Medicine, like other branches of science, has been most retarded in its growth by the accumulation of all sorts of useless details. Some of these incrustations still clog the advance of abdominal surgery and will be given up with a notable diminution in the

general percentage of mortality. I refer to the use of carbolic acid and mercuric solutions at the operating table and to the continued use of any elaborate abdominal dressing.

The use of antiseptics in the patient's belly is full of danger and inconsistencies for the following reasons:

Firstly. If used in strength sufficient to certainly prevent sepsis, the patient is very often killed along with the germs. I have myself seen death from carbolic acid poisoning. The *American Practitioner*, November, 1881, p. 260, quoted by Dr. Goodell: "The first four cases done in the theatre at the beginning of last session had hemorrhage from the kidneys, and two of them died. I never had anything like that before. It was purely carbolic acid poisoning, of that I have no doubt whatever." Thos. Keith speaks of several cases in his own practice, and references might be indefinitely multiplied. Regarding the use of the bichloride solution, it is sufficient to say that its use has been very much curtailed in all maternity hospitals even as a vaginal wash. The danger line is here a very broad one for the limit appears only to depend upon the most variable of all factors, the individual susceptibility.

Secondly. It is the great tendency of all operators, and in particular their assistants, to forget the principle involved, and pin their faith to the accidental means of establishing it. This can be seen abundantly illustrated in almost any hospital in the land, where a clean napkin worked in and around the joints and grooves of the instruments in use, or carried under the nails of the operator's fingers, will exhibit sad evidences of soil. Then, too, the actual conduct of the operator is often modified by the false sense of security begotten by the incomplete use of antisepsis. I saw this well illustrated by a surgeon of more than local repute. The case was a herniotomy in which a large femoral sac was opened. The spray was throwing out a dense cloud, instruments and sponges were immersed in a two per cent. solution of carbolic acid and elaborate dressings were ready. A coil of intestine protruded from the wound for several inches, and it lay, first on the old hospital blanket below and then, in the effort to reach the ring, was turned upon the nightgown above. The antisepsis was here made a farce by these and other glaring inconsistencies.

If germicides must be used at all, let it be before the operation and in strength sufficient to neutralize any sepsis about instruments, sponges, etc. Then let the operator go to work with clean instruments, clean sponges, and clean hands, and he will need no antiseptic, and the patient's belly will no longer be a battle-field where germs and solutions fight often with such direful results to the host. It is my belief that it will not be long before the day of solutions will be past; and that in the future the successful surgeon will go to his work with pure water or dry pans for his instruments and fluid enough to cleanse sponges. My own practice has been to use hydrant water boiled for an hour and allowed to stand; or, better still, distilled water, as used by Professor Schroeder, and independently suggested and used by my friend, Dr. Jos. Price. I do not believe that reservoir water, dirty as it often is, ever contains any of the specific matter productive of septicæmia; but the process of boiling and using only the supernatant liquid makes it perfectly harmless.

Another fallacy discarded by some of the greatest operators, but perpetuated by many, is the transference of the use of the elaborate Listerian dressings of general surgery to the abdominal wound. These dressings so manifold and multiform, are clearly intended to prevent sepsis from penetrating the now closed abdominal wound. This is an accident which fortunately never occurs in the intraperitoneal method. The rapid agglutination of peritoneal surfaces effectively closing the sac. A sterile dry powder will absorb the slight serous discharge at the edge of the wound and suture exits, and above this some absorbent cotton and a firm bandage is all that is required.

While the danger of infection of the peritoneum through the closed wound is minimal, that of an infection of the belly wall through stitch holes is very great, and this is best prevented by the dressing recommended by Keith of carbolic acid and glycerine, one to eight parts.

With the mind thus freed from the notion that these solutions and dressings are accomplishing anything—from two such dangerous fallacies—operators at large will then work with a living consciousness of the real conditions of success, and they will then be on the alert from the beginning of the operation to its close, keeping within the mental horizon an exact knowledge of everything coming into contact with the patient's belly.

The expression of my convictions and practice will be of value in so far as they are in accord with the following letters upon the subject by the two greatest abdominal surgeons in the world, Lawson Tait and Thomas

Keith. Lawson Tait, in a letter dated March 15, 1886, to the writer, says, "I still use tap water and nothing else; it is never boiled; my instruments are prepared by being washed in soap and water merely. I use no elaborate dressings for the wound, never using anything at all except absorbent cotton wool.

"Yours very truly,

"Lawson Tait."

From a communication from Thomas Keith, of Edinburgh, written March 16, 1886, I make the following extract: "The secret in abdominal surgery, the secret in all surgery, consists in carrying out the antiseptic principle. You may do this in a simple way, or you may do it in a complicated way. All instruments, needles, forceps, sponges, etc., everything about the wound must be disinfected. A weak carbolic solution applied to the wound can do no good—nor harm. You may safely use hot water. My instruments, after an operation, are scrubbed with a nail-brush, especially the forceps points. This is repeated before the next operation with a 5 per cent. solution of carbolic acid. The greatest risk is that we put in septic matter on our hands, instruments, and sponges. Sepsis may come from the wound, but it rarely ever penetrates inside. I use a simple dressing of gauze, eight or ten folds soaked in one to eight carbolic acid and glycerine, extending two or three inches or so beyond the line of incision on all sides. Over this some ordidary cotton wool, a flannel bandage, and nothing else. Use this and you will never use anything else; and don't look at it for a week or ten days. You ought, for the patient's comfort, to put on an antiseptic dressing of some kind. You will probably often have suppuration with stitches if you do not. "Yours sincerely,

"Thomas Keith."

Dr. Montgomery feels great interest in Dr. Kelly's remarks, reinforced as they are by the letters from Tait and Keith. The antiseptic method of treatment has done a great work for surgery, and the successive steps of Listerism and cleanliness have brought it up to the comparative certainty of result now attainable. We can now eliminate almost entirely the antiseptic agents, carbolic acid, mercuric chloride, thymol, etc., and can do as well by the most rigid attention to cleanliness in all details of hands, instruments, sponges, and the skin of the patient. Some years ago he felt gratified that, in a patient upon whom he operated before a class at the Philadelphia Hospital with Listerism and the carbolic spray, the temperature did not rise above 102°. Now in his private hospital, with rigid attention to cleanliness and thorough washing of the peritoneal cavity with hot water, the highest temperature will be below 100°. After operations involving the opening of the peritoneal cavity, if there has been any opportunity for the escape into it of blood, pus, or cyst contents, he washes it out thoroughly with hot water. After closing the wound, he covers it with sublimated gauze and absorbent cotton, and secures this with strips of plaster and a bandage. This dressing remains a week without need of disturbance. If gut suture or silk rendered aseptic by a coating of wax with carbolic or salicylic acid be used, there will be no trouble about suture abscesses. In a recent case, in which the abdominal walls were two inches thick from adipose deposits, these precautions were observed and there was not the slightest suture trouble. He does not now consider the spray of any value, because we cannot use carbolic acid solutions strong enough to certainly destroy germs without poisoning the patient, and the spray only washes the germs down into the wound.

Dr. Charles Hermon Thomas remarked that the experiments of Dr. Sternberg, of Johns Hopkins College, a careful and conscientious observer, developed the fact that some of the antiseptic solutions in common use, three per cent. carbolic acid for instance, actually stimulated the growth of bacteria. Perfect cleanliness is the essential point, the foundation of surgical success. He has seen Dr. Kelly operate without disinfectants, his instruments being placed in a dry pan, and his results prove the truth of the assertions he has made this evening.

Dr. M. Price has experienced great difficulty in his attempts to secure absolute cleanliness. He has seen half a dozen unclean hands introduced into a peritoneal cavity during operation, simply from curiosity; sponges picked up from the floor, napkins from a dusty window-sill, instruments from a soiled blanket, and each used on peritoneal or absorbent surfaces; sponges that have been filled with pus used again in the peritoneal cavity, and, in general, extreme thoughtlessness in the little details of cleanliness that compelled the full power of antiseptics to bring good results. He has had good results in pyo-salpinx, even when purulent cysts have burst in the abdominal cavity, but he allows only the operator's hands to enter that cavity and practices the most thorough washing out with clean water. He has been burned by simply holding a carbolized ligature in his mouth for a few minutes,

and feels sure that the retention of a number of such ligatures in the abdomen would be quite likely to give rise to trouble.

Dr. Chas. Meigs Wilson said cleanliness by whatever means obtained is the great element of success in abdominal surgery. As absolute cleanliness can best be obtained by the use of agents possessing germicitic and anti-putrifactive properties, in the preparation of the atmosphere, the operator's person, the instruments, sponges, and dressings, it seems to be the part of wisdom to employ such agents up to the time of and even during the operation. With a perfectly clean room and furniture, clean air, clean instruments, and clean hands, possibly no antiseptic agent would be needed. But unfortunately such conditions do not universally or generally exist, and to attain them we must resort to the use of some efficient antiseptic. Care should be taken to employ some agent which is efficient and at the same time non-poisonous. In English and Continental hospitals where excessive antiseptic precautions are employed, the success attained compared with the previous mortality rate proves unquestionably the great value of such precautions. The united testimony of experienced American operators as to the value of antiseptic precautions should not be set aside. I believe that all instruments should be submitted to the purifying influence of dry or moist heat. That the towels, sponges, and dressings should be left for twenty-four hours in a boiling-hot solution of mercuric chloride 1 to 200 and that the silkworm gut or fine wire sutures and ligatures should be kept in a very weak solution of carbolized oil. To my mind the terms antiseptic and aseptic are synonymous. My own experience has taught me that the best and least dangerous antiseptic agents are those which possess rather an anti-putrifactive power, *i. e.*, those which prevent or retard putrifactive changes, rather than the more dangerous class of agents which possess decided germicitic powers.

Dr. Parish. Antiseptics are not intended to take the place of cleanliness. The greater the care bestowed on cleanliness in all details, the less will be the need for antiseptics. Boiled water, filtered, is a good washing material; patient's hands and instruments must be clean to insure good results. Absorbent lint wet at time of using with a 1 to 2000 mercuric chloride solution is a good external dressing. Dr. Parish agreed with most of Dr. Kelly's statements, but he believe in the value of antiseptic vaginal injections after labor in hospitals. The maternity wards of the Philadelphia Hospital showed a large number of deaths, ranging from three to ten per cent. for many years prior to 1885; but last year in two hundred and forty-seven cases of labor there were but two deaths. One of these was after Cesarian section in a patient who had been in labor nearly three days before she was brought in to the hospital. The other fatal case was in an idiot, and was largely from other causes than the labor which was not at fault. These good results are due to the use of mercuric chloride injections principally although we have now new wards and opportunity for frequent change of nurses when advisable. In a case of septicæmia following adherent placenta, the patient seemed almost moribund, but hot uterine injections of mercuric chloride, 1 to 4000, stimulated her and led to recovery. Water is boiled to destroy possible germs and filtered to get rid of various impurities not held in solution.

Dr. M. Price thought the heat of the injection used by Dr. Parish was the most important element in stimulating the patient, but the mercuric chloride would do no harm, and the fact that improvement commenced and continued from that time is the important point. The reaction against the use of antiseptics should not be allowed to go too far. They have done great good, and can not be discarded.

Dr. Longaker agrees with Dr. Parish, and regrets to hear any disparagement of antiseptics. No reputable maternity can be conducted without them. Dr. Lusk considers that the poor woman delivered in the hospital with the protection of antiseptics is safer than the rich woman in her home with every other safeguard but without them.

Dr. Soper, formerly of the Rotunda, Dublin, upon invitation from the president, remarked that this was a very mixed question. That neither cleanliness nor antiseptics could be dispensed with. He has seen cases do well under all conditions without antiseptic precautions, and if the solutions are dangerous we must be cautious in their use. He believes thoroughly in cleanliness, and would use antiseptics when he thought them needed. It does not do to run into extremes.

Dr. Kelly replied, in closing the discussion that he was both surprised and gratified that so many members of the Society had expressed their approval of this paper. In two or three instances, however, he had been grievously misunderstood. He believes it to be the great glory and the crowning triumph of *antisepsis* to have discovered *asepsis*. He had nothing whatever in common with

those surgeons who claim that antiseptics have done nothing. The peritoneum is a vast, exquisitely sensitive "culture" sac. In the old time chance decided whether the uncleansed hand of the surgeon carried in suitable germs to multiply in the medium, and the chances were greatly against the patient. Now the use of antiseptics accidentally involves rinsings and cleansings, which make the surgeon a clean man in spite of himself, and the patient generally escapes. In a more advanced position, and the one in which the surgeon is living up to a *principle*, the utmost precautions are taken by a preliminary use of antiseptics in sufficient strength, and he goes to his operation needing no germicides.

Let the battle-field be without the patient's belly, and the germicides will there be sure of a victory every time. Statistics from foreign maternities as quoted, instead of proving against, are one of the strongest arguments for this position, for there the use of the germ-destroying agent is wholly *without* the patient's body.

Dr. M. O'Hara reported a case of

Extra-uterine Pregnancy, with Rupture of the Fallopian Tube. Laparotomy on the Thirty-third Day. Recovery.

On September 25, 1885, Dr. O'Hara was called to see R. H., who had been in good health until seized, two hours previously, with severe rectal tenesmus, agonizing pains in the pelvis, pains from both flanks, and extending down the right leg and arm. From the tenesmus she thought she would have a stool, and rushed to the water-closet, but no relief following, rushed to her room, and fainted; she was carried to bed, rectal injections were given by those present, but no movement followed, and opiates were given her for the relief of the pain. When I saw her she was in collapse, almost pulseless, respiration shallow, extremities cold. The whole surface was bedewed with a cold death-sweat. She could not lie on her left side or back, but reclined doubled up on her right side, and would jump occasionally with exclamations of agony. The history hastily gathered gave the following data: R. H. was thirty years of age, mother of three healthy children, the youngest one year old; she was still nursing it. She had never been sick, and had menstruated regularly. One menstrual period had been missed about a week before the accident, and she considered herself pregnant.

The diagnosis was internal hemorrhage, due to rupture of the fallopian tube at the fifth week of pregnancy. Opiates and stimulants were used. The next day Dr. Parish was called in consultation, and concurred in the diagnosis. There was still some shock; pulsation 130, feeble and irregular; respiration feeble; temperature normal; great pallor, evidently due to the loss of blood; the abdomen was moderately distended, with occasional cramp-like pains; moderate tenderness, but no symptoms of peritonitis. The patient showed signs of reaction, and laparotomy, though discussed, was deferred. Five days after the rupture, the patient was able to bear a close examination. The abdomen was greatly distended; there was no tenderness on moderate pressure; resonance was general, except in right flank, where there was moderate dulness; there was no dulness in the left iliac and lumbar regions, except very far back near the kidney. There was an apparent bulging of the right flank. The vaginal surface was generally œdematous; the anterior wall of the vagina was thicker at the cervix and to the left. The cervix is moderately soft and patulous; no bulging of the posterior pouch. It was not deemed advisable to use the sound. The urine was almost black in color. Pulse 104, temperature 99°, respiration normal. Two days later a marked jaundice appeared, although occasional vomiting and purging of bile occurred. A few days later a swelling was noticed on both sides and in front of the cervix; and a bloody, painless discharge, containing decidua-like fragments, escaped from the uterus, and the dulness in the right iliac region disappeared. Urination became painful and difficult. The patient felt so much better that she desired to get up.

Three weeks after the first attack a terrible flooding occurred, it lasted for an hour, and slight hemorrhage continued afterwards. There was decidua in this discharge. At the same time the supra-pubic tenderness extended towards the right and slightly increased on the left side, extending upward as high as the umbilicus. Chills and a rise of temperature to 101°, vomiting, constant, sharp-cutting pains, and emaciation, with signs of softening along the crest of the ileum, and general appearances of blood poisoning occurred, and surgical interference was strongly urged as the only means of averting death. On the thirty-third day Dr. Parish operated, and he prepared the following report of the operation.

There were present Drs. O'Hara, R. P. Harris, DeF. Willard, and McElroy. I proposed to cut down directly on the tumor by an incision immediately above the outer

portion of Poupart's ligament, believing that the tumor consisted of blood coagula and pus, located external to the peritoneum, and that the anterior parietal peritoneum had been dissected up to such an extent that the mass could be incised and emptied without opening into the peritoneal cavity, and without incurring the possibility of objectionable fluids reaching the serous surface. I also believed that the peritoneal cavity was clean, and that there had been no general peritonitis.

The gentlemen present advocated a median incision for purposes of exploration, and in deference to their views, I first cut through the linea alba, just below the umbilicus, making an incision long enough to admit two fingers. The peritoneal cavity was found empty, and the peritoneum quite normal, though somewhat congested. The exploring finger showed that the mass was external to the peritoneum, and had extended upward from the left half of the pelvis to a level with the umbilicus. The broad ligament had become obliterated by separation of its layers. It was not thought advisable to explore with the finger with the view of determining the condition of uterus and ovaries and tubes. The peritoneal covering of the abdominal accumulation was evidently thin and tense, so that a careful exploration as to the condition of the uterine appendages would have endangered its rupture and the probable development of general peritonitis. It would have been an easy matter to have stitched the parietal wall of the tumor to the walls of the median incision, and to have then by incision emptied the mass of its contents. But such a procedure would have been attended with risk of leakage of the offensive fluid into the peritoneal cavity. To avoid this risk, I now made another incision along the line of the original election, *i. e.*, above the outer border of Poupart's ligament, and readily reached the mass cavity without wounding the peritoneum. This incision was made long enough to admit two fingers. About one quart of blood coagula, fluid blood, and pus escaped. The fibrinous masses were removed, and all attached portions were scraped off with the fingers. The curette was avoided, chiefly because of the thin upper wall. The cavity was washed out with antiseptic fluid.

The median incision was closed with sutures, a drainage tube was introduced into the mass cavity. An incision could not have been safely made through the vagina, as the intervening tissue was too thick and its vascularity too great. The incision made admitted of more thorough emptying of the cavity.

The patient suffered no shock from the operation. There was a slight sanguinolent discharge, containing small clots, from the drainage tube, amounting to about two ounces in twenty-four hours. Nourishment was taken fairly. The cavity left at the time of operation held f℥xxxij. In two days it had contracted to f℥j., but the discharge was purulent and offensive. A bloody discharge from the uterus had continued since the operation, but was free from odor and diminishing. The last sutures were removed five days after the operation, and two days later the drainage tube was replaced by a tent. Two weeks after the operation the uterine discharge had ceased, but free bleeding from the wound occurred; there had been no exertion, sneezing or coughing to cause this hemorrhage, which occurred about eight weeks after the last menstruation, but a week later a bloody discharge occurred from the uterus and wound. The temperature rose to 103°. There was no pain on pressure, but there was a suspicious hard spot in the left iliac region. Twenty-four days after the operation the patient was permitted to sit up, and while cheerfully singing, felt blood streaming down her legs from the wound; clots passed also from the uterus and rectum. She felt the rectal tenesmus and pains in right lower extremity similar to those felt at first seizure. Much blood was lost. A similar bleeding occurred three days later, and as life was endangered it was thought necessary to give ether and explore the cavity. It was found that the tissues had been dissected up by accumulated blood and pus, until the cavity extended down the side and front of the uterus, and communicated with the rectum at the upper end. The cavity was thoroughly scraped with a curette, and was then packed with alum sponges after disinfection with Platt's chlorides. The patient reacted well. When the wound was injected nothing came from the rectum, but an injection into the rectum came out of the wound, and there was a fecal odor about the wound. Next day the sponges were removed, and muslin tampons wet with phenol sodique were introduced. The packing was changed twice each day. Discharges of offensive fecal matters, and a small gallstone escaped from the wound.

On February 15, nearly four months after the operation, the patient is noted as doing uniformly well; the wound is closing; the exudation about the uterus and vagina is disappearing, and the odor and elimination of

gas while dressing the wound had disappeared.

May 1. Patient has gained greatly in flesh, and presents the appearance of perfect health. A very small short sinus alone remains. The communication with the bowel has closed entirely. Menstruation occurs normally, and there is no bleeding at any time from the wound.

Dr. Parish made a few remarks upon the history of this case, and the difficulties surrounding a diagnosis. The patient was thirty years of age, and perfectly healthy. She missed one menstrual period, and a week later, possibly in the fifth week of pregnancy, there were signs of internal hemorrhage with shock. Dr. O'Hara at this time made his diagnosis, doubtless correct, of tubal pregnancy with rupture of the cyst. The patient commenced after a few hours to rally. Dr. Parish was called in consultation the next day; he suggested an operation to remove the cause of the trouble, but did not urge it, as the symptoms had ameliorated. The patient continued to improve for several days. Afterwards a tumor appeared. The first hemorrhage being into the folds of the broad ligament and limited, did not show, but as repeated hemorrhages occurred the tumor increased, pus formed, the embryo softened, septicæmia without peritonitis was developed, and then the operation was performed and was then imperatively demanded. Three months after the original shock a sudden and nearly fatal hemorrhage occurred simultaneously from the wound, vagina, and rectum. Evidently there was a tubal communication between the uterus and the wound, and a large rectal fistula had formed. This fistula healed without any separate operation.

There was evidently at the beginning a pelvic hæmatocele without peritonitis, due to a ruptured fallopian tube. The early operation was proposed, but did not meet with approval. It was evident the hemorrhage was extra-peritoneal, as it would probably have been fatal if it had burst into the peritoneal cavity. He deprecates the expectant plan of treatment of cases of rupture of the cyst of tubal pregnancy, but in this instance the amelioration of the symptoms at the time when first seen by him led him to hesitate as to the necessity for immediate operation. The sequel showed that in this case an early laparotomy would have been of no service. The patient's recovery is complete.

(To be continued).

Editorial Department.

Periscope.

Leyden on the Treatment of Obesity.

Professor Leyden, President of the Society of Medicine at Berlin, summarizes the experiences and opinions set forth in a discussion on the above subject, as follows (*Der Fortschritt*, No. 10, May 20, 1886, from *Deutsche Med. Wochensch*).

I fail in concluding, from the present debate, that one method of treatment may claim a signal superiority over the others; and my own experience in practice confirms me in this view. It seems to me that all the various methods possess nearly the same merit; every one of them, when judiciously persevered in, producing the wished-for result. We certainly may regard it as a material practical progress, to be enabled now-a-days to have at our command several efficacious methods of treating obesity, of which we may select that most suitable to the nature of the individual case, being at the same time agreeable to the predilection of the patient. As a general rule, we ought to be guided by the etiology of the case; *i. e.* we have to withhold that kind of aliment on which the patient has grown abnormally fat. Therefore the problem how to reduce the superfluous fat in a patient cannot be of great difficulty. The leading principles to achieve this—viz., limited ingestion of food and increased structural metamorphosis, assisted by muscular exercise, are very old, but our means of accomplishing it have enlarged. The treatment, above all, ought not to endanger the general health, and ought to lead to success without the least possible inconvenience to the patient. These two conditions form the main pivot of the present discussion. Without, however, some self-denial, the necessary abstinence cannot be carried out. All the various methods, notwithstanding their apparent diversity, agree in the reduction of food; and the modern limitation of liquids (Orth's method) is in fact nothing else. Some persons can more easily endure thirst, others hunger.

Nor can I perceive a material indication

of one method being more effectual than another. With due circumspection and perseverance, every one may finally succeed. But, at the same time, all these methods are fraught with some danger; anæmia, exhaustion, and especially debility of the action of the heart, not uncommonly ensuing after such anti-fat cures, when carried on too energetically and without discrimination. Such injurious consequences may even arise, when the treatment has been undergone with proper precaution and patience. There are many fat persons, whose proper condition of health requires a certain degree of stoutness: they will become ill and weak as soon as they lose fat. The physician, therefore, ought to consider the individual nature. Young persons, on the other hand, especially men who have grown stout from too liberal indulgence in beer or at dinner parties, will soon and without danger be reduced and brought into proper condition by due limitation of their self-indulgent habits.

The selection of the method ought to depend not only on etiological considerations, but on the individualizing judgment of the physician, and partly on the preferences of the patient. And in the latter, undoubtedly, fashion plays a very pre-eminent part. No experienced physician will disregard the influence of fashion on medicine and therapeutics; fashion constitutes, I aver, a remedial agent which the physician has, in some degree, to acknowledge. Patients have more confidence in remedies which are of the fashion of the day, and more willingly submit to deprivations enforced by a treatment if this happen to be in fashion, *i. e.*, if a number of well-known leaders of society and of their personal acquaintances have accepted it.

This influence of fashion we have met with in a remarkable manner in the different methods of treatment of obesity. Twenty years ago Banting's cure was in fashion, which, if used with certain rational restrictions, I still consider the best treatment. At that time persons of the better classes, who fancied or observed the slightest propensity to become stouter, adopted Banting's dietary. At present, for the same reason, they barely dare to partake of soups, and either limit to the utmost their drinks, or entirely abstain from liquids, and consider thirst a far less severe penance than any other kind of treatment.

Stout people resort with good effect to mineral waters and baths, losing there from ten to twenty pounds, thus preparing themselves for the dissipations of the coming season. They consider it a far smaller ordeal to submit for four to six weeks to the strictest abstinence in order to indulge during the remainder of the year in every luxury of the table, than to regulate their diet and to deny themselves any gastronomic enjoyment all the year through.

The rational treatment of obesity certainly falls within the province of the physician. Obesity, if not a pathological symptom, causes much discomfort and inconvenience, and may lead to various morbid conditions. Even if an individual be desirous of getting rid of superfluous fat, on account of his personal appearance, a physician ought not to withhold his advice. But, in meeting the wishes of the patient, it must be well borne in mind that there are very different constitutions. We know that some families are spare made, others very stout; it is the physiological condition of the former that all its members be lean, and of the other that they be fat. Not everybody, therefore, can become thin; and if people, who, in a certain condition of stoutness feel thoroughly well, attempt to lose fat, even only moderately, very serious symptoms might arise.

In concluding with a few words on the history of this subject, I may point out that the problem of the anti-fat cure is by no means one of the exigencies of modern times, but is coëval with medical science, or what in most remote antiquity passed for that. Hippocrates has laid down hygienic and dietetic rules for the prevention and the treatment of obesity, which are too well known to require further allusion. I shall confine myself to quotations from Galen and Celsus. The former gives the following advice:

"The best method of getting thinner consists in gradually withdrawing from the body that whereof there is superfluity, and in strengthening at the same time those parts which had been expanded. Bodily exercise will undoubtedly prove very advantageous, as we see stout horses getting lean by heavy work. Thus, likewise, those will never grow fat who are obliged continually to toil with hard labor. This, however, requires great precaution, it being certain that fat people frequently run danger of death when attempting violent bodily exercise." And Galen says: "Regular alvine motions, energetic bodily exercise, a moderate life, a diet which, although satiating, yields but limited nourishment; which explain why Hippocrates advises stout people wishing to grow thin to dine on vegetables cooked with fat, in order that they may become satiated by a small quantity of food."

The Treatment of Chronic Heart Disease.

The observations of Dr. Schott, of Nauheim (*Berliner Klin. Wochensch.*, 1885, Nos. 33–36), since 1871, extend over 300 cases, and the clinical histories of a fair proportion of these are followed up. It will be remembered that Stokes was the first to advocate a life of active exercise in chronic heart disease. Indeed, Stokes went so far as to say that, for a man with well-compensated valvular lesion, the greatest misfortune that could happen to him was to have his cardiac trouble discovered by a medical man. This was because a number of restrictions were, as a rule, imposed upon his usual mode of life, all tending to a debilitating illness. The consequence was that the heart-muscle, like the other muscles of the body, lost strength, and dilatation of the heart supervened earlier than would otherwise have been the case. Stokes's doctrine of the positive value to the heart of a life of activity, has received more attention on the Continent than amongst his own countrymen. In Germany, especially, it has been developed into a complete system of treatment, on various lines. Oertel, as is well known, prefers hill-climbing to any other method, care being taken to ward off any threatening dyspnœa by repeated stoppages, and by making a few deep voluntary respirations before proceeding. This mode of exertion is selected partly also from a desire to unload the venous system, and the right side of the heart in particular, by diminishing the volume of the blood generally; and the excessive perspiration induced by mountain expeditions does this gradually and effectually, the supply of liquid being duly restricted by removal of the excess of water from the blood.

Dr. Schott makes great use of stimulating baths, together with the systematic exercise of the various muscles of the body at home by the aid of an assistant; but the bath is made apparently the chief element of the treatment. An artificial Nauheim bath (apart from carbonic acid) may be rudely imitated by adding to softish water 1 to 1½ per cent. of common salt, and as much per mille of chloride of calcium, the temperature being 93° F. Very weak patients have the water a little warmer, but not beyond 96° F.; and in all cases the bath should be a short one, a second chill being avoided. The baths are gradually made stronger, cooler, and the patient remains in longer, according as he improves. The full strength is from 2 to 3 per cent. of chloride of sodium, and from ½ to 1 per cent. of chloride of calcium, with carbonic acid. The last-named may be supplied artificially by adding equal parts by weight of bicarbonate of soda and hydrochloric acid, the full strength being 1 kilogramme of each in a bath of 250 litres. But much smaller quantities suffice at first.

The exercises consist of various movements of the limbs and trunk, each movement being opposed by an assistant, who gives way as the patient exerts his strength. The greatest care is taken that the patient breathes easily the whole time. The details may be found in Dr. Schott's original article (*Berlin Klin. Wochensch.*, Nos. 33–36, 1885,) reprinted as a pamphlet by Schumacher, of Berlin.

The therapeutic results have already been summarized in these columns. Suffice it to say, that diminution of the cardiac dullness during a course of baths can be actually demonstrated, and, as a rule, the improvement in the patient's condition is immediate and striking.

No alteration is made in the solid food, but Dr. Schott has for years restricted the fluid supply whenever high arterial pressure existed. Finally, mountain tours are recommended where there is obesity, but in moderation.

This system of baths and exercise is a rival to Oertel's mountaineering system, and possesses certain advantages, in that it can be adopted at home, and can be regulated to a nicety to suit the patient. But Dr. Schott's observations lack the scientific precision of Prof. Oertel's. It is earnestly to be hoped that a more active life may be ordered by medical men generally in the treatment of heart disease. It is to be feared that a merely passive existence is still widely recommended to any unfortunate patients with (mitral) valvular lesion and dyspnœa.

Night Palsy.

Dr. W. E. Steavenson thus writes in the *Practitioner* for June:

I have had several cases of this affection sent to me for treatment in the Electrical Department at St. Bartholomew's Hospital, and venture in this paper to give a review of the subject, and to record the opinion I have formed of the nature of the complaint. All my patients have been women, usually at or near the climacteric period of life. Some few had passed it by a year or two. I have seldom seen the affection in an old woman, but I remember to have seen one case over the age of sixty years. I have also met with it in women between the ages of thirty and forty years. The attacks have very

often followed a hard day's work, such as washing and scrubbing, or have been due to other causes producing nervous exhaustion. The patients have usually been awakened towards morning by tingling and pain in the arms. The limbs seem swollen, and there is a sensation of bursting and fulness. Real swelling is very slight, if present at all. Patients cannot raise the arms to the head. Sometimes with a little rubbing the arms recover somewhat, but after raising them for a short time, for such a purpose as dressing the hair, they again become useless, much in the same way as with a painter who is working at a point above his head, and has to rest his arms occasionally on account of the useless feeling which is so produced in them. This fact might be used as an argument in favor of Dr. Notley's theory that the affection is due to anæmia. Patients who suffer from this form of paresis often have a dread of impending paralysis, and look upon these morning attacks as premonitory symptoms. After a short time, with rubbing, the numbness and loss of power pass away. When tested by electricity the muscles of the limbs react normally to both the continuous and interrupted currents.

I have been led to consider this affection a functional derangement of the nerves, occurring for the most part in women at or about the climacteric period, and in my experience appearing more likely to occur in women of an hysterical temperament. I believe that the period of the menopause has a decided determining influence on the occurrence of these seizures. As Dr. Saundby says, "we are all familiar with the various forms which neurasthenia takes in climacteric women," and I believe that this "special form of numbness of the extremities" is one of them. At or about the time of the cessation of the menstrual function, women's nervous systems undergo a profound change. Often at this time nutritive changes are also apparent. A thin woman becomes corpulent; those with any tendency to the growth of hair on unusual parts again develop it, although the growth may have ceased or almost disappeared during the child-bearing period; the tendency to the return of hysterical symptoms is also most common. All the patients I have seen who have suffered from this affection have been women, and in this I agree with most other observers. It very possibly occurs as often in men as true hysteria does. The coffin-maker described by Weir Mitchell as being troubled with some form of this complaint, was a poor, weak, hysterical individual.

The suggestion that this affection may be due to gastric irritation is new to me. Dyspeptic symptoms were certainly not prominent in or complained of by my patients. All the cases I have had have recovered with rest, bromide of potassium, and galvanism.

A Rare Case of a Gun-shot Wound, with Recovery.

Dr. C. K. Gregg, of Ramos Arispe, Mexico, reports this case in *Daniel's Texas Medical Journal:* Philippe Delbosque, æt. 21, whilst imbibing too freely of a favorite Mexican liquor, "pulque," at a "pulqueria," on Sunday afternoon April 28th, attempted to draw his pistol, a 45 cal. S. & W. (secreted under his vest, and between his pants and shirt), and which was accidentally discharged.

He was removed to his home at once, and seen a few moments after the accident. I found that the bullet had entered the hypogastric region of the abdomen, to the right of and above the bladder, taking a downward and oblique course, and making its exit from the body at the apex of left testicle, producing a slight wound on the inner side of the left thigh, and lodging in his drawers. As he had passed his water shortly before my arrival, and which was free from blood (the bladder having been quite distended prior to accident), I came to the conclusion, therefore, that the bullet must have passed above and near the neck of the bladder, without injuring that important viscus, under the symphisis pubis, and following the spermatic cord made its exit as above stated. Hemorrhage was slight, but shock very great; however, as apparently the bladder had not been injured, I gave a favorable prognosis. Fearing subsequent peritoneal trouble, the bowels were ordered to remain at rest, and all purgative interference strictly prohibited. He was given a hypodermic of morphia, and cold applications applied to both wounds; liquid diet, and absolute rest enjoined, for fear of secondary hemorrhage.

For the first few days he did exceedingly well, with the exception of suffering some pain, which, however, was easily relieved by hypodermics of morphia. On the third day he had some fever, temperature reaching 101° Fahrenheit (highest point reached).

On the fifth day suppuration commenced from the lower wound, and on the same day pain in testicle and abdomen was excruciating. Scrotum, penis, and left iliac region of abdomen became ecchymosed and remained so until convalescence was well estab-

lished. Suppuration, especially from the testicular wound, was very profuse, lasting nearly two weeks.

No symptoms of peritonitis manifested themselves, which I attributed in a measure to the quietude of the bowels for the first eight days. He always passes his water freely except when under the influence of morphine. About the eighth day he was greatly annoyed by nausea and gastric irritation, which, however, was easily relieved by an effervescent mixture of pot. bicarb. and acid tartaric. When cold applications were no longer necessary, the remainder of the treatment consisted in applying iodoform and zinc ointment alternately over the wounds, which caused them to heal very quickly.

In less than one month my patient was able to ride on horseback and attend to his duties as "*gendarme.*"

Case of Congenital Deformity of the Chest.

Before the Liverpool Medical Institution, Mr. Bernard Blower showed this case, which was one of congenital deformity of the chest, which the author considered to be of interest chiefly from the amount of deformity with comparatively little apparent disturbance of the functions of the contained viscera. The patient was a young man, æt. 21, with a good family history, employed in the London and North Western Goods Station, where he had charge of a hydraulic capstan, and although his work is rather laborious, and his hours long, he has been able to continue pretty steadily at it for the last five years. There is no history of any obstructive disease of the air passages during childhood to account for the deformity, and although he has always been delicate, he states that he has never been actually laid up by any illness, with the exception of an attack of bronchitis three years ago, and since then has been subject to a winter cough. When he presented himself as an out-patient at the Chest Hospital two months since, he complained of cough, and slight difficulty in breathing. The deformity consists in an approximation of the anterior and posterior chest walls in the middle line. The second piece of the sternum was bent at an angle about the centre, the apex pointing backwards, so that a large cup-shaped depression is found in the front of the chest, which when the patient is placed on his back holds about ℥x of water. There is a lateral and antero-posterior curvature of the spine forwards, so that when the fingers of one hand are placed in the depression before mentioned, and those of the other hand in the depression in the back, the tips are only separated by about three inches. If the space occupied by the spine and body of the vertebra, and the thickness of the sternum be subtracted from this distance, the cavity of the chest in this situation, viz., the anterior mediastina and posterior mediastina, must be almost entirely obliterated. The heart appears to be placed almost in a perpendicular position, and contained entirely in the left half of the thorax. The superficial veins upon the surface of the chest are slightly distended. The lungs appear to be healthy, with the exception of a few bronchial rales posteriorly, and some fine crepitations at the apex of the left lung anteriorly. I have no doubt that rickets was the original cause of the deformity, although the chest has assumed an unusual shape, and the only remaining diagnostic sign is some slight enlargements at the junction of the ribs with the cartilages.

Constipation and Epilepsy.

Dr. J. S. Jewell thus writes in the *Neurological Review* for June: The general profession has yet much to learn in respect to the bad influence upon health of habitual distention of the colon with fæcal matter. It has also much to learn as to other efficient means for emptying the bowel than the ordinary purgative, such as the pills and cathartic powders, extracts, salts, and natural mineral waters charged with the same. In many cases it is not only desirable, but entirely practicable, to cease the use of drugs to purge the bowels. Where the colon is much weakened in its muscular coat, and chronically dilated, it can not possibly be fully emptied by such means. I have known distention of this part of the intestine to be so great that from one to more than two gallons of matter have been removed in the course of two or three days devoted to the task of emptying the colon of rotting materials. I wish to repeat my conviction that no other point in respect to the hygiene of epileptics more worthily challenges the persistent attention of the physician than the one just referred to. In cases where there is reason to believe filling up of the bladder with urine, and unusual distention of the seminal vesicles, irritate the organs in question, and by consequence the copious nerve supply of the same, I am accustomed to direct at least that the bladder shall be emptied at an earlier period than that upon rising, so as to anticipate the fit. In bad cases of

epilepsy, in females, in which by consequence marriage is out of the question, I have been led to seriously consider the desirability of removing the ovaries, and of thus putting an end to the menstrual history. My opinion is that in bad cases of epilepsy, occurring in early and middle life, plainly connected with and dependent on menstrual disorders, the operation in question ought to be attempted, with the prospect of greatly ameliorating the attacks. Then, again, I am accustomed to direct my patients to avoid as far as practicable serious fatigue, whether physical or mental, and all undue emotional excitement at those periods when they are known by experience to be likely to have the attacks. For, in case of great fatigue, both the sensibility of the nervous system, as a whole, is sharpened, and its inhibitory power diminished. These, it need scarcely be said, are prime conditions, not to say causes, of attacks of epilepsy.

Pneumonia Migrans.

Dr. Victoria J. Antuszewicz, house-physician to the Zemsky Hospital in Orlov, Viatka Government, describes (*Proceedings of the Viatka Med. Society*, No. 2–6, 1886, p. 1,) two cases of so-called "wandering" or "migrating pneumonia" (as is known under the name of "pneumonia migrans," Waldenburg, Weigand, Fischl, Friedreich, Koranyi, Kelemen, and others, have described cases of croupous pneumonia, where the inflammation, having run its course at a given portion of the lung, appears at or—*sit venia verbo*—skips to another more or less *remote* pulmonary region; then, after resolution, the process originates at a third spot, etc.) One of her cases refers to a weak, emaciated, and exhausted woman, aged 38, in whom, a few months after her recovery from protracted granular endometritis, with severe flooding, there developed itself asthenic croupous pneumonia of the middle and lower lobes of the right lung. In the morning of the sixth day the temperature fell from 40.3° C. to 38.6° C., and the local symptoms seem to point to resolution. But in the evening the temperature rose again, and on the seventh day the upper lobe of the same lung became infiltrated in such a way that "between the old diseased portion and the newly affected one there remained only a zone of healthy tissue, measuring about two and a half fingers in breadth." On the tenth day normal vesicular breathing was heard over the middle and lower lobes, and on the eleventh day a second crisis followed. On the twelfth day collapse occurred, while the middle and lower lobes of the same lung again became engorged. On the sixteenth day the patient died "from cardiac and respiratory paralysis." (Unfortunately no necropsy was made to verify these statements.) Another case ended in recovery. The patient, an undersized, anæmic woman, aged 27, was attacked by pneumonia of the lower lobe on both sides. Resolution took place only on the eleventh day. On the twenty-third day there appeared rigor, rise of the temperature to 40° C., and infiltration of the superior lobe on both sides. On the thirty-second day a new crisis occurred, the patient leaving the hospital several days later, fairly well. Dr. Antuszewicz mentions also a third case of wandering pneumonia, which she happened to observe during her student days, and which ended fatally, the patient being simultaneously attacked with petechial typhus.

Dialyzed Pitch.

The *Druggists' Journal* says that the healing properties of vegetable resins are well known, and extracts therefrom have been used from time immemorial. The offensive character of the crude product has rendered its general use in medicine quite impracticable, however. A means of its purification by dialysis has been suggested by Mr. Charles J. Ulrici, a chemist of Havana, Cuba. The pitch is at first filtered to remove coarser impurities. The heat used in filtration serves to drive off certain objectionable volatile products at the same time. By dialysis, certain aldehydes, acetones, cyanides, benzoines, pyroligneous acid, formic acid, etc., are capable of being removed by dialysis when saturated with sodium bicarbonate.

The dialyzation is contined until the dialyzate (?) ceases to give efflorescence on the addition of H_2SO_4 the distilled water is renewed repeatedly until such reaction disappears. The remaining dialyzate (?) in the dialyzer consists of a neutral solution of colloidal and chemical nature, derived from the useful principles or components of the pitch. The dialyzed pitch is then subjected to heat and evaporated slowly, mixed with coarse sand; and continue the heat to evaporate more moisture, cool, and place in a lixiviating apparatus.

The soluble portion is then extracted by means of alcohol and glycerine, and a sort of fluid extract prepared. It is stated by the *Scientific American* that it has great medicinal value in the treatment of bronchitis, of throat disease, of ulcers, herpes, chronic rheumatism, and skin diseases.

THE

Medical and Surgical Reporter.

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OF

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THE MORBID SEAT IN EPILEPSY.

Although it is generally acknowledged that the centre for convulsions resides in the medulla oblongata immediately above that of the centre for respiration, the original points of irritation, where the epileptic seizures originate, had never been fully determined. In a dissertation in Dorpat, May, 1886, Dr. H. Johannson mentions the results of experiments which he has made on 24 dogs, for the purpose of discovering the relation of the cortex and of other parts of the brain to epilepsy. He arrived at the following conclusions:

Typical epileptic attacks may be produced not only from the anterior but also from the posterior portion of the cerebral cortex, but from the latter *only* with *strong* electrical currents. The irritation is transferred from the posterior to the anterior portion; and not only by way of the cortical, but also by that of the white tissue, although the latter does not conduct so well, especially in narcotized animals. Both cortical motor centres need not be intact for the production of complete, double-sided seizures. Ablation of the motor centre during the acme of an epileptic seizure does not interrupt the spasm of the muscles of the opposite side, but the convulsions remain double-sided. After removal of the cortex of the convex surface of both hemispheres no irritation of the white substance will cause epileptiform convulsions. By irritating the lenticular body after destruction of the cortex, epileptic seizures may still be produced; also from the nucleus caudatus, but the latter stands in the same relation to the nucleus lenticularis, as the posterior portion of the cortex does to the anterior: it requires strong currents. J. also succeeded by electrical irritation of the peduncles of the cerebrum, especially of its basilar portion, in producing epileptic convulsions; but no irritation of the optic thalami gave any but a negative result.

A CASE OF HYSTERICAL MONOPLEGIA IN THE MALE.

A driver, æt. 25, belonging to a family with a decided neuropathic tendency, fell from a considerable height on his right shoulder. Four days later he suffered with complete palsy of the right arm, and anæsthesia from the shoulder-joint to the wrist, but palmar and dorsal surface of hand showed no sensory disturbances. Though the palsy had existed for fully five months, no contracture nor atrophy could be noted. Electrical reaction was also normal.

Drs. M. Marie and G. Guinon, who report the case in the *Progrès Méd.*, 1886, Nos. 34 to 37, incline to the belief that the paralysis was not of a traumatic but of a hysterical nature, especially as later other hysterical symptoms became added, as narrowing of vision, muscular polyopia, etc.

Considering the complete paralysis, we doubt its being of hysterical origin. We rather suppose that in consequence of the severe fall the hereditary tendency became later developed and then made its appearance. The palsy attacked the right arm; this in a laborer is generally far more muscular and more voluminous than the left, so that any atrophy which does not make a too rapid progress would probably not be observed very early. Contractures need not appear in these cases. Another reason for our view is the want of success of the treatment based upon the supposition of hysteria.

VASO-MOTOR NEUROSIS.

Dr. Leonard, in the *L'Encéphale*, 1886, No. 5, describes the case of a girl, æt. 19, in whom on various symmetrical parts of the body an erythema repeatedly made its appearance, which set in with high fever, 104½°, and which ceased again of its own accord after from two to four hours' duration. She also suffered at the same time, and not only during the attacks, but also, though not severely, during the intervening time, from epigastric pains, vomiting, and a decided diminution of the amount of urine excreted. There were, however, no motor or sensory disturbances; only three contractures were observed, with some mild sensory disturbances.

There was no indication of hysteria being present, but the general grouping of the symptoms was to L. an evidence of the vaso-motor nature of the erythema.

The case is in so far of great importance, as a physician who would see such a case during the first attack of this curious malady, might easily be induced to look upon it as one of erysipelas, or of some other grave exanthem. Certainly the periodicity, when once established, would easily lead to the correct diagnosis. A general tonic treatment, to which quinine in larger doses had been added, seemed to give the best results.

REMOVAL OF OVARIES IN FIBRO-MYOMA.

Dr. Duplay, in the *Arch. Gén. de Méd.*, 1886, June, reports two cases where, in consequence of uncontrollable menorrhagia due to uterine fibro-myoma, the ovaries were successfully removed. Based upon these observations and upon all the cases reported in literature and compiled for the Congress at Copenhagen, D. arrives at the following conclusion:

1. The removal of both ovaries is a remarkable success in severe metrorrhagia caused by uterine fibroids.

2. Notwithstanding the comparatively small mortality (14 per cent.), this operation ought to be performed only after all other milder means have been exhausted.

3. The operation is specially indicated in fibro-myoma of small and in those of moderate size, whose removal would be difficult or impossible, if not dangerous to life.

4. Whenever these conditions are obeyed, castration results almost invariably in the cessation of the hemorrhage, and also often in a diminution of the size of the tumors.

5. Castration is contra-indicated in large and cystic myoma, which are to be removed only by hysterectomy.

6. The operation must be performed on both sides; the extirpation of the free end of the tubes is also to be recommended, as otherwise they would suppurate, and only produce irritation in the wound.

HEREDITARY SYPHILITIC DISEASE OF THE GALL-DUCTS.

In a three-weeks'-old child, that from its birth had been suffering from a luetic skin eruption and from a severe icterus, but that from its birth had never presented any gastric symptoms, after death hard foci of the size of a hazel-nut were found in the lungs. On cross-section they were seen to contain a grayish-white gummatous mass. In the hilus of the intensely yellowish-colored liver a thick whitish new growth was found, which extended for some distance into the liver, and occupied mostly the gall-ducts. It extended outwards along the ductus choledochus communis into the gall-bladder. In the stomach a few hardened patches were met with, all of them presenting the same histological elements as are characteristic of luetic neoplasms. Some of them were also found in the mucous membrane of the alimentary canal. It was interesting to observe in some of them a retrograde formation due to the inunctions with ungt. hydrargyri, and they proved that the child's life might have been saved if the mother had been subjected to the same treatment while still being pregnant.

Notes and Comments.

Treatment of Serous Pleuritic Effusions.

Recently several authors have given it as their opinion that thoracentesis should be made in cases of pleuritic effusions only when the dyspnœa is so great as to necessitate the withdrawal of the accumulated fluid. Various methods were proposed to take the place of aspiration, and now Dr. J. Glax (*Ztschr. f. Klin. Med.*, ix., p. 471), recommends the therapeutical procedure practiced for years in Koerner's clinic, and which gave him a successful result in twenty-five cases, twelve of which concerned large effusions.

This method is based upon the withdrawal of all fluid nourishment, not as rigorously carried out as it formerly used to be, but in a more limited manner. The fluid ingesta are gradually reduced in quantity until the amount of urine excreted is equivalent to one-half, or still better, to two-thirds of the amount of fluid introduced into the organism—about the normal relation observed in health. As the diuresis is very moderate in cases of pleuritic exudations, one can easily see that the amount of fluid allowed to be taken in form of food must also be but a limited one; but to make the thirst less intolerable the limitation specially affects warm fluids, as soups, sauces, etc. Besides easily absorbable salts, especially chloride of sodium are administered, that they may pass with the blood into the pleuritic effusion, where they cause an absorption of fluid and its excretion by the urine.

Under this method of treatment G. observed a complete recovery in all of the twelve cases above referred to. The cure necessitated, on the average, thirty days, while the average duration of a great number of published cases of pleuritic serous effusions treated by aspiration amounted to forty-seven days.

As the treatment of pleuritic effusions does not seem a very successful one in our country, to judge from the number of deaths from this disease weekly reported in our large cities, the method above described may well merit a more extended trial.

Gonorrhœa in Women.

Dr. Lomer has published the results of a systematic examination of the vaginal secretion in several hundred women in Professor Schröder's wards. Bumm has recently insisted upon regarding the cervix uteri as the true seat of gonorrhœa, the vaginitis being a secondary result due to irritation from the cervical discharge. Neisser's diplococci are not easy to find in vaginal discharges, and are sometimes found in pus-cells in non-specific vaginitis. Dr. Lomer confirms the opinion that the vaginal discharge is unfavorable for the detection of diplococci, which should be sought in mucus taken direct from the cervix. Still, the same germs may be found in vaginitis in children and in women in childbed. Clinical appearances aid in the diagnosis of gonorrhœa, especially signs of inflammation of the vulva, urethra, and vagina. A greenish coloration of the pus in purulent catarrh of the cervix, Dr. Lomer, like other observers, considers to be suspicious. Sterility was very frequent in his cases of chronic gonorrhœa, and scanty menstruation was a very common complication. The existence of hydrosalpinx or pyosalpinx is of great diagnostic importance. A very considerable proportion of women in gynæcological departments of hospitals are subject to chronic gonorrhœa, without being aware of the fact. After the puerperium, gonorrhœa is the most frequent cause of uterine disease. Sanger traced gonorrhœa as the origin of disease in one-ninth of all his gynæcological cases.

Treatment of Severe Cases of Burning by Hebra's Water-bed.

In the *Glasgow Med. Jour.*, Dr. W. T. Laurie has a short article calling attention to the value of Hebra's water-bed in the treatment of severe burns and other extensive skin wounds from whatever source, and pointing out the advantages it possesses over the ordinary treatment by dressings. Hebra's water-bed, according to the description quoted from Kaposi, consists of an iron framework in the form of a bed suspended by chains in a zinc trough, and carrying a mattress on which the patient is laid. When in use, the trough is filled with warm water, and the patient is gently lowered into it, so as to be entirely immersed, excepting, of course, the head. The temperature of the water is then adjusted to his comfort, and it seems the best temperature is about 104° F. He is kept constantly in the bath, leaving it for functional purposes only, till the wounds have sufficiently healed to allow him to leave it for good.

The advantages claimed for the water bed are:

1. That it abolishes pain and the consequent need for opium.

2. It does away with the torture and danger of repeated dressings.

3. It provides perfect facility for the removal of discharges, and is absolutely aseptic.

Climacteric Diabetes in Women.

We have before had occasion to call attention to the fact that in women this disease very frequently makes itself first manifest about the menopause. Mr. Lawson Tait has contributed an article on the subject to the *Practitioner*, and we give his closing words: "Roughly speaking, the conclusions that I have arrived at concerning this affection are that in the great majority of cases of eczema of the vulva at the climacteric period, the disease is due to the presence of sugar in the urine. I have not yet come across a case of this kind in which, having examined for sugar, I have not found it. The disease seems to begin at or near the arrest of the menstrual function, and to extend over a period of several years, then terminating in all probability by nature's own process. The sufferings of the patient are very much diminished, and probably the duration of the disease is shortened, by the liberal administration of opium; whilst the local trouble is best mitigated by ointments containing such substances as will arrest the process of fermentative change in sugar. So far the best substance that I have found for the purpose is the old-fashioned hepar sulphuris."

Etherization by the Rectum; Report of Four Cases by Yversen's Method.

After reporting four cases before the Philadelphia County Medical Society, Dr. John S. Miller concludes that in this method of etherization the most obvious advantages are as follows:

1. Dyspnœa is avoided, and the patient is saved from the anxiety due to a sense of impending suffocation.

2. There is avoided the danger of simultaneous irritation of the superior laryngeal and pneumogastric nerves at the periphery—these irritations neutralizing each other in the respiratory centre, and suspending respiration entirely.

3. The danger of asphyxia is lessened—the patient not being drowned in his own mucus, and the integrity of the pulmonary mucous membrane as an organ of gas exchange is preserved. Of course some vapor finds itself in the lungs, and acts there as a local irritant—elimination being by that channel, but the quantity is not great, and does not constitute a source of danger. In the cases reported the increase in secretion was too trifling for discovery.

4. The stage of excitation is therefore not prolonged by the struggles for breath. In general it may be said that the delirium of any alcoholic intoxication is a pleasant and good-natured one, unless the patient is crossed—as he certainly feels himself to be when a wet towel is pressed over his face.

Sudden Death Following Excision of the Uvula.

Dr. W. W. Tompkins, of Charleston, W. Va., reports in the *Med. Record* the case of a negro, thirty years of age, who asked his advice on account of a constant tickling in the throat and slight difficulty in breathing. Examination showed the uvula greatly elongated and projecting down below the base of the tongue. Its removal was advised, but the patient said he was afraid of an operation, and accordingly a gargle was prescribed; later in the day, however, the patient sent for Dr. Tompkins, and requested him to cut off the uvula. A small portion was accordingly removed, and the patient expressed himself as feeling better. In a few minutes the man's room-mate ran into the doctor's office and said the patient had dropped dead. There had been but little hemorrhage, and the operation had seemed to relieve the symptoms. But the patient had, on the occasion of his first visit, said that he had heart disease, although, as he was wet and dirty, having worked at ditching all night, no physical examination was made. Dr. Tompkins had thought of giving ether, as the patient was so nervous and fearful, but congratulated himself afterward on not having done so. Death was evidently due to cardiac disease, the immediate cause probably being the excitement caused by the operation. The patient's father had dropped dead under somewhat similar circumstances three years before.

At What Part of the Intestinal Canal Do its Contents Become Feculent?

While we cannot say that any very weighty practical questions rest upon the solution of this problem, yet, as a matter of information, we note the following conclusion of a paper by Dr. E. G. Waters in the *Maryland Med. Jour.*, June 26:

"Now, the sum of this whole matter is this, that here, as in so many departments of physical study, our ignorance is humiliating, after the immense time and labor given to the subject by able and conscientious men

who were and are not mere makers of books. Nevertheless, the weight of evidence is largely in favor of the supposition that the contents of the small intestine before they are pushed beyond the ileo-cæcal valve are probably, as a rule, wanting in no feculent feature, unless it be that of mere solidity. If the contents of the small intestine are not excrementitious, how is it that in stercoraceous vomiting such matters are brought up, if, as some experimentists tell us, the ileo-cœcal valve is impervious to the return even of liquids from beyond it? And if the chief office of the colon is absorption, according to Foster, how does so considerable an accumulation of feculent matter take place in it, when we remember that Berzelius estimates the residue from food at less than 33 per cent. of the entire mass? To these and other similar questions it seems to me there can be but one answer."

Catheter Fever.

Dr. W. Hutson Ford thus concludes a paper in the *St. Louis Courier of Medicine* for June:

The irritating agency in such cases is, I believe, mainly the unremitted catheterism, for I have found puncturing the bladder by the rectum, with a discontinuance of the catheterism, to be followed by speedy amendment. But the concurrent decomposition of the urine must also be regarded as a prime source of irritation, and the absorption of such tainted urine, through surfaces abraded by the catheter, must be considered as the direct cause of the septicæmic elements of the fever. A degree of uræmia also plainly concurs, which increases to a lethal extent in fatal cases, and this would first be due, I imagine, to the establishment of latent nephritis, as it is not a primary condition. Such a nephritis may be looked upon as a pathological accompaniment of the subacute septicæmia, specially, perhaps, determined to the kidneys by the sympathetic relations of the bladder, and particularly of the deep urethra, to those organs.

Large Doses of Digitalis in Pneumonia.

In a Roumanian medical journal, *Spitalul*, February, 1886, Dr. I. Antoniu, of the Military Central Hospital in Bucharest, describes an interesting case of a weak soldier, aged 23, who was admitted to Professor Z. Petrescu's wards about twenty-four hours after an initial severe rigor, with grave (*forte alarmătóre*) general and local symptoms of pneumonia. At once an infusion of digitalis (four grammes of the leaves to 200 grammes of water, the whole to be taken in frequent doses during the day) was given. The same treatment was pursued during the next day (the third of the disease). On the morning of the fourth day the temperature suddenly fell from 39°.5 C. to 36°.3 C., and the pulse from 92 to 60 a minute. On the fifth, the temperature was oscillating between 36.3° and 37°, a marked amelioration in the local symptoms being observed. On the sixth, the patient's general state was quite satisfactory. On the tenth, he was practically well, but was retained under observation for another eight days. For several days the pulse continued to be as slow as 44 to 48 a minute, it being still 52 twelve days after the last (second) dose of the drug.

The Universality of Syphilis.

It would seem that no part of the body is secure from the ravages of this disease. That there are many instances of seemingly strange departures from health that are to be accounted for by the syphilitic poison there can be no doubt. Now, in *Schmidt's Jahrbücher*, Dr. L. Galliard reports some cases of gastric trouble successfully treated with mercury and iodine, and recalls two instances in which Klebs and Cornil found gummy tumors in the wall of the stomach. He concludes that there exists a syphilitic disease of the gastric mucous membrane, which consists in the presence of ulcerated gummata of the wall of this viscus. This gastric syphilis would seem to be less uncommon than has hitherto been supposed, and the author believes that many cases of alleged simple ulcer occurring in syphilitic patients are really referable to the action of the specific virus, and that much good would result from specific treatment in such cases.

Treatment of Facial Neuralgia by Cocaine.

Dr. de Coninck, of Ledeberg-les-Gant, writes to the *Scalpel*, of Liège, that the effects of hydrochlorate of cocaine in facial neuralgia and in cephalalgia having its seat in the temporal region are surprising. The pain, be it ever so intense, will instantaneously cease on applying to the auditory canal one minim of a solution of one per cent. of this salt, by means of a small camel-hair brush. This signal effect, however, will only continue for a few hours, after which a repeated application may be required. Hydrochlorate of cocaine has never failed in the many

cases of these kinds of neuralgia, treated in that manner by Dr. de Coninck. In neuralgia of the fifth nerve and its branches, however, the results were less certain and less satisfactory, owing, perhaps, to the superficial mode of its employment.

Trypsin in Diphtheria.

Trypsin has been employed of late in the treatment of diphtheria for the purpose of dissolving the exudation membranes, over which it appears to possess no inconsiderable solvent powers. According to Dr. Saunders, of St. Louis, Mo., it invariably cleared off the membranes in sight in less than a day, and even in cases which terminated fatally, it certainly appeared to delay the fatal issue. It does not, of course, relieve the œdema which precedes and accompanies diphtheritic exudation, and for obvious reasons cannot be thoroughly applied to the larynx. Apparently we have here an agent which gives promise of great usefulness in some of the worst types of diphtheria and membranous croup. A good strength to use is thirty grains to the fluid ounce of water, with ten grains of bicarbonate of soda. This solution should be applied over the parts every half hour until the membrane disappears.

Aneurism of the Subclavian Artery Cured by Galvano Puncture.

Dr. Saboia has presented to the Imperial Academy of Medicine of Brazil the history of a case of aneurism of the right subclavian artery in a young man aged 30, cured by galvano puncture. The tumor was of the size of a small hen's egg, bounded on the inner side by the sterno-mastoid, below by the clavicle, and on the outside by the trapezius. There was no difference between the pulsations of the two carotids, but the radial pulse of the left side was strong, full, and vibrating, while on the right side it was small, filiform, and scarcely perceptible. Two metallic needles were introduced into the tumor, and connected with the positive pole of a Gaiffe's pile of fourteen elements, the negative pole being applied to the trunk at a distance from the aneurism. The sitting lasted thirty-five minutes, at the end of which the tumor had become tense and had ceased to pulsate.

Hæmoptysis as a Symptom of Pneumonia.

In the *Lancet*, June 19, Dr. D. W. C. Hood publishes a paper in which he emphasizes the fact that in certain pneumonic conditions a sharp hemorrhage at the initial stage is symptomatic of the attack, and is, as he believes, directly caused by the inflammatory hyperæmia. In such cases, where a severe hemorrhage ushers in the attack, we shall find the inflammatory focus very frequently at one or other apex, and the physical symptoms of such a pneumonia are often more easily demonstrated at the posterior than at the anterior region of the chest. Such pneumonia, complicated with severe hemorrhage, is peculiarly connected with lung tissue already the seat of chronic change, whether such change be due to deposition of tubercle or to chronic inflammatory changes.

Examining the Urethra.

Dr. W. B. Rogers very truly says, in the *Mississippi Valley Med. Mo.*, for June, that much harm may be done locally in a urethral examination, and even death has followed the introduction of a sound where no violence was used. Bear these points foremost in your minds, and conduct your examination with the utmost care—do no violence whatever in your *examinations*. Never pass an instrument into the urethra of a patient not in the recumbent position. It is a good rule to see that the urine of the patient is bland and unirritating, and to this end, when practicable, administer alkalies for some hours before the examination. Inject the urethra with oil; it is far better than simply oiling the instrument. In cold weather have the instrument warmed to a comfortable temperature.

A New Method of Treating Throracic Aneurism.

Under this title Dr. Richard Barwell describes a method which he has recently employed. It consists in puncturing the sac with a hollow ivory needle, and passing through this and into the sac about ten feet of fine steel wire. This latter is connected with a galvanic battery (positive pole), and a current of nine or ten milliampères is passed through it for an hour. In the case in which this method was tried a considerable degree of firm coagulation was obtained, but the aneurism had a second sac, and the patient was nearly moribund before the operation. He died a week later.

The Vomiting of Pregnancy.

Dr. C. H. Hollady thus writes in the *Medical Age:*

To sum the whole up, I have come to the conclusion, as before stated, that the gastric

trouble is sympathetic in its nature, and depends upon reflex nervous irritation; that this irritation has its origin in the ovary, and is the result of the increased growth and development of the true corpus luteum; and that in complicated cases, in proportion to the degree of development to which the body attains and the length of time that elapses before its retrograde changes begin to take place, will be the prominence and duration of the annoying symptom.

Atrophy of the Left Arm, the Result of Cellulitis.

Mr. A. G. Miller presented this case to the Medico-Chirurgical Society of Edinburgh, June 2. The appearance presented was literally that of skin and bone, from the shoulder downwards. The atrophy was most complete on the extensor aspect. There was complete anchylosis at the elbow, and an approach to the same condition at the wrist. The etiology of the affection was doubtful. In connection with the case, Dr. Byrom Bramwell exhibited a photograph, recently taken, of a patient under treatment for phthisis, showing atrophy limited to the muscles of the shoulder and upper arm.

Obstinate Vomiting.

A valuable hint may possibly be derived from the following closing paragraph of Dr. E. Chenery's article in the *New England Med. Monthly*, June 15:

"I here raise the question: Are not many of our obstinate cases of vomiting, particularly in pregnancy, wholly dependent upon inaction of the upper part of the small intestines whereby the alkaline bile is sent back into the neutral or acid stomach, disturbing its function and causing irritation, muscular contraction, and ultimately inflammation of the organ? If so, the way is plain by which to bring relief."

Nitrite of Amyl in the Paroxysms of Whooping Cough.

Dr. Morris Lewis has been unable to find anything in medical literature on this subject, and he therefore reports, as original, to the Philadelphia Neurological Society, his case of a female infant thirteen weeks old wherein this remedy controlled the violence of the paroxysms. A mixture of ether and nitrite of amyl (one-fourth part of the latter) was kept in a vial, and with each paroxysm of cough the end of the finger was wetted with the mixture and held close to the child's nose and mouth, so as to catch the first inratory effort.

A Novel Method of Treating Hysteria.

The *N. Y. Med. Jour.* tells us that Rualt (*France Médicale*) affirms that he has frequently controlled an hysterical fit by making firm pressure with the thumbs on the supra-orbital nerves at the supra-orbital foramina. The patients are described as first contracting the facial muscles as if in pain; they then cry out and take several inspirations, followed by a long expiration. They now relax their muscles, and the convulsion is at an end. Pressure should not be maintained after this, lest another attack be excited.

Cocaine as a Diuretic.

It is a wonder that the nostrum venders have not created a great demand for this drug, for surely it seems as though there is no therapeutic virtue that it does not possess. Now, no less an authority than Dr. J. M. Da Costa tells us, in the *Med. News* (June 18), that it has a decided diuretic action, and in uræmia, with scanty secretion of urine, it should be tried. It would truly seem that there is no end to the virtues of this drug.

News and Miscellany.

Tricks in the Microscope Business.

Dr. James, President of the St. Louis Society of Microscopists, thus exposes in the *Scientific American* a trick adopted by the vendors of cheap microscopes. They use a small particle of sour paste, pretending it is a drop of water, and the objects shown are *anguilulæ*, or paste eels. The following is the method of working the trick:

The vendor has standing before him on the stand with his instruments a glass of clear water, usually containing a bit of ice. On a little bench under the table, and concealed from public view, there is a small box of sour paste, plentifully supplied with anguilulæ.

When a customer steps up, the chances are a hundred to one, as every microscopist knows, that his first question will be, "Does this here show the animalcules in water?" The ready answer is, "Show 'em? Certainly! Fact is, I don't dare to look at the water. I keep melted ice water for my use. That generally ain't got many." "Has that water

got any in it?" continues the querist. "We can see," says the vendor, and he picks up a clean toothpick, dips it into the glass, and prepares to put a drop on the front lens. His hand, however, is shaky, and the toothpick drops, falling generally on the little shelf which projects slightly from under the table. He picks it up again, and under pretence of wiping it, sticks it into the paste, gets a very minute particle to adhere, again touches it to the water, and smears the front of the field or objective lens.

The victim then looks, and is amazed and delighted, and straightway invests in a 'scope, paying from one to two dollars for what costs the vendor less than fifteen cents ($1.75 per dozen).

This ingenious piece of rascality was the invention of a man who formerly made his headquarters in Pittsburgh, Pa., and who for years has derived a large revenue from this and similar "fakes" got up for the use of street vendors, who either pay him a royalty on their use or buy outright the privilege of using them. I was told by three different individuals that they paid this man fifty dollars each for the secret of this "fake," but that, not being able always to find paste which contained eels, they were also compelled to purchase from him at a large price some "starting" or cultivating fluid. All sour paste does not contain the anguilulæ; vinegar eels are sometimes used, but only when the cultivated paste eels cannot be got, as they are too large—one of them frequently stretching entirely across the field of vision. The eels raised in paste without the use of this fertilizing fluid are much larger than those obtained by its aid.

The number of educated people who are caught by this trick is really astonishing to one who habitually uses the microscope. A street vendor here tells me that he has repeatedly sold 'scopes to physicians whom he had fooled into believing that the instruments possessed amplifying power sufficient to enable them to distinguish blood and pus corpuscles, and even bacteria.

A Chinaman on Tea Making.

Wong Chin says, in *The Cook*, in regard to preparing tea: "Use a china or porcelain pot. If you do use metal, let it be tin, new, bright, and clean; never use it when the tin is worn out and the iron exposed. If you do, you are playing chemist and forming a tannate or tea-ate of iron. Use black tea. Green tea, when good, is kept at home. What goes abroad is bad, very bad, and horrible. Besides containing the 203 adulterations the Chinese philanthropist puts up for the outside barbarian, it is always pervaded by copper dust from the dirty curing-pans of the growers. Infuse your tea. Don't boil it! Place one teaspoonful of tea in the pot and pour over it one and a half cups of boiling water, that is, water really boiling. If your tea is poor, use more. It is cheaper, though, to buy good tea at the outset. Put your pot on the back part of the stove, carefully covered, so that it shall not lose its heat, and the tea its bouquet. Let it remain there five minutes. Then drink it. Drink your tea plain. Don't add milk or sugar:—tea brokers and tea tasters never do; epicures never do; the Chinese never do. Milk contains fibrin, albumen, or some other such stuff, and the tea a delicate amount of tannin. Mixing the two makes the liquid turbid. This turbidity, if I remember the cyclopædia aright, is tannate of fibrin, or leather. People who put milk in tea are, therefore, drinking boots and shoes in mild disguise."

Astley Cooper Prize.

It is announced that the next triennial prize of £300, under the will of the late Sir Astley P. Cooper, Bart., will be awarded, early in 1889, to the author of the best essay or treatise on "The Origin, Anatomy, Results, and Treatment of Tubercular Diseases of Bones and Joints." The conditions annexed by the testator are, that the essays shall contain original experiments and observations which shall not have been previously published; and that each essay shall (as far as the subject shall admit of) be illustrated by preparations and drawings, which shall be added to the Museum of Guy's Hospital, and shall, together with the work itself, become henceforth the property of that institution. And it is especially declared in the will that no physician or surgeon or other officer of Guy's or St. Thomas' Hospital, nor any person related by blood or affinity to any officer in either of the said hospitals, shall at any time receive or be entitled to claim the prize. But, with the exceptions here referred to, this prize is open for competition to the whole world, though the essay may not be the joint production of two or more authors.

The Leper Hospital at Bergen.

In a foreign exchange is a description, by Mrs. Charles Garnett, of the Asylum for Lepers at Bergen, the largest of the three

institutions of the kind in Norway. Together they are capable of accommodating 800 patients, the number of inmates in 1880 being 617. The poor sufferers seem to be well cared for, and their lives made as pleasant by cheerful surroundings as their pitiable condition will admit of. Some of the rooms visited by the writer, however, were rendered intolerable by the want of ventilation, to which the lepers appear to have a deadly antipathy. In vain do the doctors in the morning throw open the windows; they are again closed as soon as opportunity offers. Most of the patients find a measure of relief from the monotony of their dreary existence by engaging in some kind of handicraft in the large workrooms set apart for the purpose. Segregation being recognized as the only effectual means of lessening the prevalence of leprosy, and of finally annihilating it, the Norwegian government, we are told, is seeking to obtain powers to make the isolation of the sick compulsory, either in the national asylums or in their own homes.

Doctors' Door-keepers.

We must confess to a strong persuasion that, as a rule, it is better for a "doctor's koor-keeper" to be a male than a female. An exception may be made in favor of women servants in attendance at the houses of certain specialists—for example, the gynecologists; but, speaking generally, we think it is more decorous that the door should be opened by a man than by a woman, looking to the mixed character of the gathering in most waiting-rooms, and the service which has not unfrequently to be rendered to those who are infirm or weakly. As to the idea put forth by a contemporary that doctors' door-keepers are "got up" to look impressive, that, of course, is absurd. Opening the door to a considerable number of sickly-looking folk, for the most part accompanied by friends with anxious countenances, is not an inspiriting occupation, and it is scarcely to be expected that the doctor's door-keeper will wear a particularly jovial expression, but it should suffice that he is respectful, self-possessed, and well-behaved, and if these qualities can be secured, both doctor and patient may be well satisfied.

Lady Doctors in the Fifteenth Century.

Dr. Horowitz, of Frankfort-on-the-Main, has (*The Jewish Chronicle*, May 14, 1884,) published a work, entitled *Jüdische Aerzte in Frankfürt*, in which the learned author mentions the interesting fact that, as long as four hundred and fifty years ago, Jewesses practiced medicine in that city; they especially devoted themselves to ophthalmia. The female oculist, Dr. Zerlin, whom we meet with in the volume as having practiced in the year 1428, ventured to reside outside the Judengasse, and believed that she could claim exemption from the payment of taxes on account of her talent and the general esteem in which she was held. The Municipal Council rejected her application, and, in 1489, they ordered that Jewish lady doctors should either quit the city or pay taxes like other Jews. A Jewish doctress was, however, more fortunate in the year 1494; she was relieved from the payment of "sleeping money," a tax imposed on foreign Jews for every day that they stayed in Frankfort. With this exemption was coupled an official recognition of her profession, which was of the utmost advantage to the lady.

New Hampshire Medical Society.

At the ninety-sixth annual meeting held at Concord, June 15, the following papers were read: "The Coming Physician," by Dr. George A. Crosby, of Manchester, N. H.; "School Hygiene," by Dr. D. M. Currier; "Report on Obstetrics," by Dr. Frank Blaisdell; "Medical Common Sense," by Dr. C. A. Allen; "Theory and Practice of Medicine," by Dr. J. F. Brown; "Report on Surgery," by Dr. C. B. Hammond; "Fashionable Follies," by Dr. M. H. Felt; "Typhoid Fever," by Dr. I. H. Adams; "Nerve Weakness," by Dr. H. C. Holbrook; "An Improved Method of Measuring the Chest," by Dr. Wilkins. The following officers were elected:

President—Prof. C. P. Frost, of Hanover.

Vice-President—Dr. S. W. Roberts, of Wakefield.

Treasurer—Dr. D. S. Adams, of Manchester.

Secretary—Dr. G. P. Conn, of Concord.

Anniversary Chairman—Dr. M. H. Felt, of Hillsborough Bridge.

The Consumption of Tea.

According to some statistics recently published by an Indian contemporary, it appears that the people of Great Britain are considerably behind other nations in the average consumption of tea per head of population. The Australians come first with 7.66 lb. per head; the New Zealanders next with 7.23 lb. per head; while the people of Great Britain,

though appearing third in the list, consume only 4.90 lb. each. Newfoundland and Canada come next, while in the United States the consumption is only 1.30 lb. per head; and in Russia, which is always regarded as a great tea-drinking country, the consumption is only 0.6 lb. per head. Belgium, Sweden, Austria-Hungary, and Spain, consume less than the other European nations; but there is not one nation on the Continent, with the exception of Holland, in which the annual consumption exceeds 1 lb. per head.

Strange Prescription.

A Scotch lad was on one occasion accused of stealing some articles from a doctor's shop. The judge was much struck with his respectable appearance, and asked him why he was guilty of such a contemptible act. "Weel, ye see," replied the prisoner, "I had a bit pain in my side, and my mither tauld me tae gang tae the doctor's and tak' something." "Oh, yes!" said the judge. "But surely she didn't tell you to go and take an eight-day clock?" The prisoner was evidently nonplussed, but it was only for a moment. Turning to the judge, a bright smile of humor stealing over his countenance, he rejoined quietly, "There's an auld proverb that says, 'Time an' the doctor cure a' diseases,' and sae I thocht"—but the remainder of the reply was lost in the laughter of the court.

European Capitals and Their Water-supply.

Rome heads the list with her 204,000,000 litres of pure water every twenty-four hours. Her population being 345,036, every inhabitant can dispose of 591 litres per diem. London comes next, for every one of whose 4,085,040 inhabitants there are 300 litres daily. Paris takes the third place, her population amounting to 2,240,124, and each inhabitant having for alimentary uses 58 litres per diem, and for secondary purposes 169—a total of 227 litres. Berlin has 1,302,283 inhabitants, for each of whom there are 140 litres daily, Vienna, 770,172 inhabitants, with 100 litres each per day; Naples, 463,172, with 200 litres; and Turin, 278,598, with 98 litres a head every twenty-hours.

Arsenical Wall-Papers Utilized.

Mr. Matthieu Williams has suggested that the arsenical wall-papers, which are generally regarded as detrimental to health in ordinary localities, may be useful as a protection against the dangers of regions subject to malaria. In a recent number of the *Gentleman's Magazine*, he says: "I maintain that the hotels in the vicinity of the Campagna, the Pontine Marshes, the Maremma, and other malarious regions of Italy, should be papered throughout with brilliant green arsenical papers, and painted with Scheele's green or other arsenical pigment. The same should be done in New Orleans and all other such places, for the special benefit of non-acclimatized visitors."

He Snatched Her from the Grave.

An old member of the medical profession in Chicago tells the *News*, of that city, a story which, he says, Dr. J. Adams Allen told him many years ago. Dr. Allen, as the story goes, was just beginning his practice when, one winter day, seated in a car, muffled to the ears, he heard the following conversation between two passengers who were sitting where they could not see his face: "Say, George," said one, "what kind of a doctor is this young Allen?" "All I know about him is that he snatched my aunt from the grave last summer; that is, I shall always think he did." "Did he, indeed," said the other; "well, he must be a pretty good doctor then. What was the matter with your aunt?" "Oh, she was dead and buried, you know."

Genius and Monomania.

Dr. H. C. Wood, in a recent clinical lecture on monomania, speaking of the relation between genius and this form of insanity, says: "One of the best examples of the relation between great imaginative power and monomania is John Bunyan, the author of 'The Pilgrim's Progress,' which, according to any standard that we have a right to set up, is one of the five or six greatest books in the English language. It is certainly more read than any other book, with the exception of the Bible. No one who reads the history of Bunyan's life can doubt for a moment that he suffered from monomania with depressing delusions. He, however, finally recovered."

Photographing the Uterine Cavity.

A Swiss physician describes a plan of introducing wadding tampons and laminaria tents into the uterus, by which he has succeeded in dilating the organ to such an extent as to be able, by means of reflectors, to

get a complete view of the whole cavity in cases of carcinoma, fibrous polypi, fibromata, and endometritis. Not being content with ocular inspection, he has also contrived to obtain photographs of the cavity. New inventions for uterine exploration, medication, and instrumentation, are often of a somewhat hazardous nature; but we tremble to think of the future of some female patients if photographing the interior of the uterus should ever become one of the medical fashions of the day.

A Bequest to Darwinism.

Herr Paul von Ritter, of Basle, has left to the University of Jena the sum of 300,000 marks (£15,000), the interest of which is to be applied solely to the promotion of the study of phylogenetic zoölogy according to the doctrines of Darwin, of which Professor Häckel, of the above-named university, is an able exponent. Of the above named sum, 130,000 marks are to be received at once, and the remainder on the death of the testator. Professor Häckel proposes to apply a portion of the money to the foundation of a new extraordinary professorship of zoölogy, to be called the Paul Ritter Professorship.

Furniture Polish.

Melt three or four pieces sandarac, each of the size of a walnut, add one pint of boiled oil, and boil together for one hour. While cooling, add one drachm of Venice turpentine, and if too thick, a little oil of turpentine also. Apply this all over the furniture, and, after some hours, rub it off; rub the furniture daily, without applying fresh varnish, except about once in two months. The *Scientific American*, which gives this formula, says water does not injure this polish, and any stain or scratch may be again covered, which cannot be done with French polish.

A Wonder Doctor.

A Dr. A. Askotchensky, of Verkhnedneprovsk, by permission of the local authorities, distributes a leaflet describing wonder-cures which he obtains from the internal administration of clay in cases of chronic rheumatism and other morbid forms depending upon rheumatic cachexia, as well as in cases of anæmia, where clay is more of use than all steel preparations. A solution (*sic*) of clay being injected into the vagina, cures catarrh of the latter. Of course, all those marvellous properties are manifested exclusively by the clay sold by the doctor.

Medical Jurisprudence and Biology.

At a recent meeting of the Paris Biological Society, M. Mégnin stated that zoölogical and botanical evidence enabled him to determine the length of time during which human bones had been buried at Villemouble. It will be remembered that Mllme. Menetiel was supposed to have been murdered and buried in her own garden in that place by Euphrasie Mercier; but the presence of ants' nests and deteriorated liliaceous bulbs proved, according to M. Mégnin, that the bones had been buried there for at least two years.

Scientific Journals in Japan.

A paragraph in *Nature* states that there are thirty-seven periodicals published in Japan, devoted to matters connected with education; of this number, seven are medical papers, with a monthly circulation of 13,514. There are nine papers relating to sanitary matters, and two to pharmacy. There are also nine other papers, devoted to other branches of science; and no fewer than twenty-nine papers, with a circulation of over 70,000, engaged in disseminating a knowledge of popular science.

Sudden Death from Grief and Fear.

A lady, named Madame Dumas, on receiving the sad news, recently, that her husband's body, found in the Rhône, had been taken to the Morgue, at Lyons, went to identify the corpse. The sight of it produced such a profound impression that she fainted, and died within a few minutes. There can be no doubt that the approximate cause of death was violent emotion, but it would have been interesting to know what visceral disease existed in the deceased.

Strange Cause of Mummification.

M. Brouardel has reported to the Paris Academy of Medicine upon the mummification of the body of a young woman which was found in a heap of straw in a cellar. The cellar had not been opened for eight months. The body was in a remarkable state of preservation. The mummification was due, according to MM. Brouardel and Mégnin, to myriads of acari of various kinds, whose eggs were embedded in the tissues.

A New Source of Brandy.

The *Chemist and Druggist* says that a new source of brandy is said to have been found by a botanist of Pondicherry, who has descovered that the pulp which covers the poppy seed contains saccharine matter which, after fermentation and distillation, produces a kind of spirit of brandy of an agreeable flavor. As this pulp has hitherto been thrown away, the discovery affords poppy planters an opportunity of realizing some more profit from their crops.

Wood Oil.

Wood oil is now made on a large scale in Sweden from the refuse of timber cuttings and forest cleanings, and from stumps and roots. Although it cannot well be burned in common lamps, on account of the excessive amount of carbon it contains, it furnishes a satisfactory light in lamps specially made for it, and in its natural state is the cheapest of all illuminating oils. Thirty factories produce about 40,000 litres of the oil daily.

The Capacity of Teaspoons.

A large number of teaspoons on being measured showed an average capacity, according to the *Western Druggist*, of 80 minims. A spoon which held 80 minims of water, when filled up to its edge, was found by actual experiment to hold 40 minims more of water, or 2 fluid drachms, without running over. This affords a good argument for the use of measuring glasses.

Items.

—Patient: "Well, doctor, what do you call it?" Doctor: "Progressive paralysis." Patient's wife: "Is it anything like progressive euchre, doctor?"

—A sanitary convention at Coldwater, Michigan, under the auspices of the State Board of Health, will be held on Thursday and Friday, September 23 and 24, 1886.

—Dr. Pierd'houy, oculist at Milan, considers that scopoleine has properties similar to those of atropine, but is preferable, because it produces neither redness nor irritation.

—We learn from the *Lyon Medical* that asparagus grown in certain localities becomes impregnated with minute amounts of sulphide of carbon. Persons eating this are affected with violent colic and diarrhœa.

—Prof. Bartholow speaks very favorably of the use of nitro-glycerine persistently in the treatment of *fatty heart*. It takes the strain off the weakened organ, and allows it to gain strength, while its work is lessened.

—The reports which appear from time to time of individuals who have lived to round out a century of existence have frequently been doubted by vital statisticians. In order to settle the question, Prof. Humphrey, of England, is now engaged in collecting and sifting these reports, and promises soon to publish those whose authenticity is undoubted.

—In the course of some excavations on the site of John Hunter's house, in London, recently demolished, the workmen discovered several human skulls, and a considerable number of bones of the extremities, sawn across, as though from limbs which had been amputated by the illustrious surgeon.

—The Washington correspondent of the *N. Y. Med. Jour.*, says that the President has vetoed the bill legalizing dissections in the District of Columbia, on the ground that the bill did not provide sufficient safeguards against the delivery of bodies to unauthorized persons. It is understood that the measure will be amended and reintroduced.

—The *Peoria Medical Monthly* says that the Dayton, Ohio, doctor, who has an office on a street leading to the cemetery, has a reversible sign on his front. Usually he has the side out on which is his name, but when a funeral passes he turns it over, and then the following legend is displayed: "Not My Patient; I cure every man that follows my directions."

—The deaths of children from sucking lucifer matches have of late years happily been decidedly unfrequent, but it appears that this form of poisoning is not quite obsolete. At an inquest lately held in England, the evidence showed that the deceased, a child of two years old, had been taken ill with vomiting after playing with some lucifer matches; death had ensued on the following day.

—A pale, cadaverous-looking Irishman entered a doctor's office, and with both hands pressing heavily his right chest, in much agitation, addressed the medical man, in a whisper, as follows: "Doctor, I'm in a very bad condition: my right lung is clean gone, and I have lost my voice entirely," then changing both hands to the opposite breast, he continued in a loud, clear voice, "but this lung is all right, doctor."

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WOUND TREATMENT.*

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Of Ashland, Neb.,

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Since what I will have to say is based upon Sir Joseph Lister's conception of asepticism, it may not be out of place here to state what I understand by asepticism, and its legitimate child, antiseptic surgery. Asepticism, as already stated, owes its existence as a means in surgery entirely and alone to Sir Joseph Lister. It comprises the idea that a wound shall not come in contact with anything, be its source whencesoever and its nature whatsoever, that may in any way interfere with the physiological repair of an injury. This comprises healing by primary union and primary adhesion, immaterial whether the *spray* and all the other paraphernalia once and now employed by Sir Joseph, come in contact with the wound or not. Antiseptic treatment of wounds includes all legitimate means—those of Sir Joseph and of every body else—which will secure to an unclean wound its pristine purity, and *maintain* it, until repair is complete. The excellency of the plan adopted to carry out to their fullest extent these methods of wound treatment must be sought for in the efficacy of the agent used to destroy or exclude the means of infection; in its non-irritating character, the facility with which it can be employed, and its non-interference with the patient's health.

For the purposes of this paper the following methods of treatment are adopted from a paper by Assistant Surgeon U. S. A., Henry Raymond, A. M., M. D.:

I. *Non-antiseptic occlusion*, by which is meant a healing of the wound under the simple blood-clot, scab, or crust without the intervention of surgical aid or appliance.

II. *Primary antiseptic occlusion, i. e.*, the immediate application (at the earliest possible moment) of an occlusive covering to the wound on antiseptic principles.

III. *Primary Antiseptic Drainage.*—This treatment includes the most scrupulous disinfection of a wound visibly contaminated, or specifically or septically infected from any cause whatsoever; the removal of all irritating secretions the very moment they are formed, through some provision of drainage, to make which complete it may be necessary to resort to extensive incisions, resections, and amputations, and finally an occlusive covering equal to that employed in primary antiseptic occlusion. Intermediate drainage, after the acute stage has passed, before the establishment of suppuration, and secondary drainage, resections, and amputations after the setting in of pus formation, are operative measures, which, as Dr. Raymond aptly puts it, "awaken in one's mind the consciousness of a lost or unheeded opportunity." These are measures very seldom necessary when all the details of primary antiseptic drainage and occlusion have been most carefully executed.

Whether or not it is safe to interfere with the blood-crust in the first category of wounds coming under the notice of surgeons, must

*An address before the Railroad Surgeons' Society of Nebraska, sent for publication by the author upon the request of the Society.

always be left to the judgment of the individual. The question he has to decide is not whether or not the blood-crust is a sufficient dressing, for such it has been too often to admit of controversy, but whether or not the wound underneath the crust is *aseptic*. If his answer be in the affirmative, then the crust of blood is as good an antiseptic covering as the genius of a Lister ever invented. And the wound treatment really belongs to our second division, to that of primary antiseptic occlusion, with this difference, that good luck has supplied the place of the surgeon's art. If his answer be in the negative, *i. e.*, he decides that the wound underneath the blood-crust is not clean, the superlative of which, in surgical language, is *not* "*cleanest*," but aseptic, then it is his duty to himself and his patient to remove the blood-crust and proceed to treat the wound as belonging to those which demand primary antiseptic drainage.

In forming his decision he should bear in mind that the testimony of the latest and best observers incontestably proves that the most successful treatment is the one *which interferes the least with the wound*. A great number of cases, then, both in military and railroad service, do, or ought to, belong to the first and second divisions—those treated, *i. e.*, occluded by nature or the surgeon's art, and this number must of necessity increase in the ratio of non-interference with the wound by any one except the surgeon. Railroads should instruct their employees, and military surgeons their stewards and nurses and their wounded, under no conditions to probe the wounds with anything, but to occlude the same by means presently to be mentioned; and the surgeon himself should remember that incomparably the best results are obtained if his good judgment directs him to employ primary antiseptic occlusion.

Now, if such a case presents itself, and they are often of the gravest kind—such as compound fracture of the leg, gunshot wounds into the knee-joint, and particularly deep and extensive wounds of the thigh—the surgeon should clean all those parts which are superficial, thoroughly, with *a mixture of six parts of table salt and one part of bicarbonate of soda to* 1,000 *parts of water at the temperature of* 105–110° Fah. This wash, the same as that recommended by Mykulicz for transfusion purposes, is the least harmful to the tissues with which it comes in contact, has superior cleansing qualities, a warmth equal to that of the wounded tissues, and is antiseptic to a certain extent; yet the intent of the surgeon will most likely be frustrated if he does not observe the law of gravitation, *i. e., place his wound during the cleansing process in such a position that the fluids employed shall not gravitate into the wound, and carry with them the very elements which he seeks to exclude.*

Who is the surgeon that does not remember having been guilty of this apparently trivial omission? Who, when his presumed care in applying an antiseptic dressing was followed by the most disastrous failure, did not doubt the measure itself? His was not an aseptic wound, occluded by antiseptic means; it was a wound infected to its whole extent by the very means employed to prevent such occurrence, and then, to stay the disinfecting power resident in clean water and air, the wound was sealed up—sealed up to its fate. The open treatment in such a case would have been a thousand times more preferable. The wound opening, therefore, should be in the most dependent position when the cleansing is executed, and when completed a pledget of absorbent cotton wrung out of a $\frac{1}{10\,000}$ parts solution of iodo-hydrargyrate of sodium in water of 105–110° Farenheit, should be laid upon the wound for a few minutes, whilst the surgeon prepares his occlusive dressing.

The iodo-hydrargyrate of sodium solution I make as follows: Iodide of mercury, iodide of sodium, each one drachm; hot water, eight ounces. An ounce of this mixture added to a pint of hot water will make a $\frac{1}{10\,000}$ solution. When ready for it, the pledget of cotton is removed from the wound by the surgeon, and iodoform is evenly, and to the extent of a sixteenth of an inch (more or less according to the size of the wound), covered over the moist surface; this is followed by a thick and more extended layer of oxide of zinc. The former, in spite of its disagreeable odor, still holds, and deservedly so, the first place as an antiseptic covering, because of its efficacy and permanency; the latter, an antiseptic of no mean power, is cleanly and safe, and very much cheaper than iodoform or bismuth alone, and less dangerous than either of them. The sixteenth of an inch of iodoform would be inadequate; more of it might prove dangerous to the system, the cost not being considered, which is quite an item; whilst the extra covering with the oxide of zinc obviates all these difficulties. The powders should be covered with a small cushion prepared as follows (modified plan of Dr. George R. Fowler):

Manilla tissue paper, known as toilet paper, is cut into fine strips, about a six-

teenth of an inch in width; this is soaked in $\frac{1}{1000}$ solution of iodo-hydrargyrate of sodium already mentioned. After becoming thoroughly saturated in the solution, it is passed through the rubber rollers of a common clothes-wringer, previously washed with the same solution, then the paper is shaken out loosely, and rapidly dried. White mosquito netting, which has been treated likewise, is used for the covering of the paper cushion. Over the smaller a larger cushion is placed, and both are held in position by a gauze bandage. In cases of compound fractures, as well as in all wounds which need support in order to procure absolute rest to the parts, the common wire screening deservedly occupies the first rank in our armamentarium. It is pliable enough for any application, and can be stiffened by pleats, when they are needed. The paper dressing, though not as absorbent as other material, has the advantage of superior permeability, and when rightly applied the secretions dry more rapidly in it. This highly important desideratum is enhanced by the open wire support, and not counteracted, as is so frequently done by other devices.

Says Dr. George R. Fowler, in recommending his antiseptic paper dressing: "That perfect desiccation is the best safeguard against putrefaction is quite well known, and advantage is taken of it on our western prairies by hunters, who preserve buffalo meat by the process known as 'jerking,' *i. e.*, drying rapidly in the open air. In the first efforts made to imitate nature's process of healing under the scab, attempts were made to produce the same effect by hermetically sealing wounds by collodion and cotton, as well as by other adhesive substances. The method, however, was found to be far from successful, inasmuch as no provision was made for the draining away of the wound secretions. In the employment of the exsiccation method it is desirable to make use of a dressing through which the atmospheric air can readily pass, and which at the same time shall possess absorbent properties sufficient to permit of the removal of the wound secretions from the surface. It should likewise be capable of being impregnated with corrosive sublimate or iodo-hydrargyrate of sodium solution, the latter becoming, in the method of dressing under consideration, the preferable antiseptic agent. It will be at once seen that volatile substances, such as carbolic acid, soon become practically useless, unless confined to some extent to the wound and its surroundings by an impermeable covering. This latter would defeat the object in view, namely, rapid desiccation of the discharge."

In the application of the dressing it should be remembered that the cushions reach far over the outer edge of the powder, covering the wound, since fluids, if such are formed, penetrate between the skin and powder crust, at the margins of which they should come in contact with the absorbent dressing. Advantage of this peculiar course of the secretions may be taken in the dressing of delicate textures—by covering the wound itself with the iodoform and zinc, a little beyond the margin; then place a ring-shaped thin cushion over the parts, the inner margin of which shall just overlap the powders, and over this place the larger cushion. This method prevents any pressure upon the wound, while surface drainage and antiseptic occlusion are perfect, and desiccation greatly facilitated.

The manner of execution and the means of attaining the object—antiseptic occlusion of aseptic wounds—may be perfected; but this treatment of wounds must always remain the one which will be followed by the best results, and the percentage of recoveries will increase in the ratio of the surgeon's capacity to distinguish septic from aseptic wounds. To treat the latter in this manner must of necessity be the worst of surgery, and is to be deplored when it is done as an error of judgment, and severely condemned when it is the outgrowth of carelessness or ignorance. Now in case a wound is visibly contaminated, or a strong presumption to that effect exists, then it becomes necessary to employ primary antiseptic drainage; this is the class of cases which fall more often to the lot of the railroad surgeon.

In the first place a thorough cleaning of the wound is imperatively demanded, provided no large blood-vessel needs our immediate attention. The best material for this is the fluid already described; it is suggested because it performs the ablution of the surface very thoroughly, and a large amount may be safely employed without the risk of poisoning. I have washed out the abdominal cavity with this fluid, using gallons of it for the purpose, when all bleeding has been stopped by tying the blood-vessels carefully with the *finest* of silk threads compatible with the size of the vessel, the ligature being taken from a 1–1000 solution of the sodium iodo-hydrargyrate when needed. Torsion of vessels may stop hemorrhage and it may or may not recur; but silk ligature in the condition described seldom fails of permanent work. Cut short it

may be left in the wound, and is not likely to do mischief; such is the reported action of catgut ligature, but this may disintegrate before the condition of the blood-vessel makes it safe, and if hardened in chromic acid it may last as long as the silk thread—besides these ligatures are dearer and less easily handled than thread. For very fine work horsehair, also disinfected, becomes an acceptable ligature. Should oozing continue, then the temperature of the fluid can be raised to 120–130°, and applied to the surface with pledgets of cotton or the sponge. I prefer the former. These should never be rubbed over the wound, but gently pressed against it; if this fails, the favorite fluid of Mr. Bryant, iodine tincture and water, enough of the former to give the fluid a light brown color, may be used; this is more hæmostatic, and has proven itself an excellent agent in my hands, both for cleansing purposes and the object last named. Hæmostatics which adhere to the surface of the wound, such as sol. of persulphate of iron, belong in the category of very crude agents, and should be eschewed by the surgeon who aims at nicety and success. When all hemorrhage has stopped (and there should be no mistake about it), then the wound should be disinfected, should be made aseptic, and this can be done by filling it with the 1–4000, or if not too large, 1–1000 sol. of sodium iodohydrargyrate (the mercuric iodide only being taken in consideration in making the percentage). Certainty should exist, as near as attainable that this fluid has reached every nook of the wound. Then the wound should be gently dried, and one of three methods of suturing proceeded with. The first method is intended to be used in superficial incised wounds, and upon parts of the body where it may be possible of adjustment, and is applied according to Dr. A. B. Frazer as follows: "I take two pieces of strong adhesive plaster, as long as the cut to be drawn together, and as wide as circumstances will allow, and after folding back the edges (one-fourth inch) that are to be next the cut, I fasten ordinary dress-hooks, which are sold at the dry goods store, along the folded edges at regular intervals. Then after drying the skin, I apply the plasters on each side of the wound, a little distance from the edges, with the hooks opposite one another, and with a strong thread lace up the wound like a glove." The advantages of this method of wound suture over the ordinary kind are the following:

1. Threads can be loosened or tightened to allow for swelling.

2. The wound is accessible, and can be cleaned if this is ever necessary.

3. If sutures have to be added, the strain will be greatly lessened.

4. The plaster will hold much longer than sutures.

The second method of suturing is the one employed in perineal ruptures where the deep sutures pass under and around the wounded surfaces, and the superficial ones are used to close the integuments. This latter procedure should always be done with great care, as the fate of wound may depend upon the careful coaptation of the edges of the same. The third method and the one of general application called by its author, Mr. C. B. Keetley, "buried sutures," consists of the union of the several divided parts, each one for itself, *i. e.*, nerve end to nerve end, and muscle to muscle tissue. Whatever tissues may have been divided should be restored to their original relationships, and kept there by aseptic animal sutures; then the wound in the deep fascia must be separately sewed up, and finally the wound in the skin must be closed with catgut, or silver, or whatever is preferred. The results to be expected from this method of procedure are these:

1. There is no need of drainage tubes.

2. The sutured muscles and aponeuroses are eventually restored as regards function.

3. Deep, rough, and depressed cicatrices are avoided.

4. Necrosis of the bone and sloughing of soft tissue are prevented.

It should be remembered that sutures are employed for the most perfect coäptation of every part which has been severed by the infliction of the wound; and that such contiguity is never possible if shreds of tissue, which are likely not to retain their vitality, remain adherent upon the surfaces to be approximated. They should be removed as foreign bodies of the very worst character. A want of judgment as to the amount of tissue to be removed is grievous when too much is cut away, but decidedly disastrous when the error is in the opposite direction.

The wound, as already stated, when buried sutures are employed, is likely not to need drainage at all; but if very deep and very extensive, drainage may become necessary, and this will become urgent when the surfaces do not admit of approximation and cavities result in consequence. From John Hennen's woolen thread to Chassaignac's rubber tubes, Neuber's bone tubes, and MacEwen's horse-hair and chicken tibeæ and femora, the same principle was aimed at—the removal of fluids from the wounds—

though the earlier surgeons used them for removal of fluids pent up, particularly pus; modern surgeons, for the purpose of removing them as soon as they are formed, and for the prevention of suppuration. These tubes should be as short and as small in calibre as the demand upon them may justify, and they should not be left in the wound any longer than is necessary. Two or three days will generally suffice for this retention. Two short tubes are better than one long one and a bent tube is bad furniture. Drainage by tubes should always be facilitated by gravitation, and this is made possible very often by the direction the wound is made to take in an operation, and by the position of the patient. In fact, gravitation, assisted by position and pressure, is often the only means needed for drainage.

"It is not merely the wound itself that is benefited by preventing the accumulation of discharges, their permeation into healthy tissues, decomposition, and consequent irritation, but the nutrition of the whole limb is benefited, stasis prevented, and pathological change, once initiated, often arrested." The dry dressing of wounds is only the legitimate continuation of perfect drainage; "as a rule, the drier wounds are kept, the more quickly do they heal, and proportionately less is the suppuration. Moistening and putrefaction, drying and preservation, go together; the antiseptic power of dryness is proverbial." —Sampson Gamgee.

A dressing, therefore, which combines quick and ready absorption of fluids with rapid drying of them in its interstices; a dressing which will permit air to permeate it readily, filtering it to certain purity before it reaches the surface of the wound, a dressing which is light, non-irritating, and cheap, *is the dressing par excellence;* and such is the one already described—the paper dressing of Dr. Fowler, as modified by myself in its preparation and ultimate fixture by the wire screen.

This then, gentlemen, comprises my treatment of wounds by primary antiseptic drainage. It also comprises all there is of antiseptic practice; at least it satisfies the demands of my cases fully. In conclusion, permit me to add a few words in regard to Listerism or asepticism.

While antisepticism assumes the existence of septic matter in the wound, carried there by the injury itself, or by meddlesome and careless interference of patient, friends or surgeons, asepticism assumes the omnipresence of septic material, and seeks by its practices to exclude it from wounds. Both practices imperceptibly merge one into the other; from antiseptic drainage by the way of antiseptic occlusion, and aseptic occlusion to aseptic drainage. The first removes septic matter, the latter prevents its habitation. Aseptic occlusion is nature's most happy method, antiseptic occlusion endeavors to imitate the latter, and often very successfully; whilst the culmination of the surgeon's art of wound treatment is reached by aseptic drainage. My idea of asepticism or Listerism is perhaps, best illustrated by a description of the method adopted in my last two ovariotomies, March 16th and April 23, 1886, respectively.

My operating room, after the stove has been filled with fuel ready for lighting, is thoroughly washed (ceiling, walls, floor, doors, windows, stove, operating-table, chairs and bedstead), with carbolic acid, glycerine and water, on the evening before the operation. An hour before the operation the fire is kindled in the stove, and the temperature is raised from 115 to 120 degrees. When the temperature has fallen to 100 or 95 degrees, the hot vapor, which had been formed, will be precipitated, and anything which could have existed in the atmosphere of the room is thereby removed, making thus the very air aseptic, as near as this can be done. Now the hot and cold water are brought in, the latter having been boiled the evening before, and kept covered until ready for use. To a given quantity of this water, at a temperature ranging between 105 to 110 degrees Fah., is added a hot and filtered solution of chloride and bicarbonate of sodium in a previously ascertained quantity; so that the fluid presented to the person who alone handles the basins is of the composition already given, viz., 6 parts of the chloride and 1 part of the bicarbonate to a thousand of the water. The instruments are kept in a $\frac{1}{20}$ per cent. solution of carbolic acid in porcelain trays; the sutures and ligatures in the iodo-hydrargyrate of sodium solution in another tray, except the needles, which are dipped into the mixture when needed for use. The hands of those concerned in the work, directly or indirectly connected with the wound in the abdomen, are washed with nail-brush, soap and water, and finally in carbolic acid solution. Hands which handle the wound, and particularly the contents of the abdomen, are bathed each time this is done, in the mercurial solution. The beard and hair are moistened with bay rum containing the mercurial solution, and the hand spray moistens the clothing with the same mixture. (In my next operation

I intend to have disinfected linen dusters worn.) The coat is prohibited in the operating room, and the arms of the operator and assistant are bared to the elbow. The patients abdomen is washed with the mercurial solution, and the abdomen opened in the usual way.

When the tumor is ready for removal I adjust Thomas' clamp, then cut away the tumor, and after I have cleaned the severed surface carefully, I tie, below the clamp, with braided silk, of course strictly aseptic; then I remove the clamp and the stump is trimmed off smoothly to the distal end of the compression made by the clamp, the surface is made aseptic, and after I am fully satisfied that no oozing will take place from it, the silk is cut short and the pedicle returned into the abdomen. If no fluids have entered the abdomen, and no adhesions complicate the operation, an aseptic quilt of cotton, covered with musquito netting, is placed beneath the abdominal wound, which is not made in the linea alba, but through the rectus muscle on the left of it, to prevent abdominal hernia; the line of incision being from the linea alba at its lower edge to an inch to the left of the umbilicus. The sutures, silk also, are deep and superficial ones. They are of the second variety already mentioned, the deepest part of the curve of the deep ones just includes the edges of the peritoneum, the superficial ones the skin only.

When the oozing from the sutures has ceased, hastened by the application of the mercuric solution somewhat hotter than used hitherto, and the quilt removed, the sutures are tied and the wound is dressed, as already described for antiseptic occlusion. If the fluids have entered the abdomen, or oozing takes place from adhesions, then, after the pedicle has been returned into the abdomen, the salt water is turned into this cavity from a fountain by way of a soft rubber tube, fountain and tube surgically clean, of course: the patient being placed on her side, sufficient fluid is used to return it from the abdomen colorless, when the washing is completed with the $\frac{1}{5000}$ mercuric solution. Care is taken that the cavity is well drained, and it is now closed in the same manner already given. The former method was employed in my case of March 16, the second in my last of April 23. The first left my house on the twentieth day after the operation, the second on the twenty-second day, both perfectly recovered. In these operations I was assisted by Drs. Havemeier, Haldeman, Norris, and Huff. One of the operations was performed with the exclusive help of physicians who were my individual students once; please excuse the just pride, but it was the happiest moment in my career as a surgeon. The patient is always left in the operating room, until all dangers from infection and disturbance are passed.

Such is Listerism, as practiced by myself. You miss the spray, the several dressings, and the rubber covering; they are useless generally, and some of them, as the spray, injurious, particularly in abdominal surgery.

In conclusion, I will say that pain should not be a part of the clinical history of a case, *for pain may kill*, and, with Dr. Simon Baruch, I must say: "It is a singular fact that the chief advantage of antiseptic dressings has so often been lost sight of in discussions of this subject. To my mind, at least, it appears very probable that in the fact that by means of the antiseptic treatment of the wound and by the subsequent antiseptic absorbent dressings we are enabled to place the wound at complete rest until healing is accomplished—in this fact lies the secret of much of the success of modern surgery. Without rest repair certainly cannot proceed satisfactorily. How was it possible to give the most important element free play when the wounds were daily manipulated by undressing, sponging, syringing, and bandaging?" Whatever else Listerism may have accomplished, the greatest boon, *rest*, it has conferred upon the wounded. And shall the saving of time, trouble, and anxiety to the surgeon count for nothing?

MALARIAL HÆMATURIA.

BY CHARLES C. THORNTON, M. D.,

Of Thornton, Holmes County, Miss.

I regard this disease as a congestion. We have congestion of the brain, of the stomach, of the bowels, of the lungs, and why not of the kidneys?

Almost all the cases that I have seen have either had intermittent fever for some time, and are taken with a severe chill, or are taken from the commencement with a severe chill, and in almost every case, before hemorrhage from the kidneys supervenes, the urine is charged with bile. This is apparent when the urine is made to flow in a thin surface over the bottom of a clean white chamber, porcelain or iron-stone vase. The greenish cast, apparent to the observer, shows a redundancy of bile. Besides this physical change in the condition of the urine, the skin takes on the yellow cast so common in such cases, which only disappears when

the bowels act freely; and black, tarry bile passes freely from them, and the skin begins then to clear up, and a return to health is generally the result.

It is this acrid bile passing through the ureters and body of the kidney, the result of a congestion of the liver, or interference with the portal circulation, and the effort of nature to pass this effete matter through the urinary tract, that causes the congestion and hemorrhage from the kidney.

Twenty-six years here in a miasmatic region (the heart of the Yazoo Valley), convinces me that my theory has at least the shadow of truth or right, and then when we put the crucial test upon it, the result of my treatment, I think it is proof positive, without entering into any of the details of the symptoms. It is generally those that have had intermittent fevers for some time and neglected these, that have or are most liable to have malarial hæmaturia, and among the first symptoms are the incessant vomiting of bilious matter and the sudden discoloration of the skin, frequently in six hours after the onset of the attack, and the intense yellow, muddy appearance of the eyes, while the urine is loaded with bile, and hemorrhage soon appears, sometimes almost entirely blood, and in large quantity. As soon as I can get the bowels discharging freely *black* bile, I feel I have reached the point to hope for a favorable termination.

Now to the main point, the treatment. With a view to get up such an action on the liver and bowels to divert the bile from this unnatural to its proper channel, I give 5 to 10 grains of calomel with 1 grain each of pulverized camphor and ipecac. every 3 to 4 hours; I give lime water and fresh milk freely, or lime water alone, to correct or check the constant sick stomach; and when I can get the stomach sufficiently quiet, I give chlorate of potash and fld. ext. ergot freely; that is, to a goblet of water I add a tablespoonful chlorate potash, and a tablespoonful fld. ext. ergot. of this I give generally a tablespoonful every 2 hours; I give quinine in 3 to 5 gr. doses every 2 hours generally throughout the disease. You ask how can I give it, when the stomach is constantly irritable and there is vomiting; if I can not get it to stick by the mouth, I use No. 1 rectal capsules, or even the ordinary No. 1 gelatine capsule by the rectum. I generally give 3 or 4 of the calomel powders, and wait 12 to 24 hours, and again resort to it if necessary. There is generally little or no absorption by the stomach, and that is why so much quinine and other medicines are taken, and so little effect. The bowels at first are usually obstinately constipated; if this is not corrected generally at once, supression of urine is apt to ensue, and death as a consequence.

Is my treatment rational, empirical, or otherwise? I have the satisfaction of knowing as yet, after twenty-six years experience, I have lost no patients of this disease. My friends may say, Oh, he has never seen the disease, or not in such forms as we see it. Yes, I have seen it in all its phases. When there is a tendency to suppression of urine, I add bicarb. potash to my chlorate and ergot solution. Last year I had three cases in one house on my own place; they passed chambers almost full of blood, and six times during the day, and sometimes oftener; but to use a common term, as soon as the block is "knocked out," they are generally all right. The three cases above are now living monuments of the above practice.

I give these cases my undivided attention. I never want but one of such cases at a time.

Again to the first point, or probable cause. The first case last year was a little girl, taken with chills, had them some times every day, or every other day, when hæmaturia set in. She had two well marked exacerbations, as I term them, sinking spells, each day; generally at 12 o'clock in the day, and 12 o'clock at night, she would get cold, and the heart fag; then I would resort to brandy and milk, keeping up quinine by rectum every two hours; her temperature in axilla 102° to 105°, with quinine, would reduce to 98° each day; but at each paroxysmal time would again rise to 105°, and without quinine, would continue 103° to 105°. After bowels acting freely, black tarry actions, and water perfectly clear, the regular intermittent paroxysms would set in, and controlled by quinine, returned each seventh day for several weeks, and had to continue quinine three times a day all the summer and fall. Another, her brother, had chills; was exposed to a cold rain, had a terrible chill, and hæmaturia set in; same treatment, same success, and same results, and same tendency when well. His father, exposed to same cold rain, and worry, nursing, and anxiety about his boy, had a hard chill, and the consequences alike, I paid little attention to the bowels, even when running off almost incessantly, while these black tarry actions were passing, as the skin cleared after each action. I never use *opiates*, and warn my friends not to tamper with them. A fatal coma, and often suppression of urine, are too frequently the result of the useless administration of a single dose of opium, as I have seen, under

the impression that it would relieve some of the distressing symptoms. Calomel and quinine are my sheet anchors in this disease, while ergot and chlorate of potash assist to keep up the action of the liver, and lessen the irritation of the stomach, and control measurably the hemorrhage; but I find, as the bile is diverted to its natural channel, the hemorrhage slackens and disappears. I give quinine as an anti-ferment, for its anti-zymotic influence, and to keep the temperature within bounds. I trust only to the clinical thermometer, and register temperature every two or three hours, and watch the rise and fall, and combat these as other symptoms, the fall with brandy and milk, the rise with quinine. I give quinine all the time in fact, and the ergot and chlorate of potash whenever it will stick, and calomel as above, or alone, every three, four, or six hours, as required.

I watch my patients, and never allow any solid food until they are out of danger. I rely on a milk diet mostly—it with lime-water is retained best—chicken and beef extracts or essences I also use in moderation, but rely mostly on milk and gum arabic, with ice to allay the terrible irritability of the stomach and incessant vomiting.

THE EARLY DIAGNOSIS OF UTERINE CANCER.*

BY C. D. PALMER, M. D.,

Professor of Gynecology, Medical College of Ohio.

The author said cancer is three times more frequent in the uterus than any other organ of the body. It is occurring with increasing frequency. This increase is largely apparent, the result very naturally of improved methods in diagnosis and more frequent examinations.

The benign affections which may be confounded with cancer are chronic inflammation, eversions, granular and cystic degenerations, and ectropion.

Nothing can be easier than the diagnosis of most of the benign diseases of the cervix uteri. Nothing can be plainer than the determination of the presence of advanced cancer of this part of the uterus, by far the most common site. As it is of vital importance that we recognize a malignant disease early if we would do any radical or permanent good, and as mistakes are most generally made in the earlier stages of the disease, let us manfully consider this subject.

For practical purposes we divide the subject into two parts:

1. The form of cancer simulating or confounded with parenchymatous or fibrous benign disease of the cervix.

2. The form of cancer mistaken for simulating or simulated by endometrial benign disease.

Probably the origin of cancer begins in a degeneration of the connective tissue cells, either under the mucous membrane on the vaginal face of the cervix, or up within the cervical canal, while the epithelial growths or ulcerations first invade the superficial epithelium. A carcinomatous infiltration arising within the connective tissue cells of the cervix at once heightens the vascularity of the part, which looks reddish or bluish in color. It produces nodulations more or less hard and diminishes the mobility of the subjacent mucous membrane. Should these changes start in a cervix previously healthy, or so little diseased as to excite no special attention, they progress so insidiously, it may be slowly, that in all probability the patient will not call on her physician until the second or ulcerative state has advanced. Or, should they commence in a cervix already diseased by chronic inflammation, one that is being inspected for treatment from time to time, they may even advance to a considerable degree before any special suspicion is excited. The general health may be good or bad. The author thought that in most instances a diagnosis could now be made. The one thing needful is that a suspicion of malignancy be aroused, The symptom of Spiegelberg is not as reliable as was at first supposed. Much can be learned by watching the development of treatment. It may be observed that while all the local conditions, leucorrhœa, erosion, induration, etc., do improve under a well directed local treatment, provided they are the offspring of an inflammation, yet if malignant they do not improve at all, and if so but slightly, never permanently. They manifest a special obstinacy to treatment; in fact, they progressively get worse. In women of advanced years such development should excite the gravest suspicions. If any doubts now remain, resort should be made to the microscope. I doubt if the microscopist can give us a reliable opinion without any other clinical evidences at hand; but with them the microscope becomes strongly corroborative and confirmatory. Fungoid degenerations may remain for a long time innocent formations, yet on the other hand they may quickly develop into malignancy. This

* Read before the Cincinnati Academy of Medicine, June 14, 1886. Abstract.

transformation may be exceedingly slow, consuming years. This is important to remember, so that we may not be thrown off our guard. Unquestionably malignant epitheliomatous degeneration is more likely to ensue in cases of cervical laceration in which the torn surfaces never cicatrize. Cicatrization, however, is not a barrier. The author recommended the use of the microscope and all other means of diagnosis, and thought the topical applications of glycerites of tannin, alum, and boracic acid to be of especial benefit in diagnosis.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

(*Continued from page* 79.)

Dr. Harris heard of this case a week after its commencement, and believed from what he knew of it at that time that it would be advisable to perform the laparotomy: but subsequent developments indicated that the hemorrhage was extra-peritoneal and gradual, and there was, therefore, no immediate danger to be overcome. When, however, he saw the patient, October 28, he was satisfied that her constitutional symptoms required that an exploration of the abdominal cavity should be made, the blood cyst defined, and then that the blood should be evacuated above left groin. This opinion being sustained in the consultation, the operation was performed accordingly.

Dr. Price inquired if any examination of the condition of the gall bladder and duct had been made at the time of operation. Was the jaundice due to mechanical obstruction or to the general condition?

Dr. Baer at first thought an error had been committed in not operating at first when the diagnosis was made and the tube ruptured; but the full history puts the matter in a different light, and would cause great hesitancy about rushing in on a similar case.

Dr. O'Hara had made his diagnosis at the time of the accident. Operation could not have been performed then on account of the collapse, and after that passed away it did not seemed called for until the time of its performance. One question has risen in his mind, from the subsequent history of the case. Would it not have been better if the wound had been packed from the time of the operation?

Sanger's Cæsarean Operation.

Dr. Robert P. Harris said: I desire through this Society to give publicity to the following statement, received a few days ago in a letter from Dr. Sänger, of Leipzig, by which it will be seen that his method now stands unrivaled in the world, in its ability to save human life. Locally considered, the Porro operation as performed in the Santa Caterina Hospital of Milan, Italy, has until recently far exceeded in its proportionate success all other Cæsarean methods in any hospital or country; but this, the best of all Porro successes, has now to be rated second, as compared with its younger German rival. Laparo-elytrotomy, a year ago, stood upon the same level with the Sänger operation in its rate of success; but now the latter far outstrips it in the number of times it has been performed and in its proportion of cures. According to Dr. Sänger's letter, his operation, with its modifications and simplifications, has been performed 25 times, saving 18 women, or 72 per cent., and resulting in 22 children being delivered alive, or 88 per cent. In these are included three fatal American cases, which if not in an absolutely hopeless state before the operation, gave a very minimum hope of success. The European 22 operations saved 18 women or $81\frac{9}{11}$ per cent. In the Maternity Hospital of Leipzig, Dr. Sänger has operated 4 times, Dr. Obermann once, and Dr. Donal once, saving all of the women and children; in but one woman was there any special trouble after the operation. Dr. Leopold, of the Dresden Maternity Hospital, has operated 9 times, and Dr. Korn once; the former lost one woman; all of the children were saved. Thus we have 15 women and 16 children saved under 16 operations, a mortality for the former of only 6¼ per cent. Of the four deaths in Europe two resulted from septic poisoning, which existed at the time of the operation, and in the other two subjects it followed it.

Dr. Sänger has such confidence in his method from the success that has attended it in Germany that he believes the time has come when it should be preferred to craniotomy, because of its moderate fatality, and its saving the child. We should be glad if all of the Cæsarean operations of the United States should be performed after Sänger's method as simplified by Garrigues and Leopold, but we must not accept very happy results here until our accoucheurs become alive to the fact that delay in operating will make any method fatal in a large proportion of cases. In no country are the capabilities of the old Cæsarean operation greater than in the United States, and in few has

this form of delivery been of late more uniformly fatal. To find 18 recoveries under it, we must search backward to January, 1863, and through a record of time covering more than 23 years, in which period 73 operations have been performed, proving fatal in about 75 per cent. This occurred notwithstanding an established fact that a set of early operations will save 75 per cent. of the women and still higher of the children in the United States.

Tait on Faradization.

Dr. R. P. Harris, also presented the following letter from Mr. Lawson Tait, of Birmingham, dated April 16, 1886; "I have very strong objections to the proposal to treat cases of extra-uterine pregnancy by faradization. In the first place the diagnosis of these cases must always be hap-hazard; that is to say, a correct diagnosis will not be made probably more than once in three times; the result will be that all such cases will be dealt with mischievously only, and I venture to predict that this treatment will be dropped, as all such treatments are, without explanation of the case, in a very short time. My greatest objection is that, supposing the fœtus has passed through the stage of tubal rupture and remained alive, what right have you to murder that child? If it goes on to the full time it may be delivered alive, and the woman will have a chance of recovery from the operation far greater than with the faradization treatment of destroying the child. The cases, according to my experience, which recover from the operation, are about six out of seven."

"Every one who has had much experience with pelvic tumors must have seen a certain number of cases where the fœtus has died between the fourth and sixth month, and where, after a prolonged course of suppuration, it comes out through the rectum, bladder, etc.; there are, of course, the cases where the tubal rupture has taken place into the broad ligament on the left side. I have seen one right-sided case going into the bladder; it, of course, killed the patient."

"In the whole course of my life I have only known of one case where the woman has carried an extra-uterine pregnancy for a number of years after the death of the fœtus. We knew with perfect certainty all about this case, and for about eighteen years she has carried on the left side a condensed ovum of extra-uterine pregnancy. I doubt very much if there could be found in the whole world three other such cases; whereas the number of cases who die, or who have prolonged illness after the suppuration and discharge of the fœtus is, even in my own experience, very great."

In closing his letter, Mr. Tait writes: "I wish you would make this opinion of mine known on your side."

In reply, I will state:

1. We do not, in this country, practice electrolysis in cases of extra-uterine pregnancy. No puncturing needles are used, and the electro-magnetic current will not endanger the life of the patient any more if the growth to be acted upon is a tumor than if it be, as presumed, an ectopic fœtal cyst. The experience of seventeen years in the United States, in which no fatal result is believed to have taken place, has only tended to establish this fœticidal method as a valuable means of saving women when in great danger of death from rupture of the fœtal cyst and internal hemorrhage.

2. We do not propose to act upon the fœtus after it has escaped into the abdominal cavity, unless the fœtus should be very small, and be easily accessible to the pole of the battery placed in the vagina. We cannot see that it is any more a murder to destroy a two or three months' fœtus after it has escaped from a Fallopian tube by rupture than while it is still in it. The chief objection lies in the fact that such an ectopic fœtus will be much more likely to give trouble after its destruction than one that is securely enclosed in a sac from which the amniotic fluid shall have been absorbed. It is true that an abdominal fœtus may be delivered alive at term, if permitted to live; but it is not correct to estimate the risk of such an operation as lower than faradization properly performed, for it is far higher. Primary laparotomy, as far as we know of the operations, has been fatal in fifteen out of nineteen cases.

It is not proposed in this country to operate by faradization upon fœtuses of from four to six months. Dr. T. G. Thomas has, it is true, proposed to make the limit four and a half months, but the general impression is that fœticide is much safer, immediately and remotely, if done in the second and third months, when fœtal ossification is very incomplete. The entrance of fœtal debris into the bladder is not necessarily fatal, as in the case related by Mr. Tait, for Parry refers to nine cases, four of which recovered.

Mr. Tait appears not to be aware of the fact that cases of prolonged ectopic gestation have been comparatively numerous, as witness the following partial record:

1. Nebel reports the case of a woman of

91. who died in 1767, and in whose body a fœtus was found that she had carried 55 years (Campbell on Extra-uterine Pregnancy, 1840, page 45).

2. Brandt records one of a woman of 80, who died in 1858, after carrying a fœtus for 56 years, and bore two children while it was still in her abdomen (Ranking's Abstract, 1863, vol. i., page 216).

3. Parkhurst reports one of a woman of 77, who carried a fœtus 52 years (British and Foreign Med. Chi. Rev., 1856, vol. i., page 271).

4. Chiari gives a case of a patient who died of pneumonia when 82, who carried an 8 months' fœtus for 50 years (*Lancet*, Lond., 1876, vol. ii., page 141).

5. Conant's case was a woman of 63, who died in June, 1863, after carrying a fœtus 35 years (*New York Med. Jour.*, May, 1865).

6. Majon found in a woman of 78 a calcareous fœtus, computed at three months (Cruveilhier, Essai sur l'Anatomie Pathologique, Paris, 1816, tome ii., page 130).

7. Maugin Vernier found two fœtuses in the body of a woman of 74, which she had carried 33 years (*Jour. de Medecine*, 1786; *Gaz. Med.*, July 29, 1837).

8. Morand also found a 3 months' fœtus in a woman of 78; she had carried it 30 years (Mem. de l'Acad. Roy. des Sciences, 1748).

9. Christian Grön found a 3 months' fœtus in a woman of 49, which had been carried 18 years (*Norsk Magazin for Lœgevidensk*, band xvii., haft 2).

10. Johannes Ambosi (1552) reported a case of a woman of Sens, who carried a fœtus 28 years (see *Astruc. Traite des Mal. des Femmes*, Paris, 1765, tome iv., p. 78).

11. Campbell reports the case of a woman of 75, in whom was found a fœtus that had been carried 30 years; a fœtus of about two months was also found (C. on Extra-uterine Gestation, Edin., 1840, p. 55).

12. Pepper relates the case of a patient of 53, married 27 years, in whose body Dr. Loder found two fœtuses, one carried 23 years (Trans. Pathol. Soc., Phila., 1876, p. 102).

13. Francis Boyle removed an 8 pound fœtus after the death of a woman of Toulouse, that she had carried 26 years (Philos. Trans. Abrid., London, 1794, vol. iii., p. 222).

14. Cruveilhier, in his *Anatomie Pathologique*, gives a plate representing a calcified fœtus which had been carried many years.

15. Œlinger reports a case of a woman who carried a six and a half months' fœtus about fifteen years (*Prog. Med.*, Paris, 1884, vol. xii., p. 196).

16. Johnson's case, aged 68, carried a fœtus fourteen years, after which she discharged fœtal remains at intervals during thirty years (*Med. Times*, London, 1872, vol. i., p. 655).

17. Leinzell, in 1720, removed from the body of a woman of ninety-four, a fœtus that she had carried for forty-six years.

18. Watkins examined a woman of seventy-four who died of kidney disease, January 13, 1864, and removed a fœtus which she had carried for forty-three years (*Brit. Med. Jour.*, March 3, 1866).

19. Van Swieten also records the case of a woman of Lyons who died at sixty-eight and had carried a fœtus for twenty-seven years (*opus cit.*).

20. Fabri, of Ravenna, found in a woman of fifty-five a fœtus she had carried for some years. The pregnancy was her fifth, and she bore two children at later periods (*Brit. Med. Jour.*, March 7, 1863).

Many more cases of the same character might be added to this list, some of which would go to show that an extra-uterine fœtus may prove fatal by purulent disintegration and pointing after twenty years or more. Even an ectopic fœtus of three months may cause perforation of the rectum and possibly a fatal issue, although this is a rare result; it will be noticed that in three of the twenty-one cases the fœtus was computed at three months, and in another, a second fœtus was of two months.

Dr. O'Hara exhibited a

Fibro-Cystic Tumor of the Uterus

removed after death from a patient aged fifty-three years, who had carried it for over twenty years. Three years after it was first observed she applied to Dr. Atlee for relief by operation; but he declined, and recommended that it should be let alone. The tumor contained numerous small cysts and measured thirty-nine and one-half by thirty-four inches in circumferences, and weighed thirty pounds. The peritoneum was one-fourth inch in thickness and was of a yellowish-white color.

Dr. Parish remarked that the tumor had formed no adhesions with the exception of a few slight ones to the omentum, and the removal of the ovaries and tubes would have been feasible at any time. Both tubes were dilated and in a condition of hydro-salpinx. The tumor sprung from the fundus uteri, the cavity measuring only four inches. The tubes and ovaries had remained at their nor-

mal position in relation to the uterus, but had been elevated out of the true pelvis. The vagina had been stretched upwards, as also had been the uterine body and neck. The uterus below the fundus had diminished in size to about that of the index finger. The bladder, by reason of the traction upward, had lost its attachments to the uterus and merely retained posteriorly its attachment to the vagina. Ordinarily the extent of the attachment of the bladder to the uterus becomes greatly increased in large uterine fibroids. In the specimen submitted, supra-vaginal amputation of the uterus with the tumor could have been effected without separation of the bladder from any of its attachments. It is interesting to observe the condition of bilateral hydro-salpinx some six years after the menopause. The patient died with acute symptoms of vomiting and purging of dark fluids, containing probably blood extravasated through the intestinal walls. At the autopsy, no indications of perforation of the intestine were apparent. The patient was able to engage in active work until a few days prior to death, and hence the double hydro-salpinx could not have occasioned pronounced symptoms.

On the Statistics of 3036 Cases of Labor, by Hiram Corson, M. D.

Dr. Wm. Goodell read the paper, which will be published in full in the *New York Medical Journal.*

In the Transactions of the Medical Society of the State of Pennsylvania for 1863 may be found an article headed "Midwifery in the Country," in which are drawn statistics from 2387 consecutive cases of labor, to which are now added 649 cases, making in all 3036 cases, with 3087 children. Head presentations (vertex), 3012; breech, including knees and feet, 58; shoulder and arm, 5; face, 12. Twins in 51 cases. Ergot was used in 139 cases in first series. Forceps were used 28 times in the first 2387 cases, and 31 times in the last 649 cases. Version was performed twice in the last series. One primipara was 52 years of age. Puerperal convulsions in eight cases, all recovered. There was a total of 190 cases, in which the children were born before the doctor arrived, and in which the mothers did well under nature's management, and were saved the fright and suffering which, if Credé had been present, would have resulted from his fears of hemorrhage, his rush of one hand into the vagina the moment after the child was born, and the grasping, squeezing, and forcing down of the womb by the other hand on the tender, sore abdomen, to say nothing of having that heavy hand pressing on a tight bandage for two hours more, in accordance with regulation orders.

In the practice of this art I have not followed the requirements of the times. I have considered labor a natural process, and that my duty consisted in awaiting the action of the patient's forces; not setting them aside and myself usurping the duties which the natural efforts would have achieved without difficulty, but coming to my patient's aid only when her forces seemed inadequate to the performance of their duties.

I have learned that the forceps are used very often, many, many times oftener in proportion to number of cases than twenty years ago, and that this is done in the early part of the labor, not because nature is inadequate to the work, but because as the physician had never hurt *himself* by using the instrument, and wished to get away speedily, as he had other patients who needed attention; and though the condition of the lying-in woman would well have permitted him to visit his other patients and return in time to aid her if she needed aid, still he would not do it, through fear that the child might be born in his absence, or some other doctor be called in his place. The graduate of a month can now use the forceps and all the other swift-sure means of speedy delivery without hurting his hands or spraining his back. Of course the sufferings and fate of the woman were of secondary importance. Being anxious to learn all about the advances in midwifery, I attended the meeting of the American Gynecological Association in Philadelphia, a few years ago. There I heard from the mouth of more than one eminent gynecologist—men greater than midwives: "Every year I use the forceps more frequently than before." There too I was amazed to learn from the experience of these speakers, how numerous were the cases of lacerations of the cervix and perineum; so numerous, indeed, that when coupled with the fact that the advocates of frequent use of the forceps were teachers of midwifery, and also eminent surgeons skillful to "repair" these lacerations, and that these repairs brought large remuneration to the surgeons, I was dazed—I knew not what to say. I could not believe it possible that the earnest gentlemen before me could have conspired to teach this rushing plan of delivery in order that lacerations should be produced, so that the business of repairing should be brisk and profitable. It was pleasant, a few months later, to hear that the eminent gynecologist, Dr. Goodell, attributed the

great increase of lacerations to the use of the forceps, and earnestly denounced their indiscriminate employment.

In October, 1880, the *Boston Medical and Surgical Journal* contained an article by J. W. Elliott, M. D., on "Antiseptics in Gynecology," with full directions for their use in obstetrics, to prevent puerperal fever by destroying poison-germs which might be introduced by the doctor or nurse. "At the beginning of labor the patient should have a hip-bath, the hair should be cut away from the genitals, the vagina and vulva should be washed with soap and disinfected with carbolic acid. During labor every examination should be preceded by a vaginal injection of a three per cent. carbolic solution, to prevent the examining finger carrying germs lodged at the vulva or in the vagina up to the uterus (which is about to be more or less lacerated). After delivery, the uterus and vagina should be considered as a deep and important wound, which may heal by first intention, or in which the secretions may stagnate, become putrid, and be absorbed."

As I had never before heard of Dr. Elliott, I went on in my usual way, taking no razor to shave the parts, no syringe, no carbolic acid, but let nature go on with her work, pleased to see how steadily and perfectly she accomplished it. Dr. Corson asks, Is labor a natural process? Are antiseptic solutions when thrown into the uterus and vagina safe? and answers these questions from the standpoint of his own experience, and by quotations from Albert H. Smith's lecture "On the Relation of Cleanliness to the Prevention of Puerperal Septicæmia;" Dr. W. O. Stillman's account of the precautions taken by Carl Braun, of Vienna, to prevent infection to the lying-in woman; Dr. T. G. Thomas, of New York, a paper read before the New York Academy; Dr. George J. Harrison, in reply to Dr. Thomas; and to papers by Fritsch and Kustner, and gives his own experience in his first labor case in 1827.

Dr. Corson next considers the forced delivery of the placenta, and claims the originality of the Credé method in its principal details for Professors James and Dewees, the latter saying that it had been long since recommended by Monsieur Darsé, of Paris. He criticises the unnecessary severity of the latter part of the Credé method, and much prefers the directions given by Prof. Penrose, and then details his own method, which leaves more to natural powers, giving morphia if rigid contractions of the os occur before the placenta comes away.

He recommends venesection to the extent of ten or twenty ounces, to relax a rigidly contracted os in the first stage of labor. If this is not immediately successful, he gives morphia internally. He uses ether to relax when pains are too severe.

Dr. Corson next considers the question of tying the cord. Should it be tied at all? How soon after birth should it be divided? What is gained by waiting until pulsation ceases in the cord? These are questions to which careful consideration has been given, and which are fully answered. Dr. Corson does not use a binder; has not done so for twenty (20) years. He does not think that it prevents relaxation of the uterus, but that it favors prolapse of that organ. He gives his own experience, and fortifies it by that of several other physicians. He thinks the hasty extraction of the placenta, the compression of the uterus by the hand, and the application of the binder with the avowed intention of preventing hemorrhage, have a bad mental effect on the patient, and predispose to the very trouble we are seeking to avoid. He gives several instances of mental influences in stopping hemorrhage. He has never used hot water, vinegar, lemon, or ice into the uterus for flooding, but has applied ice externally.

Puerperal convulsions, ten cases, all recovered. His treatment consists largely in free venesection, cold water poured over the head, and morphia internally. He recommends the hand-book of Dr. Ezra Michener for the successful treatment of this malady. He would also avert convulsions by bleeding before labor to relieve headaches, if accompanied by congestion of the face. Of puerperal or septicæmic fever he knows nothing, having never seen it.

W. H. H. Githens, *Secretary.*

THE CLINICAL SOCIETY OF MARYLAND.

Stated meeting held April 16, 1886.

The President, Dr. L. McLane Tiffany in the chair.

Dr. Joseph Bloom read a paper on

Periodic Rhinitis (*see page 68*),

giving his personal experience as a sufferer from the disease.

Treatment of Carbuncle.

Dr. Wm. H. Norris wished to call attention to very satisfactory results he had recently obtained in the treatment of two large carbuncles by the carbolic acid method.

They were very large, one being 4 by 6 inches, the other somewhat smaller. The acid in solution was injected into and around the carbuncle, and in two days they were converted into healthy open granulating ulcers, that rapidly healed.

Dr. Pole has had good results from the use of caustic potash in these troubles.

Dr. G. H. Rohé considers cutting, with the internal administration of quinine and iron the proper treatment for carbuncle. He protests against the use of caustic potash because of its being an unsurgical procedure, whose action cannot be controlled after it is once applied.

Dr. John Chambers questions the accuracy of the diagnosis in many of the cases of carbuncle reported as cured by the carbolic acid method.

He don't think it quite so common an affection.

Dr. Randolph Winslow sees good in both lines of treatment; but in many of those affected with carbuncle, we have patients who could hardly bear the loss of blood sometimes consequent upon the cutting treatment. He considers the carbolic acid method ordinarily a good line of treatment.

Dr. L. McLane Tiffany don't think any recent observer justified in claiming originality for the use of carbolic acid in carbuncle. He recalls a case treated after that method by him in 1867, and it was not then original with him.

It was introduced for its germicide effects, upon the ground that carbuncle was the result of the presence of a coccus in the tissues. The plan is to inject with a hypodermic syringe a 10 per cent. solution of the acid into and around the diseased area. It causes sloughing and usually converts it into a healthy granulating ulcer. It is less painful than the knife, and as good in its results.

Dr. Strauss called attention to the failure of emetics in a case of strychnia poisoning recently seen by him. The patient was supposed to have swallowed about 45 grains of strychnia. Two minutes afterwards he had opisthotonos. Apomorphia was given hypodermically without effect. A effort to pump out the stomach was made, but the spasm of the œsophageal muscles was so great that the tube was compressed, and no great fluid could be brought away. The patient died of asphyxia in half hour.

Dr. Wm. Massey reported a case of

Hysterical Aphonia,

in which the treatment recommended by Dr. Flint in his practice of medicine accomplished a cure.

The treatment referred to is, when all others fail, then resort to alcohol to intoxication. The doctor acted upon this suggestion, and on the following morning the woman was in her natural voice.

Under the head of miscellaneous business, Dr. F. A. Morawetz was appointed a delegate to the Medical and Chirurgical Faculty of Maryland.

Editorial Department.

Periscope.

Mollities Ossium in the Male, with Spontaneous Fractures.

Dr. James A. Rigby thus writes in the *Brit. Med. Jour.*, July 3:

The extreme rarity of mollities ossium, in the male, induces me to bring under notice the following case. Concerning the rarity of this disease, Bristowe (*Theory and Practice of Medicine*, 1876, page 901) says: "It has been recognized only in women; and, for the most part, in women who are bearing children." Niemeyer (*Text-book of Practical Medicine*, vol. ii., page 565) says: "This is a rare disease; up to the present time, it has been observed almost exclusively in women." Trousseau (*Clinical Medicine*, vol. v.), who names the disease adult rickets, does not specifically assert that it is never met with in men, yet, all the cases he mentions occurred in women; and he seems to assume that the disease is exclusively confined to women, particularly to women just after repeated pregnancies. Sir William MacCormac (Quain's *Dictionary of Medicine*, page 997) states that mollities ossium "affects the female sex almost exclusively; only occurs in adults, and during the period of child-bearing." He also says it "very rarely is observed in the male sex."

William G., aged 43, married, a schoolmaster, with no family history of any softening of the bones, about eight years ago began to suffer from severe pains in his knees, attributed to rheumatism. Then pains came in his feet and shoulders. He was also dyspeptic, and always of a costive nature. Four years ago he began to be much troubled with

pains in his hips, and difficult locomotion. These increased steadily till he was unable to walk erect; then he gave way on the right side so much, that he thought his right hip was either wholly or partially dislocated.

Coincidently with these alterations in the hips, the hands began to undergo changes, which have ultimately resulted in the present state of things. There is a more or less complete absorption of the muscular tissue of the hands; the ungual phalanges are all shortened in a marked degree; the articular extremities of the other phalanges are enlarged at the base. This is most distinctly perceptible in the thumb, of which the base of the first phalanx is so much enlarged, that it causes the extensor tendon to run in a curved direction, something like the course of the string passing over the bridge of a violin; the obvious effect of this is to cause insufficiency of length of tendon, and so dislocation backwards of the ungual phalanx of the thumb; the pad of the thumb is thus placed transversely on the end of the thumb, and looks upwards, instead of forwards, towards the palmar aspect.

The chest has altered much in shape. It is now more or less rounded in every diameter, compressed laterally, and bulging forwards, more particularly at the lower part. There are well marked swellings at the junction of the ribs with the costal cartilages. The sternum is sickle-shaped, the handle being upwards, and the convex surface of the sickle looking forwards.

Two years ago, the patient sustained a fracture of the right humerus, through simply trying to prevent a man from jostling him in the street.

On December 29th last, the patient first came under my care. He was then quite unable to walk without a crutch and stick. He had been bending down to tie his bootlace, when the right femur broke through the middle of its shaft. The fracture united distinctly in six weeks. Meantime, the patient suffered from considerable pain in the left thigh, the muscles of which wasted. While he was still in bed, the left femur bowed outwards, and seemed to rotate on its axis, so that the front aspect of the knee turned outwards. Soon after its reunion, the fractured right femur became subject to very similar alteration in shape, though a little more marked.

The bones of the head remained unaltered. The organs are quite healthy. The mental faculties are perfect. He has no cough, diarrhœa, or perspirations; no pyrexia or hectic.

Remarks.—The above is a typical case of mollities ossium. Numerous views have been advanced as to the nature of this disease. Trousseau (*Clinical Medicine*, vol. v., page 81,) says: "Ought we to consider that there is a similarity between osteo-malacia and rickets? I say we ought. In my opinion, and in that of many other physicians, they are one and the same." This opinion he supports by statements, for which I must refer readers to the article itself; but which, in my experience, are quite contrary to fact. For instance, in the case above described, there is an entire absence of the constitutional symptoms which are characteristic of rickets; pyrexia, profuse sweats, soreness of the bones, derangements of the alimentary tract, and inflammatory affections of the respiratory organs. Again, in alluding to the occurrence of fractures in rickets, he says (*Ibid.* page 81), there is a "greater rarity of fractures in the rickets of adults than in the rickets of children." This is quite contrary to my experience; for, unfortunately, in Preston, rickets is most prevalent, yet I never have seen a case of spontaneous fracture in any out of a very large number of cases I have attended. Moreover, rickets is generally traceable to some definite cause, chiefly dietetic; but, in the case described, there is a total inability to discover any predisposing cause.

Niemeyer, in discussing the etiology of osteo-malacia, says (*Op. cit.*, page 565), that, in this disease, "bones which have been hard become soft from re-absorption of the salts of lime. This explanation of the disease at once shows its difference from rachitis, where the lime-salts do not disappear from the bones, but have never been deposited there." I think it is open to some doubt, and contrary to clinical experience, to say that, in rickets, the lime-salts do not disappear from the bones. In rickets, a bone that has hitherto been rigid and unbendable, becomes soft and yielding; and, I think, it requires something more than a mere *ipse dixit* to say that, in such a case, there has been no re-absorption of calcareous matter already deposited. Niemeyer further says: "The exciting causes are unknown; we only know that the first signs of it, in most cases, appeared some time after confinement, so that pregnancy, parturition, or the puerperal state, undoubtedly have much to do with the etiology." The effect of this statement is, undoubtedly, very much weakened by the fact that, in the case described above, the patient is a male; which clearly proves one thing, at any rate, that osteo-malacia may

occur totally independent of pregnancy; so that, as fixed factors in the causation of this disease, pregnancy, parturition, and the puerperal state is non-existent.

The Treatment of Acute Sporadic Dysenteries.

Dr. Q. C. Smith thus writes in the *Southern Practitioner*, for July:

The remedies we have found most useful in the treatment of acute dysenteries, are as follows: Belladonna, ipecac, capsicum, gelsemium, aconite, iodine, nux vomica, spirits turpentine, cinchona, baptisia, aromatic spirits ammonia, salicin, lupulin, logwood, subnitrate of bismuth, and vegetable charcoal. However, no one case is likely to require the use of so many remedies as all those just enumerated; but 'tis rare that other remedies than those just mentioned are required to successfully treat even severe cases of acute dysentery. Sporadic acute dysentery is generally preceded by a diarrhœal condition of one or two or more days, and when first called to a severe case of acute dysentery, we usually find the patient in great pain, of a more or less paroxysmal character, which is greatly aggravated at each frequent alvine effort, small bloody mucus discharges, lower abdomen tender on pressure, renal secretion greatly diminished or suppressed, soft pulse, more or less fever, thirst, irritable stomach, foul tongue, and loss of appetite. Such cases are often aggravated and seriously complicated by the administration of opium previous to the physician being called, who may be so unwise as to continue the administration of this delusive, but most pernicious drug—in the treatment of dysenteries. To quickly relieve such a case as we have just briefly outlined, we would begin by immediately giving a hypodermic of $\frac{1}{60}$ to $\frac{1}{30}$ grain sulph. atropia, cover the abdomen with dry, thick, hot cloths, applying soothing liniment to the abdomen if there be great pain, frequent *small* drinks of cool, acidulated drinks, or plain water. Soon the patient will be greatly relieved of pain, and the stomach in retainable condition. Then, say an hour after the hypodermic, begin the administration of something like the following:

℞. Fl. ex. belladonna, ℥j.
Green tr. gelsemium, ℥ij.
Tr. aconite rad. (Fleming's) gtt. iv.
Arom. spirits ammonia, ℥ss.
Elix. lactopeptine, q. s. ft., ℥ij.
M. Ft. sol.

S.—Teaspoonful every one to three hours, as may be required to control pain in the bowels.

Also:

℞. Ex. cinchona,
Ex. lupulin, āā gtt. xii.
Ex. capsicum, gtt. ij.
Ex. ipecac, gtt. iv.
M. Ft. 12 pills and silver coat.

S.—One pill three times a day—preferably just after meals.

Should the renal secretion be suppressed, or notably diminished, spirits turpentine, prepared as follows, would be in order:

℞. Spirits turpentine,
Sugar milk,
Pure sugar, āā ℥j.
Oil sassafras, gtt. iv.
Chloroform water, ℥ss.
Mix well.

Add:

℞. Fl. ex. ipecac, gtt. ij.
Cinnamon water, q. s. ad f. ℥ij.
M. Ft. emulsion.

S.—Teaspoonful every two to four hours until renal secretion is restored.

Spirits turpentine is also a valuable remedy in the more advanced stages of many cases of dysentery. But should the case have gone on for several days, from bad to worse, then other remedies, in addition to those just formulated, are often beneficial.

If the alvine discharges are very fœtid, vegetable charcoal, spirits turpentine, and baptisia are in order. If there be a tendency to diarrhœa, then salicin, subnitrate of bismuth, and logwood would be appropriate. In malarial dysentery—in addition to the remedies formulated—cinchona, iodine, ipecac, and arsenic, would be specially indicated.

In all forms, and in all stages, special attention should be given toward aiding digestion, for the diet of dysenteric patients is a matter of the first importance in all cases. For with the horizontal rest, proper alimentation, and care, many cases will speedily recover without the use of drugs. But only one or two kinds of food should be given at any one meal, and food should not be taken oftener than three times a day.

The prepared infant foods, and pepsin, serve a valuable purpose in many cases. Well-cooked and seasoned green salads with vinegar, good ripe fruits, cooked or raw, such as peaches, apples, grapes, oranges, lemons, dates, and figs, farinaceous foods, soups, well broiled and seasoned fat mutton chops, and beefsteaks, good fresh sweet milk, and butter milk, with fresh butter on toasted light bread. Such are the articles of food we usually prescribe for dysenteric patients, with satisfaction to ourselves and benefit to the patient.

Opium, mercury, and starvation are respon-

sible for thousands of preventable deaths from dysentery.

Quinine in the Treatment of Whooping-Cough.

Dr. W. Thornton Parker thus writes in the *Med. Times*, June 26:

A communication which I lately read in one of our journals concerning the treatment of whooping-cough with quinine in *large* doses has suggested to me that my own experience with this treatment for the past six years may be worth recording. I am the more inclined to do this since noticing that in the *Brit. Med. Jour.*, of February 6, the question has been again raised as to what is the best treatment for cases of whooping-cough.

During the past six years I have treated upwards of one hundred cases of this disease, and the principal remedy has been sulphate of quinine in solution. With very few exceptions, this treatment has proved perfectly satisfactory. Only in cases where the hygienic surroundings have not been good, or where the remedy was not faithfully or regularly employed, or where unusually obstinate symptoms prevailed, has this excellent remedy failed to relieve, if not actually to cure. The paroxysms diminish in frequency, and the little patient shows unmistakable signs of improvement as early as the second day. With regard to Dr. Sauerhering's treatment with powders of sulphate of quinine, I have found that method less desirable, and have used it only a few times, trusting entirely to solution of sulphate of quinine varying in strength according to the age of the patient and the severity of the disease.

The employment of the solution affects at once the coughing, and the vomiting is not severe enough to occasion any considerable alarm. A certain amount of nausea, sufficient to disengage the mucous secretions, is of course desirable. Even if this treatment should be found disappointing as a *specific*, it is certainly useful in that it places the patient at once under the most favorable circumstances for a recovery, removing or relieving many of the painful and prominent sources of the disease.

Under this method of treatment complications are guarded against, and the patient's general condition is vastly superior to that of children treated with such remedies as belladonna, for instance, or other well-known depressants, and cough-syrups. The treatment with sulphate of quinine is a rational treatment. The treatment with cough-mixtures is often only a miserable attempt at palliation.

The favorable statistics of Dr. Sauerhering will be found greatly increased by Dr. Dawson's method, and a perusal of the latter's little pamphlet* on the subject will explain the *modus operandi*, so that any one can employ the treatment with a reasonable hope of success.

Dr. Dawson introduced this treatment from Germany, and first used it in the wards of the Hospital for Children in New York City, then under his care. He met with great success. In 1880, I employed this treatment in many cases in private practice. I was so much pleased with its workings, and the almost immediate relief afforded, that I have used it and recommended it ever since. The treatment which I follow is to expose the patient as much as possible to the open air, and, if practicable, at our mountain or ocean resorts, paying particular attention to food and clothing and general hygienic conditions. Every two hours I give a teaspoonful of a solution of sulphate of quinine four, six, eight, or even ten grains to the ounce. This remedy does not disappoint in many cases in controlling the disease, and, if properly used, and with perseverance, in actually curing it, or at least shortening its course very decidedly. It seems to act as a sedative on the inflamed mucous membrane, and has also the valuable properties of a tonic. Unlike many of the other remedies which are so unsuccessfully exhibited in this disease, it has absolutely no injurious effects. The little patients begin to improve very shortly after the first two or three doses. I am fully convinced that a trial should always be made of the solution of sulphate of quinine in the strength and in the doses indicated, according to the age of the patient and the severity of the case; and after a few faithful experiments in this direction, I believe that no one will be able to say with truth that "the course of the disease could not be controlled by treatment."

Prurigo.

Dr. James A. Myrtle thus writes to the *Brit. Med. Jour.*, June 26:

A very typical case of this rare disease came under my care in June, 1884. The patient was a woman, aged 54, a cook, who had always perfect health up to the preceding January, when the arms and inner surfaces of the thighs commenced itching, and she

* Treatment of Whooping-Cough by Small and Repeated Doses of Sulphate of Quinine.

felt hard little lumps in the skin. She became rapidly worse, and after trying many remedies, was sent to Harrowgate. She could get no sleep, even with powerful hypnotics, and her nervous system was completely broken down. The prurigo was situated on the upper arms to four inches above the elbow-joints; it was worse on the flexor surfaces; from the elbow-joints to the wrists, it was worst nearest the wrists. The legs were not so bad as the arms, but still were very typically affected from the knees to the upper third of the thighs. The skin was darker than natural, and thickened so much that it could not be picked up between the finger and thumb; its lines and furrows were deepened and widened, particularly so on the extensor surfaces of the wrists. The disease was much less abundant above than below the elbow-joints, which were not affected. The legs were not so severely affected as the arms, where I found the sign which Hebra gives as a certain diagnostic. On passing the hand over the skin, it produced a sound like a short-haired brush or packing paper, caused a prickling sensation in the fingers, and felt like a nutmeg-grater. The function of the sweat-glands was in abeyance. The patient's family history was good; she was a well preserved woman, with all her organs and functions normal. I ordered the sulphur water, before breakfast, in purgative doses, and the magnesia water at noon, as a diuretic, with a strong sulphur bath every second day. I also ordered the magnesia water to be used as a lotion as often as the patient wished. The progress of the cure was steady and satisfactory, and on July 16, the arms were well; the wrists almost so; the thighs also were very much better, but not so much so as the arms. There was no irritation even in the night. The patient returned to her work. The result of this case was very satisfactory. It proves the great value of sulphur water, and the powerful absorbent and softening influence it has over the very worst forms of chronic indurated skin disease. The relief of the itching I must attribute to the great soothing action the water has upon the nerve terminations. My patient walked into my study a year ago. She was perfectly well, with a healthy, though, in some places, a thickened skin.

Fifty Cases of Lacerated Cervix Treated by Silkworm Gut Suture and Iodoform.

Dr. R. Stansbury Sutton thus writes in the *Med. News*, July 3:

Two weeks ago I completed a line of fifty lacerated cervix operations. These cases were all done in about twenty-four months. Each patient was prepared as usual, or as Emmet teaches. The instruments, sponges, and ligatures were scalded and used directly from the bath when sufficiently cool. The lips were well denuded, sound tissue being sought for always. They were carefully approximated, and united with silkworm gut sutures, the ends left long. The cervix was then covered with a small teaspoonful of iodoform. The patient was put to bed; the catheter was not to be used unless the patient failed at the end of eight hours to pass water, and not again if it could be avoided. No douches were permitted until the sixth or more generally the seventh day, when a douche was given to clean the vagina preparatory to removing the sutures.

In forty-nine of the cases the temperature never exceeded 100° F., and in many of them 99° F. In one some sepsis occurred, and the temperature exceeded 100° F. All recovered; in one there remained for a short time a fistulous opening at the site of the upper stitch. In one the lower stitch cut out. Both were unilateral cases.

Silver wire and douches and catheter can give no better results, and this method of treatment is infinitely less annoying to the patients.

The large amount of iodoform has not given any trouble. Those who will follow me in this method will, I believe, find it an advantage over the method of silver sutures and frequent douches. They will get lower temperature, and these cases will require no skilled nurse.

Any ordinary attendant who will do only what she is told to do will answer as well as the best.

I will do fifty cases with silk and chemically pure powdered boracic acid. But better results than I have obtained in the fifty cases reported above can scarcely be expected.

Syrup Trifolium Comp. in Syphilis.

Dr. J. J. Garver thus writes in the *Med. Age*, June 25:

Case 1. W. D., æt. 27, laborer. Came to the dispensary May 1. Gave history of syphilis contracted six months previous. Copper-colored eruption on legs; throat and fauces one mass of mucous patches. Made one application of carbolic acid, and prescribed syrup trifolium comp., in tablespoonful doses, after each meal, with water. In a week he returned, much improved. Some

rheumatic pains yet remained. Patient improved remarkably, and in two weeks was like a new man. I am happily surprised at the good results of syrup trifolium comp.

Case 2. A. F., white, railroader, came to the dispensary May 18. Chancroid on foreskin, enlarged lymphatics in both groins and inside of left thigh. The latter suppurated and discharged copiously. Pains in bones, especially at night, quite severe. Ordered:

℞. Syr. trifolium comp., ℥iv.
Potassii iodidi, ʒv.
M. S.—Teaspoonful after each meal, with water.

Saw no more of the case for three weeks, when he came back to the dispensary, saying he never felt so well in all his life.

Case 3. E. T., female, æt. 20, sent for me, and on reaching the residence I found her in bed, suffering intense pain in both tibiæ. Both limbs showed copper-colored spots and nodes. Ordered hot applications locally, and syrup trifolium comp. with potassii iodidi, and in one week the nocturnal pains in the tibiæ had disappeared.

Have had splendid success in several other cases with syrup trifolium comp. alone. It is an excellent vegetable alterative, and in combination with iodide of potassium it acts marvelously in specific disease.

Radical Operation for Hernia.

An improved operation for the radical cure of hernia has for some time past been practiced by Drs. Svensson and Erdmann, surgeons to the Sabbatsberg Hospital at Stockholm. A ligature is applied to the neck of the hernia, and the sac is cut off below the ligature, the contents being previously examined by means of an incision into the sac and returned; or, if only omental, excised together with the sac. In congenital hernias the upper part of the sac only is removed, and where the large bowel is included in the hernia and adherent to the sac wall, this, after being separated from the surrounding tissue, is returned, together with the large intestine, and the rents of Poupart's ligament united by sutures. The dressing employed is iodoform and boracic acid, the wounds being washed with sublimate solution. Since this has been substituted for carbolic gauze, abscesses which used to occur frequently, have become rare. Of the forty-eight cases thus operated on, none of which were selected, thirty-eight were permanently cured—at least no return of the hernia occurred within six months; and in the cases where a return did take place, which amounted to twenty per cent., the condition was very much less painful and distressing than it had been previous to the operation. The Sabbatsberg Hospital has now been opened six years and a half, and during that time 300 cases of hernia have been admitted, about 200 of these being operated on with the knife; a milder procedure, consisting of alcoholic injections, being employed in most of the earlier cases. Not a single case proved fatal, though some of the hernias were very large, some reaching within three or four inches of the knee.

Radical Cure of Varicocele by Excision.

Il Bullettino of the Royal Academy of Medicine of Genoa (No. I., 1886), reports a case in which Professor Ceci successfully treated a large left varicocele by excising the dilated spermatic venous plexus. The patient, aged twenty-two, suffered great inconvenience in consequence of the enlargement. Under chloroform, an incision two and a half inches long was made on the left outer side of the scrotum down to the vein, the distention of which was maintained by an assistant exercising pressure at the external abdominal ring. With a director, the vas deferens and the spermatic artery were carefully isolated from the vein, which was secured with two catgut ligatures at the abdominal ring and near the testicle. The varicose venous plexus was then excised. The skin wound was closed with a catgut suture, a drainage-tube having been placed in the lower angle. On the eighth day, when the dressing was changed, there was some œdema of the scrotum; this part as well as the inner surface of the thigh, was the seat of carbolic eczema, and carbolic necrosis had attacked the edges and the bottom of the wound. These symptoms disappeared under borax and iodoform, and the patient made a perfect recovery. Professor Ceci considers that the technical progress in operations for varicocele due to the influence of aseptic and antiseptic precautions, justifies preference for excision of the vein over difficult and complicated methods.

Intestinal Antisepsis.

Dr. D. N. Kinsman thus concludes a paper in the *Jour. Am. Med. Ass.*, July 3:

I think we have arrived at bed-rock, and are now ready to formulate why mercury has been used and is likely to be used in all time, and also why it has done good and will

continue to do good. I think that I may draw the following conclusions:

1. Digestion is due to unorganized and organized ferments, *i. e.*, bacteria.

2. Dyspeptic phenomena are probably due to bacterial action, *i. e.*, fermentations.

3. In these fermentations, ptomaines, indol, skatol, phenol, etc., are formed as in putrefactions.

4. The presence of indol, skatol, and phenol is evidence of bacterial action, *a*, because in the meconium there are none of these products; *b*, they are absent in the stools of nursing children; *c*, in the urine of the newborn and nursing child there is no indican; *d*, when these children begin mixed feeding, bacilli appear, and with them indol in the stools and indican in the urine.

5. These bacilli, while causing putrefactions, produce poisons, which are normally destroyed in the liver, or stored therein, or excreted by the kidneys and bowels.

6. When the function of the liver is disturbed from any cause, so that the antiseptic action of bile is no longer exerted, the putrefaction and its products increase.

7. Mercurials, by arresting fermentations when in excess in the intestines, prevent the formation of ptomaines and auto-intoxication and supplement the action of the liver.

8. The beneficial action of mercury is due to its antiseptic properties.

9. Antiseptic medication is indicated in all cases when the indican is in excess in the urine.

A Case of Naso-pharyngeal Growth.

Before the American Laryngological Association, Dr. Samuel Johnston, of Baltimore, reported this case:

A child was brought to him on account of difficulty in breathing through one nostril. Examination showed that there was a tumor filling up the posterior part of the right nostril. After a short preliminary treatment, an attempt was made to remove the growth with the écraseur. A spray of a four per cent. solution of cocaine was employed. A cord was first passed through the nostril and brought out of the mouth, so that, if necessary, the nostril could be plugged without delay. The wire of the écraseur was applied without difficulty. When the growth had been cut through about two-thirds, the shaft of the instrument broke, leaving the wire and about three-fourths of an inch of the instrument attached to the growth. An attempt was made to apply a second écraseur, but this failed. After trying to remove the portion of instrument broken off, it was decided to wait a short time and allow the growth to slough. Four days later, the attempt to apply an écraseur was again made, and succeeded without difficulty. The tumor measured one and one-half inches in diameter, and was fibroid in character.

Iodinism.

After reporting several cases in the *Med. Herald*, for June, Dr. E. J. Kempf thus concludes:

The lessons to be deduced from these cases are:

1. Large draughts of water taken immediately after the drug prevents the more severe effects of iodinism by diluting the salt and causing its rapid elimination. And that if starch-water is not immediately at hand, pure water should be largely given to one poisoned with iodine.

2. That the tolerance of iodine varies greatly in different subjects. A dram of tincture of iodine caused one individual no inconvenience, and five drops of the same tincture caused active symptoms of iodinism in another.

3. That this variation makes iodine an unreliable remedy, and it should induce us to commence with the smallest dose allowable in any case—if the patient bears it well we can increase the dose; and besides, it is a well-known fact that the individual will become habituated to the drug, and the danger of inducing iodinism will be reduced to a minimum.

4. That the tincture of iodine is the preparation of the drug most likely to cause iodine poisoning by mistake, as only one drop more than is prescribed may be sufficient to cause iodinism. That the tincture ought never to be used internally, as there are other and more reliable preparations of iodine that may be used when the remedy is indicated.

5. That the children especially should be watched when taking any iodine preparation, though, as a rule, they bear the drug in proper doses as well as adults.

An Artificial Heel by Grafting.

At a recent meeting of the Academie de Medicine, M. Berger presented a patient in whom he was able to make an artificial heel by means of a large lump taken from the opposite leg. The graft succeeded completely, and the heel is now perfectly restored, but sensation has not yet appeared.

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CAREFUL INVESTIGATIONS.

A Dr. Kempner recently published in Germany a rather extensive pamphlet by which he endeavored to make arguments in favor of cremation. One of his main reasons, which he adduces as proof, why cremation should be generally adopted instead of burying the dead, consists in the fact that the possibility of burial of persons only apparently dead would be effectually prevented. There is no doubt that any individual whether really or only apparently dead, if exposed to the process of cremation, as carried out in modern times, will surely not be buried alive; on the contrary, any chance of revival is gone the moment the intense heat of the retort touches the body.

While we are decidedly in favor of cremation, we do not admit that the fear of being buried alive should be a reason to cause us to reject burial and to adopt cremation. There are two simple tests by which we can always convince ourselves whether a person is really dead or not. One test is the same that has been crowned with a prize by the French Government, which had for years offered a large reward for the discovery of any method, always applicable, always reliable, and one that may be practiced by the most ignorant. The method of determining actual death; which was considered by the French Government worthy of the reward, is the following:

When the fingers of a person supposed to be dead are fully extended, but kept near together, and if then placed in front of a candle-light in a dark room, a peculiar bright red color, due to the capillary circulation, will be visible where the fingers touch each other, if there is any life left. This test has thus far proved the most reliable.

The other is based upon the well known fact, that the muscles of a human being will never respond for a longer time to the strongest electrical current than for one hour and a half after death, while as long as life lasts, may its evidences be ever so little, the contractility of the muscles, if not affected by some forms of paralysis—and in cases thus affected, when death seems to occur, it always is real—remains.

We can, therefore, to-day easily convince ourselves whether death has really occurred or not, and though cremation is the preferable way of disposing of our dead, it is not necessary to prevent the burial of persons only apparently dead. But this Dr. Kempner, in his pamphlet, tells a number of horrible stories, altogether over twenty, of individuals who in various parts of Germany,

during the last forty years, were buried alive in some instances, and in others nearly buried. In some cases the grave-digger, while preparing a new grave, heard hammering and commotion in a coffin which had been placed in the ground but the day before; in others, everything was ready for the funeral, when the presumed dead body showed signs of life; in again others the individuals awoke in the vault and discovered to their terror the place they were in; in some the persons heard everything said about them, saw all that was done with them, and had to pass KNOWINGLY through all the horrible ordeal of being buried alive, without, however, their being able to utter one word, or to show by any sign that they were still living. These cases were not only mentioned in a general way; everybody's name was given, the village or city mentioned where the occurrence took place, and the page and number of the official register even was published.

Naturally under these conditions the pamphlet produced a great sensation amongst the people in general, and many became converts of cremation. But one physician, Dr. Max Breitung, of Berlin, could not believe that in this enlightened age, and in a state so far advanced in general education and science as Prussia—for nearly all the cases were said by K. to have occurred there—so many such horrible cases should have happened in comparatively so short a period and only so recently, without his ever having heard anything of them, and without the government having taken some steps to prevent the recurrence of such terrible accidents.

Patiently and thoroughly he went to work, and during nearly a whole year he corresponded with the police authorities, physicians, ministers, undertakers and others, residing in the places where the cases had been said to occur. He employed every possible means to get at the truth, and finally published the result of *his* investigations (*Deutsch. Med. Zeit.*, June 17, 1886).

And what had he discovered? That not in a single case could the truth of the story be verified. In some cases persons who had been living at the time of the said occurrence, and undertakers, who had done all the burial during that time, did not know a single word about it, had never heard of it; and the official register of deaths did not contain the name of the person buried alive. In other cases, all the evidence obtained in favor of the story was, that a relative of the party said to be buried alive had once heard that the person had nearly died from some disease, but had recovered. In another case the story referred to a person who had apparently been drowned, but had been brought back to life by the efforts of physicians.

We mention the whole only as a contribution to what rumor finally makes of a story. Dr. K. had obtained his information from newspapers and such sources, and without first convincing himself of the truth of the tales, had made use of them in a scientific argument. It is said that the youth of Berlin has ceased to use the name of Munchausen, when desiring to put a story down as manufactured whole, and that instead the name of Kempner is now used for the same purpose. Nobody will probably envy him for the notoriety he has thus obtained. Then we also learn another lesson, viz., not to publish facts without knowing them to be facts, for somebody in this enlightened age will discover the truth and announce it.

AN ATTEMPT AT POISONING BY NITRIC ACID.

An engraver, æt. 36, who for some time had shown symptoms of aberration of mind, for the purpose of committing suicide swallowed about five fluidrachms of fuming nitric acid of commerce. The most intense pains at once set in, and a physician prescribed 1½ ounces of Glauber salt, which caused a considerable amount of emesis. Twelve hours later he was brought to the hospital, where he came in charge of Dr. Richardière, who reports the case in the *Annales d' Hygiène Publique de Méd. Légale*, 1886, p. 88.

At the hospital the patient was made to swallow a large quantity of magnesia and milk. The following day he greatly complained of pain along the œsophagus, especially at every attempt at swallowing. Lateral pressure on the larynx caused no pain, but such backward did. There was no fever, but the local temperature in the epigastrium was 4° higher. No more vomiting. The lips were intact, the tongue was painfully swollen, velum and uvula were the same. The urine was brick red; on addition of sulphuric acid and green vitrol, it assumed a pink tint (due to the nitric acid), but this reaction remained only the first day. While the next day the local lesion evinced no change, the general condition of the patient and his state of mind were all that could be desired; he regretted the deed which he had committed, as he said, to escape from imaginary enemies—while the wound in the mouth slowly cicatrized, and the urine, always free from albumen, gradually returned to its normal condition, only swallowing re-

mained difficult and painful. As catheterismus of the œsophagus could not be practiced on account of the great soreness of the latter, the development of a cicatricial stenosis of the œsophagus may perhaps be predicted. The twelfth day the patient left the hospital.

Considering the mildness of the symptoms, the doctor is of the opinion that notwithstanding the saying of the patient to the contrary, the nitric acid was greatly diluted with water.

DELIVERY DURING HYPNOSIS.

A pregnant woman, aged 26, was admitted into the obstetrical clinic of C. Braun, in Vienna. Dr. Pritzl, who reports the case in the *Wiener Med. Wochschr.*, 1886, No. 21, says that it was accidentally discovered that she could easily be brought into a hypnotic state. The hypnotic sleep in her case set in rapidly and had no bad consequences of any kind. When, therefore, during the delivery the labor pains became very severe, he concluded to put her into the hypnotic state. He easily succeeded in doing so. The labor remained vigorous, the pauses became longer, and abdominal pressure continued to act; at the same time the os of the uterus dilated well and the delivery was happily concluded. The placenta was then delivered into the vagina and removed by the hand. On awakening, the patient felt very strong and did not remember any pain.

A remarkable fact was that abdominal pressure was brought about by reflex, for the patient being totally unconscious, no action of hers could have excited the pressure. Very little blood was lost during the delivery.

Notes and Comments.

Deviation of the Nasal Septum.

Although the introduction of the laryngoscope nearly thirty years ago rapidly developed a new era in the diagnosis and treatment of diseases of the larynx, it is a much shorter time since greater attention has been paid by specialists to affections of the nose and its adjacent parts. In the July number of *The American Journal of the Medical Sciences*, Dr. J. W. Gleitsmann, of New York, in an instructive paper on deviation of the nasal septum, points out the different important functions performed by the nose in the human economy, and the results of interference with these functions. The upper part of the nasal cavity, the olfactory region, presides over the sense of smell, whilst the lower one, the respiratory region, is the normal way for the air during the act of respiration. Interference with this natural channel leads to mouth-breathing, with its manifold subsequent evils. When the air passes through the nose, it is not only cleansed and moistened, but it also reaches the lungs much warmer than when breathing is going on by the mouth. Nasal respiration with closed lips further exerts a negative pressure of two to four milligrammes mercury in the oral cavity, by which the tongue is drawn to the hard palate, and the muscular action, maintaining the position of the lower maxilla, greatly assisted. The nose also acts the part of a resonant chamber for the human voice, and nasal obstruction imparts to it the so-called dead character, described in Meyer's paper on adenoid vegetations. Finally, it is due to the anatomical relations of the nose to the eye and ear that cases of catarrhal conjunctivitis, and lachrymal fistula, frequently only heal when co-existing nasal affections are relieved, and that the latter are, in an overwhelming number of instances, productive of aural disease often of the severest kind. Aside from the symptoms of nasal stenosis in a greater or less degree, deviations of the septum, Dr. Gleitsmann points out, are apt to cause disfigurement of the face, and also have some relation to the bony structures of the head, which he fully explains. The pathology, etiology, symptomatology, and treatment of these deviations is fully discussed.

Acute Carbolismus—Accident or Suicide?

Dr. E. Zurcher was called one morning to a porter, æt. 47, who was well known as a quiet and respectable man, and whom he had met only the evening before in perfect health. We found him lying on the floor, unconscious, breathing heavily, and cyanotic. The pulse was thread-like, the dilated pupils reacted but sluggishly, the teeth could scarcely be forced apart, and on the lower lip blood trickled down from a small wound caused by a bite; death occurred within a few minutes. Shortly before, a neighbor had seen him occupied with his usual labor.

Post-mortem.—Dura partly grown together with the bone, and pia with the cerebrum; between dura and pia a small amount of œdematous fluid, the same in the lateral ventricles, and in the left corpus striatum an interstitial cicatrix. Tongue pale, not between the teeth, free from erosions; buccal m. m. and lips same. The œsophagus, in its

lower portion, light-brown red; in its upper, rose-red. The stomach contained nearly five ounces of an opaque, thick, chocolate-colored fluid, with an intense odor of carbolic acid. The m. m. of the stomach over its whole extent strongly hyperæmic, uniformly of a dirty red-brown hue, though still darker in the fundus. Ridges greatly swollen, partly erosed, and showing grayish-white "burned" places; stomach greatly contracted. The duodenum evinced the same discoloration and ulceration, but lessening in intensity the further down; kidneys strongly hyperæmic, and with a very intense odor of carbolic acid. Bladder contains a little yellowish-brown concentrated urine. Blood black. Cause of death undoubtedly, therefore, acute poisoning by carbolic acid.

Later, a bottle, yet half filled with carbolic acid, was found in a closet in the room. In favor of suicide were the following points: The large quantity of the poison, its strong odor and easily-recognizable taste; the fact that lips and tongue were intact, showing that the fluid must have been thrown back into the pharynx under some sudden impulse; the bottle had the correct red-colored label, and the deceased never was a drinker. The abnormal conditions of the brain also prove the probable existence of a melancholic depression at the time of the deed.

Fatal Hemorrhage from Injury of the External Female Sexual Organs.

A tripara, æt. 30, about two and a half weeks before her expected delivery, while fastening a curtain to the window, fell from a chair. Severe hemorrhage, violent labor pains, and pains in the abdominal regions, at once set in. Ere medical aid arrived, about half an hour after the accident, death occurred. An operation to save the fœtus could not be performed for reasons not stated.

The autopsy revealed twins in the nowhere injured uterus; the placenta was all over attached to the uterine wall in a normal manner; in the uterus were found about 25 ounces of fluid. The cause of the hemorrhage was a tear in the vulva 3 ctm. long and ½ ctm. deep, beginning at the clitoris, dividing its right half, and running parallel with the right descending ramus of the pubic bone, ending in the labium minus. The wound showed no larger vessels, but the open spaces of the torn cavernous tissue. The tear was probably produced by the external genitals striking against the edge of the window-sill, the soft parts being pressed violently against the bony pelvis. The case finds its complete analogy in four others reported by Kaltenbach, Leopold, and Braun. In each of these, by striking on a hard, unyielding substance, a tear resulted, passing through the clitoris and labium minus, and parallel the pubic bone. In all the great hemorrhage stood in no relation to the size of the wound, and was of a parenchymatous nature.

Passage of Pathogenic Microbes from the Mother to the Fœtus.

Kaubassoff has made a series of investigations to determine the cause of the hereditary nature of certain infectious diseases, and he obtained the following results:

1. The bacilli of anthrax always pass from the mother to the fœtus.
2. The longer the period intervening between inoculation of the mother and her death, the more bacilli will be found in the fœtus.
3. More bacilli pass over of the virulent than of the milder forms of anthrax.
4. Morbid conditions of the membranes, of the placenta, and of the fœtus (its death), prevent the passage of the bacilli from the mother to the fœtus.
5. Inoculation of the mother with too strong anthrax vaccine almost invariably causes the death of the fœtus.
6. Renewed inoculation with virulent lymph of the pregnant animal, which had previously been inoculated with a weakened virus, also almost always produces the death of the fœtus; those surviving one inoculation die from virulent lymph, or in other words, the fœtus has not been sufficiently vaccinated by the parent to insure its impunity from the disease, a result which might have been foretold after experiments had proved that bacilli of weakened virus pass far less into the fœtus than those of the virulent kind.

Cirrhosis of the Liver in a Boy.

That a cirrhotic liver may arise from other causes besides the immoderate use of strong alcoholic drinks, is daily proved more.

In the *Revue Mens. des Malad. de l' Enfance*, 1886, p. 166, Dr. M. Lavallée reports the following case: A boy, æt. 5½, who had been ailing more or less since the eighteenth month of his life, was brought to the Children's Hospital suffering from ascites in a high degree. While the group of symptoms as a whole greatly resembled that of tubercular peritonitis, the great dilatation of the abdominal veins, and the positively negative

result of physical exploration of the lungs, caused the suspicion of the presence of another still graver malady. A positive diagnosis, however, intra vitam, could not be made.

The child died, and the autopsy revealed an atrophic, granular liver; the microscopical examination showed the acini compressed by a great mass of cicatricial interstitial tissue, and diminished by partial destruction of the liver cells. The spleen was enlarged and very hard. The kidneys, though microscopically having the appearance of normal organs, revealed in many slices the microscopical picture of interstitial nephritis, while others seemed healthy. The etiology remains obscure, as the author could not discover any pathogenic element.

Communication between the Stomach and Transverse Colon.

Mr. Jeffreys showed this specimen to the Sheffield Medico-Chirurgical Society, from a man aged fifty-four, a retired publican. Pain over and enlargement of the liver were first noticed in May, 1884. Later there had been several attacks of profuse offensive expectoration, and they lasted a considerable period. Emaciation steadily increased. On February 16 last he had a severe syncopal attack, and shortly after stercoraceous vomiting set in; this was preceded by severe diffused abdominal pain. He suffered a great deal from constipation, and enemata were used. On February 27 he passed a large piece of necrosed tissue, accompanied by hemorrhage. He died on March 2, from exhaustion. At the post-mortem a large cavity containing pus, and extending from the lower part of the transverse colon to the under side of the diaphraghm was found; the spleen formed the outer, and the posterior wall of the stomach, the inner, boundary. The stomach, through an opening in its posterior wall, communicated with this cavity, as did also the posterior part of the transverse colon; there was also an opening (from the abscess cavity) through the diaphragm, and at this point the left lung was adherent.

Tests for Albumen in Urine.

The "Albumen Test Committee" of the Clinical Society of London, presented recently (*Brit. Med. Jour.*, June 5,) a report of the work accomplished by them, which, according to custom, was received without discussion. In it, the committee briefly reviewed the various modes of testing for urinary albumen, etc., in common use, and compared in turn Dr. Oliver's test-papers, Dr. Johnson's picric acid method, the potassio-mercuric iodide and acid, Dr. Pavy's pellets, the acid brine method, picric acid and brine, the acetic acid, and the nitric acid methods. After careful consideration and experiment, the committee arrived at the conclusion that the papers of Dr. Oliver possessed advantages in the way of portability and delicacy of reaction over the other similar preparations; but, apart from the question of easy carriage and compactness, they described nitric acid as being most reliable and delicate. All the methods, however, were said to be respectively useful for the determination of different proteids in the urine.

The Treatment of Diphtheria by Bromine and Iodine.

Dr. Kramer, of Amsterdam, has found a new remedy for diphtheria in the form of a mixture of bromine and iodine, with which he has made some remarkable cures (*Centralbl. für Klin. Med.* for December, 1885). He uses the remedy also as a prophylactic, brushing the throat night and morning during an epidemic, first with one and then with the other of the following solutions:

1. Bromide of iodine, bromide of potassium, of each 1 part; distilled water, 200 parts.

2. Carbolic acid, 1 part; rectified spirit and glycerine, each 25 parts.

The same solutions are used for the disease itself, but the first may be increased to double the strength, and is applied every hour, the second being used three times a day. The treatment is concluded by blowing benzoate of sodium into the throat three times a day, administering the same drug in doses of two to four drachms, according to the age of the patient, and keeping the bowels open.

Interesting Case of Twins: Version.

On May 10, Dr. A. Crosbee Dixey (*Brit. Med. Jour.*) was called to attend Mrs. R., multipara, aged 36, in labor. On examination he found a head presenting, the child (male) after a time being delivered in the normal way. The pains now entirely ceased; but the uterus, from abdominal examination, was still found to be enlarged; and, on vaginal examination, another head was felt presenting anteriorly, and a foot posteriorly.

Two hours having intervened from the birth of the first child, and no pains having come on, although ergot was freely used, as the patient was becoming exhausted, he rup-

tured the membranes, and performed podic version, delivering her of a second living child, also male. The uterus being compressed, the two placentæ were expelled together, no hemorrhage following, notwithstanding the large bleeding surface exposed by the separation of the two placentæ and the previous inertia of the uterus.

It is interesting to note the family history. Her husband's mother had twins, his sister had twins, and her own mother had twins, and she herself had twins at her two previous labors.

The points to be noticed in this case are:

1. The family history pointing to the fact of twin births being hereditary.

2. The value of compressing the uterus externally where post-partum hemorrhage may reasonably be expected.

3. The abnormal presentation of the second child.

The mother and children both did remarkably well, her temperature never being above normal.

Constipation.

There is always something to be learnt about this exceedingly common and annoying complaint. Dr. Arthur V. Meigs recently related the histories of seven interesting cases before the College of Physicians which teach several valuable lessons. They warn us never to diagnose an abdominal tumor until we have purged the patient. They teach us that constipation can cause a fever which the best of us may be misled into considering as typhoid. Again, as Dr. Da Costa said, constipation may cause a relapse in convalescence from low fevers, and he even says that in some of these cases there may be well-developed typhoid fever symptoms with rash, due to constipation, which will disappear when the bowels are moved. So that, on the whole, it would seem to be very important to look carefully after our patients' bowels in all cases.

A Case of Syphilis Cut Short by Sulphur-Baths and Mercurial Inunctions.

Dr. P. J. Kalashnikoff, of Piatigorsk records (*Proceedings of the Piatigorsk* (Russia) *Balneological Society*, March 4, 1886, p. 8,) the case of a soldier who was admitted with a characteristic induration on the penis at the side of a recently healed primary ulcer, and with a marked universal adenitis. After ten sulphur-baths the sclerosis became exulcerated. The ulcer did not yield to local medication. Under the influence of the inunction of grey mercurial ointment (ten frictions of one scruple each and ten of half a drachm), and sulphur-baths (fifty-one), the ulcer rapidly healed, and sclerosis and adenitis disappeared. His skin and mucous membranes remained healthy. Not a single syphilitic symptom made its appearance subsequently (more than six months passed from his cure up to the date).

Iodoform and Nitrate of Silver in Indolent Ulcers.

Dr. Maethe, writing in the *Norwegian Medical Archives*, recommends a combined application of iodoform and nitrate of silver to indolent ulcers, fistulæ, and all badly healing granulating surfaces. He first applies a thin coating of powdered iodoform, and then cauterizes with nitrate of silver, after which more iodoform is applied. There are formed in this way nitric acid, iodoform, and iodide of silver, and their nascent condition effects a great change in the conditions of tissue life. The advantages of this method of treating ulcers are that the action is purely local, and that the cicatrization of the surface is effected under an antiseptic covering.

Osmate of Potassium.

Merck, of Darmstadt, has prepared the osmate of potassium to obviate the use of osmic acid, which is so irritating to the respiratory organs, and so hygroscopic. The *British and Colonial Druggist* is informed that an English firm has also manufactured the sodium and lithium salts. The potassium compound is said by Wildermuth to have proved beneficial in some cases of epilepsy, the daily dose being one dozen pills, each containing $\frac{1}{6}$th of a grain in combination or alternation with bromide of potassium. A 1 per cent. solution of the potassic osmate has also been recommended in the treatment of goitre, neuralgia, tumors, and other diseases.

Oxide of Zinc Ointment for Gonorrhœa.

In the *Albany Med. Annals*, for June, Dr. O. D. Ball claims excellent results from this treatment. Of fifteen cases the average time of treatment was a little over four weeks; the longest any one case was under treatment was eight weeks, the shortest ten days.

The ointment is placed around the constricted portion of a bougie, which is passed down to the prostatic portion of the urethra, rotated, and slowly withdrawn. The appli-

cations are made twice daily. The ointment is thus prepared:

℞.	Zinci oxidi,	ʒiij.
	Adipis,	ʒiij.
	Cerati simp.,	ʒij.

Diseases of the Period of Dentition.

How very commonly do we hear the remark that this and that disorder of early childhood is "due to teething," when, judging that it will right itself, no heed is paid to it. It is well that Dr. W. C. Barrett has called attention to this fatal negligence in the *Med. Press of Western New York*, where he strongly gives us the good advice that even though many of these disorders may be due to dental irritation, yet we should relieve them before it is too late, and before our criminal negligence is responsible for the life of some poor little innocent.

Chinese Remedy for Hydrophobia.

In the report of the Presbyterian Mission Hospital at Ung-Kang Phu, it is stated that the Chinese have the firmest reliance on a native remedy for preventing the development of hydrophobia in a person bitten by a rabid dog. The patient takes a pill consisting of nux vomica and pounded beetles; the beetle has much the same properties as Spanish fly, and the dose is repeated until the urine becomes bloody. All danger is then considered to have passed. It is hardly necessary to add that no statistics are forthcoming as to the success of the treatment.

A Singular Coincidence in the History of Cancer.

Before the Baltimore Academy of Medicine (May 18), Dr. J. J. Chisolm related a singular coincidence that recently came under his observation. It was a case in which he was called upon to amputate a cancerous external ear from an old man æt. 80. The coincidence rests in the fact that this man had had two wives, both of whom had had cancer, and both of whom had died as the result of the operation. Dr. Chisolm's patient, however, is still living.

Correspondence.

Cocaine as a Remedy for "Rose Cold."

Eds. Med. and Surg. Reporter:

For the last seven or eight years I have suffered some personal experience with the form of hay fever commonly denominated "rose cold." It appears about the 20th or 25th of May, and continues for four weeks or thereabouts. Heretofore I have found no relief from any of the numerous remedies in vogue, the symptoms occasioning great and often well-nigh intolerable distress during the period of their continuance. This season I had resort to cocaine with entire satisfaction; the strength of the solution employed being a four per cent. A solution of this strength I found to be as effective and as lasting as a six or greater. A two per cent. proved unsatisfactory. The best mode of application I found to be by simple instillation into each nostril of six or eight drops by means of an ordinary medicine dropper. Oily solutions were found to be ineffective. The effect was felt within five minutes, and lasted on an average two hours. I have no doubt whatever of having experienced decided constitutional effects from absorption of the remedy into the system, and this suggests the danger from its long-continued use in the more protracted form of hay fever. A person using cocaine several times daily for a period of a couple of months or more will run some risk of acquiring an irresistible liking for its effects, and may experience some difficulty in breaking off. In my own case it caused the oft-mentioned feeling of well-being, decided diminution of the sense of fatigue on exertion, as well as increased wakefulness. I should caution hay-fever patients against keeping up the continued influence of the drug, but should insist upon its being reserved for the more aggravated paroxysms. In the case, for instance, of a public speaker, it is very convenient as well as comforting to have at hand an agent which will promptly and surely enable him to appear at his best for a given time, though he be given up to lachrymæ and sternutation at others.

It is probable that with regard to cocaine, as well as many other drugs, there will be found to exist great variation in individual susceptibility to its effects. The subjects of certain forms of nasal catarrh, especially of the hypertrophic forms, will quickly experience constitutional effects from absorption of the drug, and these should be cautioned against yielding to the temptation to its too frequent use. Cases are already reported of addiction to the cocaine habit; but whether it shall be found to be one very difficult of abandonment, remains to be demonstrated by further experience. In the meantime it is the part of wisdom to prescribe cocaine as we would morphine, always exercising caution and enjoining upon the patient the duty

of self-control, in order that there be little risk of a great blessing being made a curse.

JOHN J. THOMAS, M. D.

Youngstown, Ohio.

NEWS AND MISCELLANY.

Ovariotomy in Russia.

Dr. Matveëff has published a large amount of information on the subject of ovariotomy in Russia. The first operation in the country was performed by Vantsetti in Kharkoff, in 1848, but was attended with a fatal result, Professor Krassovich being the first to perform a successful case in 1862. Altogether the author has collected accounts of the work of ninety-six Russian surgeons. The total number of operations was 696, of which 213 ended fatally; this includes 98 double cases with 32 deaths, 16 pregnant cases with 2 deaths, 50 dermoid cyst cases, only one of which was unsuccessful, and 42 cases of malignant tumor of the ovary, of which 26 were fatal. The ages of the patients varied from fourteen to sixty-eight. Of the pregnant cases, one was as early as the second month and one as late as the ninth; of the 16, 6 miscarried, and 2, as stated above, died. Secondary ovariotomy was performed six times, only one of these cases being unsuccessful. Most of the fatal cases were due to peritonitis; of the total number of deaths (213), this accounted for 133, collapse for 14, exhaustion for 12, and internal hemorrhage for 10. The general percentage of deaths was about 30. That of different operators who had a record of 25 or more cases varied from 42.9 to 8.8 (Slavianski) and 7.7 (Rein). According to a letter by Prof. A. Y. Krassovski, which is published in Sir Spencer Wells's work on Ovarian and Uterine Tumors, it is stated that up to 1882, 302 cases had been performed by Russian surgeons, with a mortality of 44 per cent. Dr. Matveëf is to be congratulated on his later and more successful statistics, which show that Russian operators are becoming more and more successful in their ovariotomy results. As to the places in which the operations were performed, nearly all were done in university towns: thus, St. Petersburg claims 294, Moscow 110, Kieff 59, Warsaw 52, Kharkoff 40, Kazan 28, Dorpat 25, and Helsingfors 4. Of the remaining 84, 46 were performed by Dr. Kuznetski in Nijni-Tagilski in the province of Perm, and 18 by Dr. Ikavitz in Tambova.

Bismarck and His Doctor.

The *London World* says Prince Bismarck is again indisposed, it is said, and that means work for Professor Schwenninger, the Prince's doctor. Schwenninger is the Roose of Berlin. Munich was to him what Brighton was to our English rising medico, and Bismarck's eldest son was his discoverer. This gentleman having had some sixty or seventy pounds' weight taken off him, and having been brought out of the very back teeth of death by following Dr. Schwenninger's advice, suggested that his father should also become a patient. The Chancellor was willing, but he could not go to Munich, and the doctor could not leave his practice there without a *quid pro quo*. The quid—several hundred quid—was found by his appointment to a Professorship in Berlin, which he now holds, in addition to an enormous private practice. He sees Bismarck daily, has brought him into perfect health, and has so tamed the tiger that the former periodical explosions in the Reichstag have entirely ceased, and there has been no change in the government since Schwenninger has had charge of the Chancellor's digestion. Diet, not medicine, is what Professor Schwenninger swears by. No drugs, no mineral waters, no "kur" of any kind. Eat of only one dish, no matter what that may be. Oysters, lobsters, beef, mutton—eat your moderate fill of that, but touch nothing else at a meal; no vegetables, save perhaps a little salad, no sweets, no savories, and do not touch one drop of liquid until half an hour, in some cases an hour, after your meal is ended. There is the *crux* for those who like Chablis with their oysters, Madeira with their turtle, Marcobrünner with their fish, and D. and G.'s Gold-Lack with their first entrée. One dish only, and no drink until long after the meal is over. What does Lucullus—what does Sir Henry Edwards, of the statute—think of that?

Buried in Chains.

The *Brit. Med. Jour.* says that some particulars of the mode in which the lunatics among the Boers of South Africa were treated in the early part of this century have been brought to light in a curious manner, and are reported in *The Colonies and India*. A new Dutch Reformed church is being built in Graaf-Reinet; and, while excavating the foundations of the west transept, the workmen came upon several old graves. As it had been resolved to place all the human bones found in a coffin, the workmen were

taking them up for that purpose, when, to their surprise, they found the leg-bones of one skeleton inside two very heavy iron rings, connected by a bar about twelve inches in length, the whole weighing thirteen pounds and a half. At the other end of the grave was a heavy iron ring, or collar, and close to it an iron bar about eighteen inches in length, with a small ring at each end, which had evidently been used instead of our modern handcuffs. How such rings had been fixed to the ankles of the unfortunate wearer, is a question which might puzzle some of our blacksmiths. On the question, "Who was the possessor of the interesting manacles?" speculation was rife, when the following solution of the difficulty was given by an old lady resident of Graaf-Reinet, now bordering upon ninety, who states that she distinctly remembers, when about thirteen, coming into town from the Sneeuwberg, and seeing a maniac, named Koekemoer, heavily manacled, allowed to go about the streets; a perfect terror to little girls, who would hardly venture outside the door for fear of meeting him. Sometimes he was knee-haltered by a chain fixed to an iron collar about the neck, to prevent his getting into mischief. At other times, he might go erect, having only chains on hands and feet. If the question should be raised as to the improbability of burying such an object of pity with chains and all, it might be answered that a government or a public that could thus treat him during life would find little scruple in saving themselves the trouble of removing, after death, such heavy iron rings as have been dug out of the old graves.

Young Doctors Must Wait.

A. G. Haygood thus addressed the last graduating class of the Atlanta Medical College (*Atlanta M. and S. Jour.*):

Young doctors, there is no help for it; you must practice on us of the laity before you can become really practical physicians. We will protect ourselves as long as we can. While the "old doctor" lives and is available we will, if we get sick, send for him. When we can do no better, we will send for you. Don't worry at this; it must be so; it is our only defense; you will have your revenge soon enough. The old doctor will die some day, or he will be too busy to come; something will befall us; the attack will be as sudden as severe; we must have your help or none. We may have laughed at you, and in our folly may have vowed that we would not send for you to treat a sick dog; but for all these follies of ours we will with desperate resolution send for you, trusting to a merciful Providence to help us through. (And we will trust Providence the more readily when we see even the young doctor, as badly scared as his patient, at the bedside). If we die you can explain it; if we get well we will sound your praises, even if we are slow in paying your fee.

If you kill a good many of us while really learning the practical part of your business, don't take it too much to heart, or throw your sign in the well, as Dr. Sims did after killing two or three patients.

Put it in the Cupboard.

"Reminiscences of the Court and Times of King Ernest of Hanover" have just been published, and are very interesting reading. They contain many surprising and characteristic stories of the crafty old king when he lived in England. When the physic arrived that the doctors had prescribed for him, he invariably said, "Put it in the cupboard," "Put it in the cupboard;" and again and again it was, "Put it in the cupboard." Not one drop was touched. Starving and patience were the only remedies resorted to. At last his majesty got his good turn, and began to feel that he could eat again with a relish; and by degrees nature flung off the disorder, whatever it was, which had run its course. His majesty was up and dressed early and at business. "Get all those bottles, powders, and pill-boxes out of the cupboard," he said, "and range them in a row round the room." It was a very small room, and they almost made a circle round the walls. The doctors came in smirking and smiling, and congratulated the king upon being up again and looking so well. "Yes, doctors," said his majesty, "thank God it is so. But look there—count it up; don't you think if I had taken all that d—d stuff I should have been dead long ago?"

Verruga; A Peruvian Fever.

The Lima Academy of Medicine has determined to make as many inquiries and observations as possible, in order to elucidate the natural history of a terrible Peruvian disease, known as verruga, which is thought to be identical with the fatal "Oroya fever," which many years ago carried off many of the work people employed on the railway across the Andes. Quite recently, a medical student, named Daniel A. Carrion, with ill-advised zeal for the advancement of science, inoculated himself with verruga, in the Dos

de Mayo Hospital, hoping to be able to gather some new facts about the disease, for the special purpose of enriching a dissertation he was writing on it for his approaching graduation. Some facts were certainly obtained; but, sad to say, at the cost of the life of the zealous experimentalist, who died thirty-eight days after inoculation, his symptoms being adynamic pyrexia, general dermatitis, and a morbid change in the blood, resembling leucocythemia. The period of inculcation was twenty-three days. His self-inoculation was quite unauthorized by his teachers, who naturally deeply deplore so sad a termination to the career of a most promising student.

The First Bacteriologist.

From the *Med. Record* we learn that in the year 1726 a quack, Boile by name, made his appearance in Paris, and promulgated a new theory of disease. All maladies, he said, were due to the presence of animalcules in the tissues; and all that was necessary to effect a cure was to introduce other and stronger animalcules, which would destroy the disease-producers. He had, he claimed, a large supply of the superior and curative animalcules, and would dispose of a sufficient number of them to any one who stood in need of their services and would pay for them. Of course he found plenty of customers, and soon drove a thriving business. But he came to grief. He used to demonstrate under a magnifying-glass the action of his remedies. He would take a little blood from the patient, and putting it under the microscope, would exhibit to his awe-struck visitors a number of hideous forms which were the cause of the malady. Then he added a drop of his special culture, and away would go the wicked animalcules, leaving the field clear. Some incredulous fellow, however, examined into the matter a little too minutely, and discovered that the microscope had a false bottom, and the battle of the animalcules was nothing but a painted show. This discovery had the same effect upon M. Boile that his remedy had upon the germs—he disappeared with amazing celerity.

Tossed by a Spanish Bull.

A recent number of *El Genio Médico* contains an article by Dr. Rodolfo Mauricio, of Pinoso, complaining of the dangerous habit of allowing bulls to go about the streets with merely a rope round their necks, and giving an account of a serious accident which occurred opposite his own house. A fête was going on, and a bull with a rope round it was coming along the street, when a young man who was a farm laborer and accustomed to cattle, thinking doubtless that it was only an ox he had to deal with, endeavored to turn it back by standing in front of it. The animal ran at him and tossed him about a yard high. The man on falling was deadly pale, but managed to raise himself and walk into the priest's house, where he was found by Dr. Mauricio a moment afterwards, lying on his back, a small stream of blood trickling from his left side. Death occurred in a very few minutes. At the post-mortem examination it was found that the horn had entered below Poupart's ligament on the left side, traversing the left iliac fossa, and had penetrated the bifurcation of the inferior vena cava. An immense quantity of blood was found in the abdominal cavity, the obliquity of the wound preventing much from flowing out.

The Social Evil in Liverpool.

Two tables in the head constable's annual report are devoted to statistics of the social evil in this city. Captain Bower remarks that as the law confers no power on the police to visit houses of ill-fame, the returns must in a great measure be conjectured. The number of houses suspected to be brothels is 440, and of women supposed to be prostitutes 1165, exclusive of those known to be in gaol. Under the vagrant act there have been 2890 cases against prostitutes. The number of women supposed to be prostitutes and taken into custody for disorderly conduct in the streets was for the year 2275 persons, 5279 arrests; 1992 persons convicted, 4372 convictions. These numbers will not appear excessive in so large a city as this; but they suffice to show that the present laws have little effect upon either brothels or prostitutes, though possibly some reduction may be effected by the criminal law amendment act.

A Teetotaller's Fatal Mistake.

An inquest was recently held in London on the body of John William Harris, aged sixty-three, a cab proprietor. The widow of the deceased stated that he had been a teetotaller for a number of years. Some months ago he attended a temperance lecture, and it was there stated that ammonia was the best substitute for alcohol. As he had a severe pain in the chest he thought he would take some. There was no trouble in getting it, as

they always bought a quantity from an oil shop to make up for oils for the horses. He took a tablespoonful, which took his breath away, and she then fetched a doctor. Dr. Norman Kerr stated that he was called in to see the deceased on April 5, and found him in great great agony, the mucous membrane being quite destroyed, and on Sunday night he succumbed to the effects of the poison. The widow said her husband did not think it was poison, as one of their horses took some by mistake about two years ago, and was alive now. The jury returned a verdict of accidental death.

Dio Lewis.

The *Medical Age* says:

Dr. Dio Lewis is dead. His life was chiefly devoted to the dissemination of a knowledge of personal hygiene among the masses, and, doubtless, it was not altogether spent in vain. He was a cremationist, and gave the following directions in regard to the disposition of his body: "Although I am averse to the somewhat unpleasant notoriety which, as yet, cremation involves, my very strong conviction is that it is the right disposition of the dead. I leave directions that my body shall be cremated, and that the ashes shall not be put into an urn, but into the earth, over which my wife may lovingly plant forget-me-nots. I direct, also, with my dear wife's assent, that all funeral parade and expense shall be avoided, and that my remains be placed in a pine casket for removal to the crematory. I desire, also, that no flowers may be sent by my friends."

A Chloral Hydrate Band.

On February 8, at the St. Petersburg District Criminal Court, a sensational process of a band of robbers was concluded. The band included three peasants and a *feldsher* (medical assistant) named Lantchinsky. Their operations consisted in drugging a hackney-conchman (*izvoshtchiks*) with chloral hydrate dissolved in *vodka* or in beer, or sometimes with tincture of opium; and in subsequently appropriating the horses, carriages, purses, etc., of their victims. Five separate crimes of the kind had been traced out, two of the victims having died from an overdose of chloral. Lantchinsky and another chief accomplice, named Kutiloff, were sentenced to twelve years of penal servitude each; a third member to eight years; and a fourth, to deportation to Eastern Siberia.

The Lyons Girl Silk Workers.

In an article of No. 41 of the *Lyon Médical*, Dr. Augagneur draws attention to the deplorable condition of the girl apprentices, who, drawn chiefly from the healthy regions of the Alps and Savoy, are subjected to a life of hard labor under the most unsanitary conditions. Overcrowded into small abodes under the *patrones* to whom they have been consigned, they live and sleep in unventilated rooms, passing long hours of labor, even extended sometimes on Sundays, and fed upon a most insufficient diet. The consequence is that the hospital of the Croix Rousse exhibits a greater mortality from phthisis than any other hospital in Europe, a third of its mortality being due to this cause. Against this state of things no legal remedy exists, the laws which supply inspection and control only having power in the large workshops, and not applying to the wretched abodes in which these girls work.

Food Analysis in France.

The Académie des Sciences has a laboratory in Paris for testing the quality of food and drink sold in that city. Specimens of wine, beer, cider, milk, chocolate, coffee, tea, etc., are examined, colors used on toys and in confectionery, pork suspected of being affected with trichinosis, etc. Analysis to determine whether the article presented is free from adulteration is made without charge; but a small fee is charged if it is required to determine the proportionate composition. There are twenty inspectors who visit taverns and groceries, provided with microscope and simple chemical tests, and examine many articles of merchandise on the spot, only taking to the laboratory such articles as afford some evidence of adulteration. Twenty-five chemists are connected with the laboratory, each one having his own department. About 25,000 samples are analyzed annually at an expense of about $40,000.

Breathing Cold Air in a Warm Room.

An apparatus is advertised in Europe by which a person is enabled to breathe the air from without while sitting in-doors in a warm room. It consists of a simple tube, communicating through the window with the external air, to one end of which an attachment to fit over the mouth and nose is attached. The inventor claims that, as tubercle bacilli are destroyed by a low temperature, so pulmonary phthisis may be cured by breathing frosty air through this apparatus.

Personal Journalism,

Dr. Shrady, editor of the *Medical Record*, continues his personalities in the pages of that journal. Before he prostitutes its columns to such purposes, he had better look over his own record, and reflect by what discreditable means he forced himself into General Grant's case, the story of which we could tell if we felt like imitating his example.

Medical Common Sense.

Dr. C. A. Allen closed his paper before the New Hampshire Medical Society with the following words:

"The time is coming when there will be no sects among educated physicians. The present war between the friends and opponents of the National Code but points the way. It will not be this year, nor the next. It will be when the world has grown wiser and has learned to value at its true worth any creed that uses its name as an advertising medium only. It will be when elementary medicine is taught in our common schools; when common sense shall reign in the minds of the people and they have learned that *pathy* does not make the doctor. It will be when our lawyers, our ministers, and our teachers shall add a general knowledge of medicine to that of their calling. It will be when doctors depend upon their profession rather than to prop it up with statutory laws."

Salt in Nevada.

If the salt formations of Nevada were in railroad communication, there would be no market in this country for the foreign article. In Lincoln county, on the Rio Virgin, there is a deposit of pure rock salt, which is exposed for a length of two miles, a width of half a mile, and is of unknown depth. In places, cañons are cut through it to a depth of sixty feet. It is of ancient formation, being covered in some places by basaltic rock and volcanic tufa. The deposit has been traced on the surface for a distance of nine miles. It is so solid that it must be blasted like rock, and so pure and transparent that print can be read through blocks of it a foot thick.

Parisian Fish and Parisian Gutters.

The itinerant fishmongers of Paris, in order to supply their customers with well cleaned fish, wash quantities of soles, whitings, plaice, etc., in the gutters, which are plentifully supplied with water. People who have the advantage of living in the vicinity of a good flowing gutter can frequently observe these sanitary precautions, and are thus forearmed and forewarned. Others, in this respect less fortunately placed, constantly purchase, in confiding innocence, fish cleaned in gutter water flowing through Paris streets, and devour the same, prepared with that skill for which the French cook is famed, a skill which may conceal bad flavors, but cannot protect the consumer against the evil results of devouring contaminated food.

Items.

—The American Rhinological Association will hold its fourth annual meeting at St. Louis, Mo., on the 6th of October next.

—Professor Virchow recently completed the thirtieth year of his occupancy of the chair of Pathological Anatomy at Berlin.

—Iodide of ethyl is recommended by Dr. Bartholow in the treatment of brain syphilis when a prompt action of the iodine is desired.

—Patient—Oh, doctor, can you tell me the character of this tumor on my lip, and remove it for me?

Laconic M. D.—Certainly, I—cancer.

—A Boston physician has recently become the possessor of an opera glass with a good deal of romance attached to it. It was given to the Princess Eugenie by Napoleon III. as a Christmas present. The glasses originally cost 26,000 francs.

—William B. Atkinson, A. M., M. D., the well known Secretary of the American Medical Association, has been elected Professor of Diseases of Children and Sanitary Science in the Faculty of the Medico-Chirurgical College of Philadelphia.

—Dr. Ogle, the Registrar of Statistics in England, has found that the mortality among English physicians for three years, from 1880 to 1882, was 25.53 per thousand, while that of barristers was 20.23, and clergyman 15.98 per thousand.

QUERIES AND REPLIES.

DRY SPONTANEOUS GANGRENE IN CHILD TWO YEARS OLD.

EDS. MED. AND SURG. REPORTER:

I have now in hand a case of dry senile (or so-called) spontaneous gangrene in a child not quite two years old, resulting probably from embolism. I can find no recorded case of such disease at that tender age; I have never seen, nor can I hear of anything of the kind. If any reader of the REPORTER knows of such a case, either personally or otherwise, will he please kindly inform

Cambridge, N. Y. T. C. WALLACE, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

THE ADIRONDACKS AS A HEALTH RESORT.

BY GEO. E. SHOEMAKER, M. D.
Of Philadelphia.

Although this region has been visited by health seekers for more than twenty-five years, there is a remarkable lack of medical literature concerning it. No works upon the subject are extant, and in the "Index Medicus" scarcely any references to current literature are to be found. However, an admirable article* by Dr. James J. Levick, of this city, gives some excellent practical suggestions as to particular localities and hotels to be preferred by invalids. Another by Dr. Alfred L. Loomis,† of New York city, gives a clear description of the region, and cites cases relieved or cured by residence there.

The statements of popular guide-books must be received with some caution, because in many instances personal obligation to landlords seems to influence the writers. It is to be regretted that there are no Signal Service reports for this region, as comparisons would be interesting.

The Adirondack region is, as many know, in the north-eastern part of New York State, lying west of Lake Champlain and north of the Mohawk valley. The "Wilderness," as it is called, comprises in area about one-third of the State, and is about 150 miles from north to south, and 100 miles from east to west; its centre lying almost exactly north of Philadelphia, and 400 miles away. A knowledge of the physical features is so necessary to a proper understanding of the peculiarities of climate, that no other excuse is needed for giving a few bare facts here.

It may be briefly described as a rough, wild, very rocky tract of comparatively small general elevation; nearly covered by mountains and hills, which are not in regular ranges, densely wooded throughout, and varied by innumerable lakes and streams, with more or less wet land about them. There are about 8,000 square miles of almost unbroken forest. Most of the mountains, and all of the high ones, are in the central and southern part; most of the lakes and streams in the northern and western. To this lake and hill region, forming a kind of plateau, most of the consumptives go, rather than to the mountains proper, the higher regions being uninhabited. There are absolutely no hotels, boarding houses, or much frequented camping grounds at any considerable elevation. The highest hotel, for instance, is at Lake Placid, only 2,000 feet up. The ordinary altitude of the hotels in the most frequented regions is about 1,500 feet, that of the famous Paul Smith's is 1,623. This seems very small, when we recall the fact that Colorado is part of a high table-land; that almost the whole State is over 4,000 feet above sea level before one begins to ascend mountains at all. Denver is 5,000 feet up; Colorado Springs and Manitou over 6,000. Mount Marcy, the highest peak in the Adirondacks, is a little more than 5,000 feet in elevation; Pike's Peak over 14,000.

There are several hotels in the Catskills over 1,000 feet higher than any in the Adirondacks, yet the latter far surpass their nearer and more frequented rivals in benefit to the sick.

* Philadelphia Medical Times, Sept., 1881.
† Medical Record, 1879, 385, 489.

In studying the climate, therefore, let us bear in mind the conditions: small comparative elevation, abundance of water in lakes and streams, large extent of region modifying the qualities of the atmosphere, heavy forests, light porous soil.

The temperature exhibits considerable daily range. In summer the nights are cool; 50° F. being about the minimum, with 70° to 95° at midday, according to location, the spots differing more in exposure to wind and sun than in elevation. In winter the cold is great, the mercury often remaining for days below zero in January and February. The cold is constant, however, no thaws occurring before March, and snow lying the whole winter. There is a preponderance of cloudy over the clear days.

Now, in any consideration of this region as a health resort, especially for phthisis cases, we naturally compare it with two others—Florida and Colorado—typical and widely differing from one another. It is, of course, impossible here to go into details of conditions which make both these of great medical interest. Suffice it to say, that Florida, warm, moist, low, attracts from its mildness and equability; there being no stimulus to general activity of function from elevation—the high winter temperature (average 60° October to March) and consequent pleasantness of life out-doors, offsetting the amount of moisture, which is in itself a detriment..

But Florida is only a winter resort; the Adirondacks are claimed to rival Colorado in being fitted for residence throughout the year.

Colorado, on the other hand, cold—very cold in winter—high, dry, variable, depends largely on dryness and expanded air for its value. Besides the general stimulus to activity of organs, and to muscular exercise in Colorado, there is, owing to the dryness, an enormous increase in the amount of moisture exhaled as vapor by the lungs.

As ingeniously calculated by Dr. Charles Denison (*New York Med. Jour.*, September 20, 1884), over six ounces more water a day leave the lungs at Denver than at Jacksonville, other things being equal. It is also reasonably suggested by that author that this vapor furnishes an excellent vehicle for carrying off effete material from wasted and diseased tissue.

Dryness, then, though its influence is exerted in various ways, which need not be here considered, is one of Colorado's strong points. Distance from bodies of water, absence of forests, and situation on the landward side of a great mountain range, go far toward producing this absence of moisture.

These conditions, as we have seen, are not found in the Adirondacks, the whole surface being covered with forests and lakes, to say nothing of the relative nearness of the Atlantic. Consequently we have to deal with a moderately moist climate. Rainfall is above the average of the State, there being many showers, as well as longer storms. The ground on the mountains in summer is always more or less damp, the trees preventing the access of the sun. Fungi, mosses, ferns, plants of the lower orders, thrive in the moist shade. Articles of iron and steel rust under cover, as with us. Yet where the sun's rays fall, evaporation is very rapid, the surface of the porous soil drying quickly after rain. The direct rays of the sun are more powerful than with us; but evaporation from the skin being more rapid, greater physical comfort is possible in summer. In temperature, much of course depends on the spot considered, whether that be sheltered, like "Keene Valley," or in a windy notch, as in the case of the hotel at Edmund's Ponds, one of the coldest places in the region. In August, 1884, for instance, the thermometer one day stood as high at midday in the first-named locality, as was reported in New York city or Boston for the same time, 96° in the shade. This valley, by the way, though much frequented, is a better place for artists and tourists than for invalids.

The region under discussion then is to be classed among the resorts of moderate altitude, such as Asheville, North Carolina, having say 2200 feet of elevation; Walden's Ridge, Eastern Tennessee, 2000 feet; St. Paul, or Brainerd, Minnesota, 1200 feet, etc.

If then we have in the Adirondacks neither great dryness nor elevation, to what are we to attribute the undoubted benefit obtained by some phthisical and other patients there? Several points suggest themselves:

(*a*) Purity of atmosphere from contact with large amount of vegetable surface. Any sources of defilement from crowded animal life or other influence are far removed, which is true also of sea air, of course. Owing to the inclination of the earth's crust and resulting differences of temperature, there must be increased mingling of surface and higher air-currents. These influences are at work on any mountain, but have a much more marked effect on air masses when the region is large, as here, contrasted with

the Cattskills, the White Mountains, or the Pennsylvania ranges. It may be said here that the mountain region of western North Carolina and eastern Tennessee is nearly as large, and in all probability it would be quite as good a resort for invalids but for one point: there is in many places a great lack of food of good quality, well prepared. A more far-sighted class of landlords may change this in time.

(*b*) Soothing, healing qualities of air from the abundance of cone-bearing trees, among others, for instance, spruce, balsam, white pine, yellow pine, hemlock, cedar, and tamarack. The odor of these trees is quite noticeable in the air. Ozone, the mysterious, is abundant. This resinous or balsamic quality, while found at such resorts as Brown's Mills, New Jersey, in its degree and in combination with altitude is distinctive of the Adirondacks.

In addition, there is the constant temptation to out-door life, probably the most important factor of all. This, of course, is common to many resorts; and in winter Florida, for instance, undoubtedly presents a more even, as well as a much warmer climate, but with no stimulus to muscular or organic activity. The bracing qualities of Adirondack air would be of priceless advantage to many and many a patient who lives away the months when recovery is possible, and merely temporizes in a climate like that of the south of Europe or Florida, when the stimulation of mountain out-door life, even if more rigorous, would lead to steady improvement.

Another great advantage of the New York Sanitarium is the primitive mode of life of most of its visitors. It is the proper thing in this region to be primitive, live and dress simply, and go to bed early, which is not true of many other resorts. It is true that of late years houses have been built of considerable pretensions, and some of these will hold several hundred guests; but the typical pilgrim lives in a small house, in a tent, shanty, or log cabin in summer; some in handsome cottages. Those who secure most benefit have bade good-bye to furnace heat, fashionable hours, and elaborate hotel cookery. They help themselves, and rough it to a reasonable degree. It is quite possible, as the writer has more than once seen, for a person to miss nearly the whole benefit of the sojourn, first by injudicious choice of locality, then by occupying a small room at a large hotel (and, by the way, sanitary drainage is an unknown quantity to many Adirondack landlords), and in going to a house with too many artificial accommodations. This statement is open to criticism, but it seems to the writer that if it is too cheerful in-doors, the same pampered hot-house life, so common among consumptives, can be adopted in the mountains as at home, with the usual results. This does not apply to the old or the very weak; but there can be no doubt that much of the benefit of all seashore and mountain life comes from the fact that there is less comfortable in-door life than the patient has at home, and he goes out more.

It seems to the writer that one can not be too emphatic in condemning life in the larger mountain hotels, except for the well man. Primitive accommodations, a region out of the dominion of fashion, warm flannels, rough-and-ready clothes, unbounded confidence in out-door air, good plain food, and *good company*, are the essentials. These things may be trite to the physician, but his patients constantly disregard them. The day, sad to say, has gone by when the words "Adirondacks" and "wilderness" were synonymous, and civilization is fast invading the region, so that now more distinct advice is necessary from the physician than simply "Go to the Adirondacks."

Whom shall we send there?

First, the moderately well-to-do, for though hotel rates are generally low (from $8 to $21 per week), the outlay for transportation, guides, and other more or less necessary expenses, is not small.

Subject to a few well known limitations, it may be stated with much earnestness that for the well-defined phthisis case there is but one alternative if *health alone* is considered, and that is to "go West," and stay there, or, after a more or less unsatisfactory battle, to succumb to the disease. In Colorado, for example, he may find a permanent home, and in time home-like surroundings, in a climate where phthisis is practically unknown among the natives. He must stay there, for nothing but a permanent stay, or in some cases a residence of at least two years, can be of much use. To the patient so situated as to make a permanent move possible, the Adirondacks do not offer the same inducements. There are absolutely no business prospects. The region can never be looked upon as a home, except by a few peculiarly constituted and peculiarly situated. In fact, it remains to be proved that a majority of phthisis cases would be sure of immunity for life there. The writer of an enthusiastic article on the Adirondacks in *Harper's Monthly*, four years ago, himself died, it is said, about eighteen

months afterward of phthisis, though, of course, he may have prolonged his life by his going there.

To show that a great factor in the benefit is *change* of climate rather than any altogether inherent qualities of the air, it may be stated that several cases of phthisis among guides and their wives, etc., came under the writer's notice, and several others were within the knowledge of an informant, an intelligent layman. This is no doubt due in some measure to the exceptionally exposed life of some of them, and somewhat to drink and other forms of dissipation. No mention is apparently made of this point by writers.

The great majority cannot, however, go away anywhere for life, and from these we here in Philadelphia can choose out many who will get benefit in the north. To many advanced cases who must cling to home or business here, we have the Adirondacks to prescribe, with generally more chance of temporary benefit than could be obtained at any other eastern mountain resort. Colorado is perhaps too far off, and the trip too expensive. Its elevation is great, and the sudden change might entail disorders which would offset all the benefit of the short stay.

The mistake is often made in this neighborhood of sending such cases to the country around Philadelphia, or to the Jersey coast, perhaps because of its nearness. Now pure air does wonders, but the moisture of the seashore is against most cases of phthisis. Give them mountain air, resinous, not too rare, and the benefit is much increased. Of course, individual conditions must be studied. For instance, it is said that an aged, enfeebled, broken-down phthisis subject is benefited by the sea, while it would do badly in a high mountain region. The same is often true of those who have been of full habit and sanguine temperament, and are liable to hemorrhage. Then for the large class with threatened pulmonary involvement and depressed vitality, needing a tonic climate, near at hand and for a short time, a few weeks or months, we may confidently recommend the Adirondacks, and strongly prefer them to Cresson, Kane, the Cattskills, etc.

The time is coming when physicians will pay more attention to lung expansion and ventilation in the home and in the consulting-room. Mountain air does this for us, and moreover does it constantly and moderately.

Now among the seriously ill, many cases, though needing change, are warned away from Colorado. Such, for instance, according to Dr. Solly, of Denver, an excellent observer of the effects of that climate, are cases of fatty heart and disease of wall or valves with dilatation. To such Colorado is dangerous. Neuralgic heart affections, angina, and the like, do not do well there. Nervous exhaustion, etc., in persons of full habit, likewise acute organic nervous disease, grows rapidly worse. Says Dr. Chas. Denison, in his work on Rocky Mountain Health Resorts: "The more acute and severe the nervous symptoms, the more of an aggravating nature is the effect of elevation." Most of these cases, while debarred from going to Colorado, might benefit enormously in general tone and at the same time be free from new danger in the Adirondacks, where there comes a remarkable exhilaration and feeling of well-being, without great rarefaction of air and consequent increase of heart work.

Again, little hope with considerable danger is offered by Colorado to the acute phthisis case, with extensive deposit, in the stage of softening; also to the chronic cavity case, with a third or half of the lung surface diseased; also where a large cavity easily bleeds.

Now, surely all these may take their summer journey to the Adirondacks with the minimum of danger and the greatest chance of temporary relief. Unfortunately there is too little hope of cure by any means in any climate.

In such cases as are intended for Colorado, but which require building up for the change, and a gradual increase of elevation, the Adirondacks may be prescribed.

Here also is immunity for many asthmatic and hay-fever patients, and a perfect paradise for the tired brain worker who is fond of out-door sport. Dust and dryness do not irritate the throat and nose as in the West, and the catarrh case improves in the tonic air.

The above applies principally to the Adirondacks as a summer health resort. As to its desirability as a winter home, perhaps we have not yet sufficient data for definite conclusions. It was only six years ago that the whole number of phthisis cases wintering there is said to have been fourteen, but several physicians of New York city are quite enthusiastic in its favor. Since the establishment of the Sanitarium by Dr. Trudeau, near the Lower Saranac Lake, much greater advantages are offered to invalids than could possibly be commanded previously.

Of the possibilities for the intense enjoyment of camp and woods life by the well man, nothing has here been said. That is a matter for feeling rather than for expression.

3324 *Woodland Ave., Philadelphia.*

DIAGNOSIS OF RECTAL DISEASES WITH THE AID OF A NEW SELF-RETAINING RECTAL SPECULUM.

BY W. S. WATSON, M. D.,

Of Matteawan, New York.

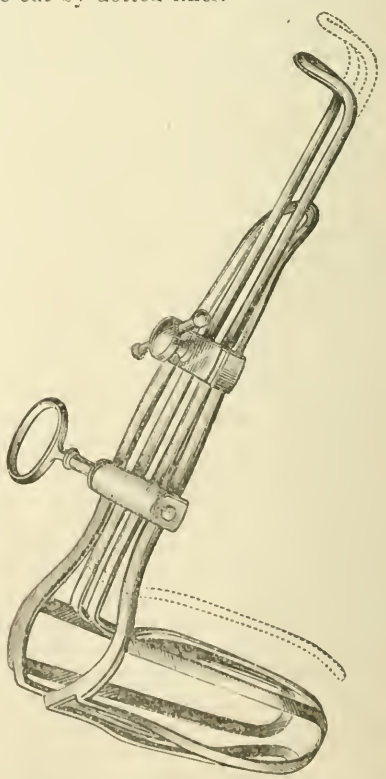
Perhaps there is no class of affections more common than diseased conditions of the rectum. Their pathology, symptomatology, and diagnosis, as a rule, are pretty well understood. There is a class of ailments peculiar to these parts that give rise to a degree of mental suffering, anxiety of mind, and depression of spirits, out of proportion to the real gravity of the local disorder. The real pathological condition may have passed undiscovered for years, which for most part arises from habits of the sufferer that are prejudicial to health, and are most prevalent among the better class of society. Anything which disturbs the normal physiological process may act as an exciting cause. Not unfrequently the first step which leads to an inexpressible amount of suffering, and a disease thought by many to be almost incurable, is a failure to evacuate the bowels, a failure to heed the signal calls of nature. Amid the hurry and flurry of the times, while the masses are living and everything is done on fast time (*i. e.*, railroad time), we need not wonder at the results of such delay or useless hurry. In the present age the demands of society and business are such as to make one feel that to hurry is an imperative duty incumbent upon all, if we would keep pace with our fellow man. We think there is no doubt that the retention of fecal substance in the rectum beyond the calls of nature to evacuate does cause undue distention, irritation, and congestion of the integral parts, which may and not unfrequently does result in hemorrhoids, fissures, abscesses, fistulæ, and irritable ulcers. An accumulation of fecal matter, which in its nature is insoluble, does, by distending the parts and by pressure, retard the return of the blood through the parts, which of necessity must produce congestion of the hemorrhoidal veins, and piles. The long-continued practice of deferring nature's calls is hazardous, and the inevitable results of such continued violation must and will follow, sooner or later. A no less frequent cause of many of the diseases peculiar to the rectum and anus, one not sufficiently dwelt upon by authors, is the hurried effort to defecate. It must, we think, be conceded, that one of the aforementioned violations is about as injurious as the other. What must be the result when a deferred accumulation is forcibly hurried through these parts? Can it be without more or less injury to the parts? The disposition to hurry may be and often is due to the aforementioned causes, hurry of business, etc., but not unfrequently it is due to the repulsiveness and indecent exposure one is subjected to in our water-closet accommodations; especially is this true of many country and city boarding places, and pretty generally is it true of our large manufacturing establishments, where hundreds of the opposite sexes are employed. Water-closets too often are cesspools, filthy beyond description. Not only are these places filthy, but often they offer little or no privacy to the opposite sexes. Under such circumstances, need one wonder at delay? Where is the respectable woman who will not avoid going into such places, or who will not resist the calls to evacuate her bowels as long as possible? and when forced to visit such filthy places, it is natural that the stay be as short as possible. As soon as seated the habit is to bring to bear at once all the power of the diaphragm and abdominal muscles, there being no time to wait until the involuntary and voluntary muscles relax to admit of a free passage. The fecal mass, let it be of what consistency it may, is forced hurriedly against the sphincters, which, of their nature, resist such sudden onslaught, yielding when overwhelmed by the violent force brought to bear, at the expense of the elasticity and tenacity of the parts, with abrasion and laceration of the parts. As a result, an accumulation of days, in some instances weeks, cannot safely and hurriedly be forced through the lower rectum and anus without more or less injury to the parts, which, if often repeated, must result in fissure, irritable ulcers, etc.; while the reverse would be, were sufficient time allotted for dilatation and evacuation to take place by peristalsis alone.

Aside from the causes already assigned, there are others, especially in women. It is, we believe, conceded that diseases of the rectum and anus are of more frequent occurrence with them than in the male, due to the many altered conditions to which the uterus is subject, viz., enlargements, displacements, deranging the circulation and mechanically, or otherwise, producing various lesions of the parts. The influence of the enlarged uterus of pregnancy is a frequent source of disorders of the rectum. A uterine origin for diseases of the rectum has not been generally suspected nor sufficiently recognized, and to this fact many failures in the treatment may be ascribed.

Treating a woman affected with constipation, piles, and intestinal disorders of a secondary nature, by measures directed to the lesion within the rectum as a primary disease, the patient will receive little or no benefit other than palliative. A due recognition of the intimate relation between these parts must be recognized if we would be successful in the management of this class of ailments in women.

While it is all-essential to know of the various causes which lead to diseases of the parts under consideration, it is no less essential to be able to make a positive diagnosis of them.

An accurate diagnosis, says the late Dr. Van Buren, is an unerring test of true scholarship; and of all the qualities that go to make a truly great physician, it is to be an accurate diagnostician, for it is this alone that insures success and consequent reputation. The saying of Dr. Van Buren may well be applied to the class of ailments under consideration. A careless or imperfect diagnosis of these ailments is by far too common, and has brought the treatment of rectal diseases into disrepute. To be sure, they are by nature hidden away, as it were, in the recesses of our bodies, and modesty is averse to their disclosure or exposure. Were the profession in possession of efficient means for their disclosure, there would be no excuse for them; but it is lamentably true that all devices heretofore in use have been so unsatisfactory that we have felt a little timid in our demands of patients suffering with this class of ailments to submit to an exploratory examination or ocular inspection, knowing the devices to be ill adapted to the purpose designed, and that little or nothing can be learned by their use in consequence of the narrowness of their blades or from a want of more blades. Bivalve speculums give only a lateral dilatation, consequently there is a bulging in of the mucous folds of the parts antero-posteriorly, which obstruct the view to such a degree that a correct diagnosis cannot be made, while if the real pathological condition was known, very few diseases are more amenable to treatment when properly appreciated, or give better results to the surgeon, than do rectal diseases; while the reverse is the case if treated on the expectant plan, by blindly prescribing ointments, laxative mixtures, etc., for supposed conditions. Few if any diseases will prove more obstinate or bring more reproach upon the skill of the physician, than tampering with the parts under consideration without a full knowledge of the real pathological conditions, which cannot be known without a careful ocular inspection of the parts, which inspection can only be had with the aid of a speculum that will positively hold apart the loose folds of these parts and give an equal distention in all directions, at the same time affording plenty of reflected light within the parts, covering up but little space at any one point of contact. Knowing such a device to be essential to the successful understanding of the real condition, we have had made a rectal speculum that we believe comes up to all the requirements for examining and treating about all of the diseases peculiar to the rectum and anus. The device is so constructed that it is easy to introduce. It is are made of steel wire flattened in part and so bent as to form three and four fingers or blades, with a contraction in their formation suited to the contractile action of the sphincter muscle that holds them in place, requiring no assistant for the purpose. Dilatation laterally is by means of a transverse screw operating across the handle. Dilatation antero-posteriorly is brought about by a movement of the retractor blade, as shown in the cut by dotted lines.



The retractor part is a most excellent device in the combination; with the aid of it,

folds can be made as tense as necessary to straighten out any bulges that would otherwise obstruct the view. The retractor part materially aids in rendering the speculum self-retaining, a highly commendable feature to the physician in private practice.

It, of course, would be impossible in a short medical journal article to touch on all the details of the many causes that are productive of the various lesions of the rectum and anus; our intention was to touch on a few only of the most common among them. The cause and effect as herein set forth may seem to some to be a trivial one, but the reverse is the case. Extended observation and careful study of this class of ailments has led us to consider them worthy of more thought and attention from the profession than has been allotted them. Our purpose in bringing to the notice of the profession the claims herein as to cause and effect, and in calling their attention to our device for diagnosis and treatment of rectal diseases and diseases of the anus, is that full justice be done our patients, and the profession relieved of the annoyance heretofore attending the use of other unsatisfactory devices for the purpose. We feel sure that we are warranted in saying that the treatment is a practical one, and of great value to the medical profession, for there is a wide field for its usefulness. With the aid of this device for ocular inspection, a positive diagnosis can be arrived at, and the real pathological condition known, and therefore successfully treated.

DISORDERS OF PERSPIRATION.

BY J. B. JOHNSON, M. D.,
Of Washington, D. C.

The aggregated length of the perspiratory tubing is about eight miles; and these sudoriparous glands consist of a tube convoluted into a glomerulus at its inner or deeper extremity, but its free ends follow a somewhat flexuous course outwardly, and after passing through the epidermis, finally open upon the external surface of the body. Their function is to secrete the sweat; and the average amount of perspiration which is thrown off by them during the warmer and colder months of the year, nearly equals the amount of urine excreted by the kidneys. Therefore the action of the perspiratory tubes, and of the kidneys, is reversed in hot and cold weather. The perspiration will be two times more in July than in February, and the urine will be twice as much in February as in July. When the secreting organs of the body are in a diseased condition, they usually present one or the other of three conditions, viz: Augmentation, diminution, or alteration of secretion. The sudoriparous system is not an exception to this rule; and when the perspiratory function is interfered with, the interference must consist in one of these three varieties. Dermatologists have given to these three disorders of perspiration, distinctive names. They have named augmentation of perspiration, *idrosis*, *ephidrosis*, and *sudatoria;* and they divide this into idrosis simplex, and idrosis maligna. A diminution of the secretion of perspiration is called *anidrosis*, and an alteration of the secreted perspiration is known by the term osmidrosis. Anidrosis refers to that condition of the perspiratory fluid which is manifested during the continuance of febrile diseases, and osmidrosis relates to the character of the odor which the perspiration gives out during the existence of certain diseases of the body. These two varieties of morbid perspiration are evidently to be more respected as symptoms than regarded as diseases, for they are never conspicuous unless in the presence of some derangement of the internal organs of the body.

IDROSIS SIMPLEX.

This disorder of the function of perspiration is the most common, and is divided into subacute and chronic. An attack of subacute idrosis usually terminates in a week or two, and is more often partial in its appearance than general; and in two or three days after its existence a crop of vesicles show themselves about the neck, trunk, and abdomen, and usually pass to the armpits and inner parts of the thighs. This form is attended not only with feverishness, but with disorder of the alimentary canal. The only treatment this form requires is a correction of any disorder of the stomach and bowels and the prevention of its sudden arrest, lest its untimely disappearance be followed by a congestion of some of the internal viscera. This variety is also known by the name *sudatoria miliaris*. Chronic idrosis differs from the subacute in the particular feature that it is not apt to be accompanied by either constitutional disturbance or the appearance of miliary vesicles, but is prone to be very chronic, and in some instances will and does thus continue, independent of any other affection, in a general form for five or ten years; but its rule is to be partial, and confine itself to either one side or the other of the body, generally to the hands and feet. I was once consulted by a female patient,

who informed me that she only sweated on one side—the left side—and she had not sweated on the right side for years. The scalp, perineum, groin, and axilla are attacked by it; and in consequence of the acid character and disagreeable odor of the perspiration which belongs to idrosis, it becomes a source of great annoyance to the patient. The perspiration is sometimes so profuse as to keep the inside skin of the hands and the soles of the feet in a softened, corrugated condition—like that which the skin will present after being kept in warm water for a long time. The sweat in extraordinary cases of idrosis is blue, green, yellow, and sometimes black or red; but this is a rare abnormal condition, and has received the names hæmidrosis and chromidrosis. Idrosis maligna is the name which was given to the sweating sickness of the sixteenth century.

THE TREATMENT.

There is no doubt then, in many cases of simple idrosis, that the disease owes its origin to a chronic inflammation of the perspiratory tubes themselves, and is therefore a purely local disease; but in other cases it is evidently symptomatic of some derangement of the general system. Notwithstanding this, it is usually an obstinate disease, and requires tedious treatment for its cure. The first duty in the treatment is to regulate the secretions of the alimentary canal. For this purpose, a dose of blue mass should be given, followed by the following mixture:

℞. Sodii sulphat., ℥j.
Acid. sulphuric dilut., ♏iss.
Aquæ Carui. ℥viij.
Ext. gentian. fld., ℥j.
Fowler's solution, ℥j.
M. Sig.—Shake well. Dose, a tablespoonful before each meal.

This should be continued until the arsenic shows its effect in producing puffiness of the eyelids and slight swelling of the face. At the same time, the following will be found very useful:

℞. Resorcin, ℥ iss.
Tinct. aconit. rad., gtts. xxxij.
Liquor ammoniæ acet., ℥ ij.
Syrup aurant. cort.,
Aquæ distil., āā ℥j.
M. Sig.—Shake well. Dose, a teaspoonful every three hours. The dose of tinct. aconite should be increased gradually to fifteen drops a day.

It is reported that extract of aconite cured a case of chronic general ephidrosis which had lasted for six years independently of any other affection, and which, after resisting various remedies, did yield to the power of this drug given in the beginning, in doses of one-half grain three times a day, and gradually increased until sixteen grains a day were given, and so continued until the disease was cured. In cases needing a tonic treatment, this formula will probably be found to be very serviceable:

℞. Tinct. ferri perchlor., ℥ ij.
Liquor strychniæ, gtt. xxxvj.
Liquor ergotæ, ℥ ss.
Syrup, simpl.,
Aquæ distil., āā ℥ iij.
M. Sig.—Shake well. Dose, a tablespoonful three times a day.

Local treatment is not to be neglected in cases of idrosis of the hands and feet. As an application to the hands, I have found the following most effectual:

℞. Pure Carolina pine tar,
Alcohol, āā ℥j. M.
Sig.—Shake well and apply with a camel's-hair brush to the hands twice a day, and keep them protected by cotton gloves.

Should this fail, a mixture of—

℞. Acid. tannici, grs. xxx.
Glycerinæ, ℥j. M.
Sig.—Shake well and apply two or three times a day to the hands or feet.

Should this also fail, chloride of lime and tannic acid may be tried:

℞. Calcis chlorin., ℥ iij.
Aquæ distillat., Oj.
Solue et cola, et adde,
Acid. tannici. ℥ iij. M.
Sig.—Apply to the hands or feet two or three times a day.

The following will be found a good application to the hands and feet:

℞. Richardson's styptic col., ℥j.
Carbolic acid, grs. xx. M.
Sig.—Apply three or four times a week.

A strong solution of alum may be tried, and for the feet, a strong brine foot-bath ought to be tried every night at bedtime. This course, or whatever course of treatment is adopted, must be continued patiently, and with perseverance.

NOTE.—The above essay was suggested by "Queries and Replies" in REPORTER of June 5.

—Prof. Albert Robin, in the *Gazette Medicale de Paris*, from a long discussion and study of the subject, concludes that in cases of obesity, if there be a small excretion of urea, fluids should be freely administered; but if there be an excess of urea secretion, fluids are to be avoided.

Medical Societies.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

Regular meeting held May 11, 1886. The President, Dr. Geo. W. Miltenberger, in the chair. Dr. W. E. Moseley, Secretary.

Dr. Robt. T. Wilson read a paper entitled

Hysterectomy for Removal of a Fibro-Cystic Tumor.

It will be remembered that at the meeting of the "Obstetrical and Gynæcological Society of Baltimore City," held January 12, I exhibited a specimen of a very large fibro-cystic tumor, which I removed the day before from a woman at the Union Protestant Infirmary. I then promised to give you a history of the case and of the operation at a future meeting, and I am here this evening to fulfil that promise. I also desire to show to you, by a photograph, which I made myself, the appearance of the abdomen before the operation.

In January, of this year, Mrs. J. M. came under my care at the Union Protestant Infirmary. Upon questioning her, I found that she was forty years of age, and born in this State. She first menstruated at eleven years of age, and it has come on regularly every four weeks ever since, each period lasting four to five days, but not too free, and having no pain to speak of. Five years ago she weighed one hundred and sixty-three pounds; and three years ago she noticed that she was losing flesh all over her body but in the abdomen, where she felt weighty and had a heaviness. The abdomen has been increasing in size for the past two years. In June last she measured around the abdomen thirty-eight inches, and in July forty inches.

During the past two years she has suffered with dragging and bearing-down feelings in the back, and pains frequently shooting through back and abdomen. At times she would pass a very small quantity of urine, Bowels generally regular. Two years ago, and also last summer, she laced tightly. She did so because she was told to do it, and not that she felt better from it, for she noticed no change in her feelings. Only from worry would she have headaches. She has been married twenty years, but her face showed the lines of care well depicted upon it; the "facies ovariana" was observed. She was confident that each day she was getting larger in the abdomen, and her strength daily lessening. She said she must be helped, and if there was a chance for her to be relieved of the tumor, she would like to have it removed, as she felt that she could not last longer as she was, her sufferings having increased the past four or five months.

Upon examining the abdomen, I found dullness on percussion over the whole abdomen; uncertain and indistinct resonance on percussion in the left lumbar region; clearness in the right; below the umbilicus, and to the left side, upon palpation, fluctuation was distinctly felt. By digital examination per vaginam pelvis was clear, and the uterus measured three inches in length. From this examination and the size of the tumor being so great, and its growth within the past few months being so rapid, surgical interference became imperative. So on the 11th of January, the patient being etherized by Nathan R. Gorter, M. D., I made an incision four inches in length in the median line, beginning two inches above the pubes. As soon as the cavity was opened there was a great discharge of bloody serum. Pressure upon the tumor by the finger also gave the sensation of fluid within.

The trocar (Wells') was pushed into the tumor, but only a little blood escaped. The incision was enlarged to six inches, and further exploration made with the hand, when it was found to be a tumor in which the uterus and ovaries were involved.

The incision was carried above the umbilicus, the length of incision then being eleven inches.

The tumor grew from the whole back part and side of the uterus; it was attached to the left iliac fossa and left brim of pelvis, and left side of the abdominal walls back to spinal column. It was attached also to the omentum, intestines, and bladder.

The omentum could be peeled off, but its vessels were very large, so that in many places it had to be ligated and cut from the tumor in sections.

The intestines were situated behind and above the tumor.

The tumor at its lower part projected prominently forward over the symphysis pubis, and evidently contained fluid at this point, so that I was in doubt whether it was a cyst or the bladder distended with urine.

This point was cleared up by passing a sound into the bladder, which accurately outlined the extent of its attachments to the tumor; and with the sound as a guide I punctured the cyst, and evacuated from this part of the tumor a pint of transparent,

straw-colored fluid, which spontaneously coagulated, and the sac only in part collapsed. With great difficulty the bladder was separated from the tumor, but numerous bleeding points had to be ligated before the oozing from its surface was controlled. By hard pulling and pushing, the huge mass was slowly drawn forwards as far as its connections to the back and left side of pelvis would permit. The intestines were carefully peeled off from the tumor. The attachments were so dense and vascular that they could only be separated by gathering them up in sections, applying double ligatures, and cutting between, so that when the tumor was freed from its pelvic and abdominal adhesions there were thirty-three ligatures left in the abdominal cavity. During the operation she lost very little blood. As all vessels were clamped or ligated as soon as the tumor was freed, I placed Keith's hysterectomy clamp around the uterus, just above the vaginal junction, and cut away the mass. Three drainage-tubes were introduced: one to the bottom of the pelvis, and the others at different points in the abdominal cavity. The reason for introducing so many drainage-tubes was on account of the great amount of bloody serum that poured out from the surfaces of the extensive adhesions.

The stump was closely trimmed off, and the portions above the clamp touched with liq. ferri sub.-sulph. The wound was closed with nine silver wire sutures, and iodoform freely sprinkled around the stump, the usual dressing applied, and the patient placed in bed.

Just before the operation, she was given, by the mouth, a tablespoonful and a half of whisky in some water. The heart's action not being good, ether was the anæsthetic given. Her pulse, under the ether, in the beginning was 100, and very feeble. And during the operation it was necessary to give her repeated hypodermics of whisky, and she received by this means ʒxvi. (m. 960). A syringe was used which holds m. 75.

During the operation her body was kept warm by hot bottles and blankets. The operation lasted one hour and twenty-five minutes. She never reacted, and died in twenty-six hours from shock. Much bloody serum flowed from the drainage tubes, and the abdominal cavity was washed out several times with bichloride of mercury, sol. $\frac{2}{000}$, the fluid being thrown in through one tube and flowing out freely through the others.

Previous to operating, the urine was chemically examined, and was found to be acid in reaction; color, deep amber hue; specific gravity 1020; slight amount of albumen (heat and nitric acid tests); measurement around the body forty-six inches.

The tumor weighed thirty-one pounds after much bloody serum had drained away from it. The tumor was placed in the hands of Dr. Wm. T. Councilman, of the Johns Hopkins University, for examination, and I herewith read you his report.

"Johns Hopkins Hospital,
"Baltimore, *January* 27, 1886.

"Dr. Robert T. Wilson—*Dear Sir:* The following is the result of my examination of the specimen you sent me. The smaller mass, which presented the appearance of a bifid uterus, was found to be a portion of the uterine canal with a large myoma on either side. These were the size of small oranges, and one was degenerated in the centre. The large mass was smooth on the surface, and gave unmistakable fluctuation. Attached to the surface was a fallopian tube and a corner of the uterus. The tube was elongated and dilated.

"On section the tumor presented a fibrous appearance, was very œdematous, and contained numerous cysts of various sizes. These cysts did not communicate with one another, and were filled with a clear straw-colored fluid. Some of them contained attached to their walls large masses of fibrin. At various points in the œdematous tissue of the tumor were small round nodular masses, which projected above the cut surface. The fluid contained in the cysts was slightly alkaline, gave on boiling an abundant precipitate of albumen, and had a specific gravity of 1017. Microscopic examination of the tumor showed that it was a typical fibro-cystic tumor. The small hard nodules showed a myomatous structure very little altered. In other portions there was very extensive hyaline and mucoid degeneration. The tumor was covered by peritoneum, which could be stripped off. Very truly,

"W. T. Councilman."

When undertaking the operation, I was in doubt as to the exact character of the tumor, whether it was a fibro-cystic tumor of the uterus, or a compound multilocular tumor of the ovary. It was so large, and growing so rapidly, and the sufferings of the woman so great that she demanded relief, and desired to undergo any operation which would give her a reasonable chance for life, and hence I made every preparation, either for an ovariotomy or a hysterectomy.

Dr. Thomas Opie said he would like to ask Dr. Wilson whether he had ever had

signs of poisoning or local irritation from the use of so strong a solution of bichloride of mercury as $\frac{1}{2000}$. Judging from his experience with corrosive sublimate in obstetrical practice, one part in two thousand was much too strong. In one of his cases it had caused a severe metritis. He called attention to statements recently published that biniodide had proved to be quite as effective as the bichloride, and can be safely used as a germicide, in the strength of $\frac{1}{5000}$.

Dr. W. E. Moseley, in regard to washing out the abdominal cavity with so strong a solution as that advocated by Dr. Wilson would merely repeat the remarks he made at a previous meeting. He considered that in placing such a solution in contact with so extensive an absorbing surface as that presented by the peritoneum and abdominal contents, there was great danger of general poisoning and also of local irritation. He believed that all the requirements would be met by the free use of freshly boiled water used directly from the vessels in which it was boiled.

Dr. W. P. Chunn asked how soon the fluid removed from the larger or main tumor coagulated, and what its appearance was.

Dr. R. T. Wilson answered that, as he had stated in his paper, the fluid was straw-colored, and coagulated within two hours.

Dr. H. P. C. Wilson stated that he had repeatedly used the bichloride solution in the manner and strength advocated in the paper read, and had never seen any bad effects follow; Dr. Thornton and other English surgeons use the same solution freely.

Dr. T. A. Ashby remarked that Dr. Hofmeier, of Berlin, had reported in the *American Journal of Obstetrics*, as far back as May, 1884, several cases of poisoning from the use of weak solutions of corrosive sublimate in the puerperium. Bodlehner has observed that sublimate solutions of $\frac{1}{5000}$ for vaginal injections will produce some irritability, and in view of this fact, he thought soltions of $\frac{1}{10000}$ were sufficiently active for vaginal injections. What is true in this respect of vaginal injections is applicable to the use of the bichloride solution in abdominal surgery. The peritoneal membrane is a far better absorbent surface than the vaginal or uterine mucosa. When it is considered that the strength of the sublimate solution of $\frac{1}{2000}$ is equal to three and a half grains of the bichloride of mercury to the pint of water, and that frequently the abdominal cavity is irrigated with from one quart to one gallon of this antiseptic wash, an idea may be had of the danger of absorption from the ten, fifteen, or twenty grains of bichloride in this manner used. In abdominal surgery the strength of the bichloride solution should be feeble. Dr. Ashby thought a solution of $\frac{1}{10000}$ amply sufficient when employed in this manner, and that the stronger solutions were dangerous in proportion to their strength.

Dr. A. H. Erich thoroughly agreed with the view expressed that for douching the abdominal cavity freshly boiled water would meet all the requirements. If there were any suspicious points, they could be touched with a sponge wet in the bichloride solution. He had nearly lost a patient from carbolic acid poisoning, and it had put him on his guard against the too free use of corrosive sublimate. He thought a great deal depended upon the condition of the peritoneum, and that we ought always to be on our guard lest free absorption and poisoning should take place.

Dr. T. A. Ashby read the following paper:

The Influence of Pregnancy and Parturition upon Organic Cardiac Disease.

During gestation the heart is called upon to perform increased duty in maintaining the circulation of an increased volume of blood of an increased arterial tension, and in distributing the blood-supply into new and rapidly developing vessels and tissues. As a result of this assumption of greater exercise and frequency of ventricular contraction, hypertrophy of the left ventricle is constantly found in the pregnant woman. The heart is prepared in a physiological way for the extra duty exacted of it, and it continues to perform this duty until the influence of pregnancy is withdrawn. Of the various modifications imposed upon the female organism by pregnancy, none is more astonishing than the functional activity of the heart under the influence of gestation and parturition. The test of cardiac soundness seems to be thoroughly tried. If any defect exists in the circulatory apparatus, it is most likely to be made manifest under the trial to which it is subjected. Assuming that a healthy circulatory system is required to meet the extra strain and ordeal of pregnancy and labor, we should expect to find organic heart disease unfavorably influenced by these conditions, and especially by the latter function, as the disturbances of the heart's action are more pronounced under the ordeal of severe exercise than at any other time. Under the influence of uterine contraction the large volume of blood distributed to the uterus is suddenly thrown back into the general cir-

culation, and must be provided for by vaso-motor influences. Alternate contraction and relaxation take place with great suddenness, and unless the compensatory laws which preside over the entire circulatory system work with promptness and energy, disturbances of a more or less serious character are unavoidable. The equilibrium of the circulation must be maintained by the promptness with which the heart and blood-vessels —arteries, veins, and capillaries—adjust their action to the rapid change of conditions which occurs in labor. Aside from the profound moral impression which labor makes upon the majority of parturient women, the physical exertion and the sudden disturbances of the blood-supply to the uterus call for the expenditure of great energy and force upon the part of the heart and its vessels, a force which is not easily measured by any other standard of exercise to which woman is subjected.

When the heart is prevented by disease from adjusting itself to the conditions mentioned, variable influences will be experienced. The extent of these influences must depend upon the character of the organic changes, or upon the character of the labor. It is well known that patients suffering from serious organic disease pass through the ordeal of labor triumphantly. The compensatory action of the heart, if disturbed at all, is fortunately adjusted, and delivery takes place, it may be, with no alarming symptoms. If such be the happy termination of labor in even the majority of cases suffering from organic cardiac disease, it is not the invariable rule. The late Dr. Angus Macdonald some years ago collected twenty-eight cases of pregnancy complicated with cardiac disease, of which seventeen died during labor. Macdonald's observations led him to formulate the opinion that the evils resulting from pregnancy in connection with cardiac disease are due to two causes: first, destruction of the equilibrium of the circulation which has been established by compensatory arrangements; secondly, the occurrence of fresh inflammatory lesions upon the valves of the heart already diseased.

Spiegelberg attributed the grave symptoms of mitral disease presenting themselves during labor, or soon after confinement, to excessive distention of the right heart with blood forced from the contracted uterus. Fritsh opposed this idea, and attributed the morbid phenomena of mitral disease to the accumulation of blood in the abdominal vessels recently released from the pressure of the gravid uterus, and to the cardiac paralysis resulting from an insufficient blood supply and consequent defective nutrition of the heart.

The influence of pregnancy and labor upon the circulatory apparatus may be viewed from three standpoints:

1. The influence exerted upon the heart and blood-vessels affected with organic disease prior to pregnancy.

2. The influence exerted upon the heart's valves and upon the heart's action during uterine contraction.

3. The permanent damage which the heart sustains from the influence of pregnancy and labor.

It is proposed to consider these conditions in the briefest manner, as the discussion of this subject cannot be elucidated by any important clinical facts within our possession. We must draw surmises rather than offer data to establish conclusions.

1. The influence of pregnancy and labor upon organic cardiac disease may be considered as unfavorable. A heart already crippled by disease is poorly prepared for the increased exercise and disturbing influences of labor. The heart is called upon to put forth unusual effort during uterine contraction in consequence of the irregularity of the blood-supply to the uterus and pelvic organs. The entire circulatory apparatus is required to functionate under extraordinary conditions, and any weak point in the construction of this circulatory apparatus is exposed to imminent danger. If the heart itself is at fault, the damage will be inflicted upon it, resulting in impaired or suspended action; or if the defect reside in artery, vein, or capillary, rupture of one of these vessels may be the result, with circumscribed or general extravasation of blood into surrounding tissues; cerebral hemorrhage, pelvic hæmatocele, or effusions of blood into cellular tissue are not unknown results of the influence of labor upon the vascular system.

2. The influence exerted upon the valves of the heart and upon the action of the heart during uterine contraction is extremely variable. As the general rule the cardiac valves are capable of sustaining the increased tension thrown on them by uterine contraction. The right heart may, however, become over-distended and the phenomena of mitral disease may manifest themselves. We have elsewhere stated the opposing views of Spiegelberg and Fritsh in regard to this question. It seems to us that there is truth in both of these theories, and that over-distention or insufficiency of the blood-supply to the heart may equally well account for the

phenomena of cardiac irregularity or paralysis. The heart's action may undoubtedly become tumultuous, labored, or disturbed by the diminution, or by the increased pressure of the blood-supply. The exceedingly rapid action of the heart following violent post-partum hemorrhage is an explanation of the effect of diminished blood-supply to the cavities of the heart. It can make but little difference whether the blood-supply is simply diverted and thrown into the pelvic vessels, as suggested by Fritsh, or whether it is lost by escape from the uterine sinuses; the temporary effect upon the heart must prove the same. Over-pressure of the blood-column upon the heart's valves might be sufficient under extreme conditions of arterial tension to induce temporary or even permanent insufficiency, or a rupture sufficient to destroy cardiac action at once.

3. Permanent damage to the heart and vascular system is not an impossible result of the influence of pregnancy and labor. The physiological hypertrophy of the left ventricle is undoubtedly compensatory, and, so far as it goes, actually improves the circulation; but whilst this may be necessary to maintain an increased blood-pressure and arterial tension under ordinary circumstances, it is probable that under certain conditions permanent enlargement and even dilatation of the heart may persist after gestation. As a result of the extra strain of pregnancy, valvular inflammation may supervene and permanently impair these structures by plastic deposits or by ulceration. During labor the pressure exerted upon the valves may likewise result in permanent incompetency. There may therefore persist a stenosis or incompetency of either the mitral or aortic valves.

There is no clinical evidence, however, in our possession to establish these conclusions, but they seem tenable on purely anatomical and pathological grounds.

Where organic lesions exist prior to pregnancy the case is different. The influence of pregnancy and labor can scarcely do otherwise than promote further pathological changes, even though the ordeal of labor is successfully passed through.

Macdonald takes an unfavorable view of the prognosis of labor associated with cardiac disease. His statistics show a mortality of sixty per cent. He was so impressed with this idea that he considers marriage contra-indicated when cardiac disease is known to exist. This suggestion, if acted upon by those who have knowledge of the existence of cardiac disease, would, no doubt, do away with not a few of the serious complications of child-bearing.

The dangers of wedlock should at least be explained to such persons by the family physician, whose advice is often sought, if not always accepted by his patients. Should cardiac trouble be recognized after pregnancy has been established, the existence of a diseased heart should arouse the obstetrician's interest and anxiety. The ordeal of labor is not to be considered with levity if the history of the following case is in keeping with the usual behavior of such cases.

"During the latter half of the month of December, 1880, Mrs. M. called at my office and engaged me to attend her in her approaching confinement. She was between six and seven months advanced in her second pregnancy. The appearance of my patient made an unfavorable impression upon me, and I made close inquiry into her condition. She was tall, slender, and anæmic, and was below par in general health. She had suffered with distressing nausea, weakness, and anxiety during gestation, and expressed serious forebodings of her approaching confinement. I found, upon physical examination, that both the mitral and aortic valves of her heart were defective. She had a decided mitral regurgitant and an aortic obstructive murmur. The heart was hypertrophied. It was performing its duty with regularity and force. Pulse good; no œdema or dropsy. Her condition was one of general debility, anæmia, and nervous excitement. I saw this patient several times during the next few weeks, and gave her such instructions in regard to her confinement as were deemed advisable in the way of prophylaxis.

"On the night of February 28, 1881, I was hurriedly called in to attend this patient in labor. Being absent from my office at the time, it was over a half hour before the message reached me. I hastened to the patient's bedside, and upon entering her room found her in the most alarmed and excited condition. She was tossing herself from one side of her bed to the other, throwing her arms about in confusion, and crying, 'Help!' 'I am dying!' 'Do save me!' and other wild and terrifying exclamations. I soon restored a degree of quietude, and made an examination. The child had been delivered fifteen or twenty minutes prior to my arrival, but the placenta had not come away. Introducing my finger into the vagina, I found the placenta firmly attached to the upper left segment of the uterus. I removed it with some difficulty. The uterus at once contracted firmly and hemorrhage

ceased. Ergot and brandy had been given hypodermically. The amount of blood lost prior to my arrival was considerable. I estimated it at between 16 and 20 ounces. There was no bleeding after the detachment of the placenta, and, as far as I could determine, the amount of blood lost was not sufficient to account for the great depression and alarming condition of my patient. The firm contraction of the uterus and suspension of the flow of blood failed to exercise any beneficial influence upon the patient. Her nervous, excited, and alarmed frenzy broke out with renewed violence, and in spite of every injunction she would not be quieted nor comforted. Her circulation may be described as horrible. The heart was beating with great violence, irregularity, and excitement. Its action was thumping and tumultuous. It vainly and vigorously attempted to expel the flow of blood emptied into its cavities, but with such poor success that pulmonary congestion was soon established, respiration was hurried and embarrassed, and dyspnœa was becoming alarming. The circulation at the wrist, and in the lower extremities, was barely perceptible, though the heart-beat was heard some inches from the thorax. The action of the heart continued this irregular, tumultuous beat until about 1 o'clock a. m., when suddenly its action suspended, and my patient died with the exclamation on her lips, 'I am dead!'

"The closing scene of this drama is better remembered than described. It suggested the total inability of human skill to establish a normal condition when organic disease has entered in to complicate a physiological function.

"Reviewing the symptoms observed in this case, I was convinced then, as I am at the present day, that the post-partum hemorrhage was not sufficient in itself to have accounted for the death of my patient. I doubt not the hemorrhage was an important factor in the disturbance of the heart's action, but had this organ been in a condition to perform its physiological function, the loss of blood sustained would have imposed no severe hardship upon this patient. Organic disease had so impaired the working power of the heart, that the moment extra effort was required of it to preserve the equilibrium of the circulation, it broke down in the performance of its duty and failed to adjust itself to the requirements of the situation."

Dr. Erich said that some six or seven years ago he was called in consultation to see a woman who was some four months pregnant and had some form of organic heart disease, the exact character of which he did not remember. The question to be decided was whether or not abortion should be induced. He advised allowing the woman to go on to full term, and was afterwards called upon to attend her in her labor. He used morphia in quantities just sufficient to control the nervous system, and when labor pains fairly set in, used chloroform systematically and delivered very slowly by forceps, simply helping each contraction. The result was perfectly natural recovery. He thought that if Dr. Ashby had been able to be with his patient from the first the result would have been very different, as he believed that the death was due rather to the nervous disturbance than to the hemorrhage.

Dr. W. T. Howard said that he had listened with great pleasure to the reading of Dr. Ashby's lucid and interesting paper. He thought, however, that the statistics collected by Dr. Macdonald, giving a mortality of seventeen out of twenty-eight cases, or sixty per cent., from the deleterious effects of pregnancy and parturition on chronic organic disease of the heart, were much higher than is usually seen in private practice. He had attended many ladies in private practice during their accouchement who were suffering from severe cardiac lesions, and he did not remember a single death. Dr. H. felt well assured that he would be sustained in this statement by our President, whose experience in obstetrics, as we all know, is immense. He would ask if such had not been the result of Dr. Miltenberger's experience—if such cases did not usually pass safely through the pangs and perils of labor with due care and attention?

Dr. H. said that the mortality in the cases under discussion would doubtless vary with the nature and extent of cardiac lesions. It is now well known that there is a physiological hypertrophy of the heart during pregnancy, to sustain the burden imposed by the demands of a quickened circulation and the complicated exigencies of the constantly growing uterus. And some cardiac lesions are much more dangerous than others. Thus mitral stenosis is especially apt to occur during the period when child-bearing is most active, rarely occurring after fifty years of age, and it is at least twice as frequent in females as in males. And as stenosis of the mitral orifice is generally accompanied by mitral insufficiency, this complicated condition is particularly dangerous during pregnancy and parturition. Aortic stenosis, also, is generally associated with aortic insuffi-

ciency, more or less, and is always accompanied by hypertrophy of the left ventricle. So long as the hypertrophy is sufficient to compensate for the regurgitation, grave symptoms seldom supervene. Dr. H. well remembered attending a lady some fifteen years ago, aged twenty-five years, who had well-marked aortic stenosis, and also slight insufficiency. The labor was severe and protracted, and finally the vital forces began to flag, and orthopnœa was distressing. But by propping up the shoulders and delivering with the forceps, all went well. This lady is now living, and enjoys a fair proportion of health. When the mitral regurgitation is the predominant lesion, the patient may long remain free from distressing symptoms. The left auricle first feels the strain from pressure of the two blood currents during diastole, one from the left ventricle and the other from the lungs, and begins to dilate and hypertrophy. This leads to compensation hypertrophy of the right ventricle, which overcomes pulmonary hyperæmia and its inevitable train of dreadful sufferings. And as long as hypertrophy of the right ventricle is sufficient to counterbalance the effects of regurgitation, serious symptoms do not result. Dr. H. remembered the case of an eminent literary gentleman from Virginia who consulted him in April, 1861, and who had a loud mitral regurgitant murmur. He is now living, and ably editing a newspaper, and occasionally writing excellent poetry.

(*To be continued*).

Editorial Department.

Periscope.

Illustrations of Exceptional Symptoms and Examples of Rare Forms of Disease.

Mr. Jonathan Hutchinson thus writes in the *Brit. Med. Jour.:*

Recurring Attacks of Chilliness Followed by Slight Erysipelas of Face: Xanthelasma of Eyelids.

Mrs. B.'s account of her symptoms was very interesting. She said that she had, for three years, been liable to periods of chilliness, during which she could not keep warm. Nothing warmed her; neither exercise nor fire-heat; the nearest approach to warmth being obtained in bed. After two or three days, the attack would end by a blush of redness appearing across the forehead. When this came, the chilliness always ceased. During these attacks, she does not usually feel ill, but takes her food almost as usual. Recently, that is, during the last six months, the attacks, which have recurred almost monthly, have been attended by swelling of the eyelids. The lids, when I saw Mrs. B., were still somewhat swollen, the lower ones especially, and the condition of solid œdema of the lids was clearly threatened. Her ears also had of late become swollen and red during the attacks. Thus it seems probable that the attacks of chilliness were really a modified form of rigor preceding slight attacks of recurrent erysipelas. It is remarkable that they should be so prolonged and attended by so little disturbance of health, and followed by such very slight erysipelatous redness. Still the gradual increase of the local change, and the production of œdema, seem to definitely place the attacks in this category.

Another explanation is, however, possible, and it is that the attacks are indicative of liver disturbance. Mrs. B. has large patches of xanthelasma on her upper eyelids, the largest being, contrary to rule, on the right side. She has known of these for two years or more. She is also liable to attacks of dizziness and dimness before her eyes. Mrs. B. is sixty-two years of age, of a phlegmatic temperament. She says she cannot exist without fresh air, and is accustomed to sit in a draught of wind whenever she can.

Dupuytren's Induration of Palmar and Plantar Fascia, without Material Contraction.

A rather peculiar form of contraction of the palmar fascia was presented in the case of Mr. L. F. It occurred in his right palm only, and affected the fascia in front of the middle finger, and not that of the ring finger; and, although there was a long thick band of indurated tissue, there was comparatively little contraction. He had similar bands in the plantar fascia of each foot, but again without any obvious tendency to contraction. His age was 52. He was in tolerably good health, and there was no history of gout in the family.

As is well known, the prominent symptom in Dupuytren's disease is contraction. We

see every now and then, however, cases, such as the above, in which there is great induration and but little tendency to contract. In these, I think, the induration is more superficial than in the more common cases. I have just seen another case much like that of Mr. F. A long band of bossy induration extended up the palm in front of the ring finger, puckering the skin, but not drawing down the phalanges in the least. It is not common (as in Mr. F.'s case) to find the plantar fascia affected.

Asphyxia of the Extremities, beginning in Middle Life; Inherited Gout; Curious form of Cutaneous Tophi in Hands and Feet.

A very remarkable example of asphyxia of the extremities came under my notice in the person of a Miss B., in November, 1885. She was 60 years of age. Her hands were livid and cold, like those of a corpse (although she had been sitting for some time in a warm room), and her feet were almost in the same condition. Her legs, just above the ankle, pitted on pressure, the skin being pale and tallowy. The urine had been frequently examined, and never contained albumen. She could never put her hands into cold water, since it always made them die, and caused her a distressing sensation at the heart. Anything in the slightest degree tight on the hands or feet made them yet colder, and caused them to ache. Thus she had quite given up the wearing of gloves, and carried her hands in a large muff. Her feet were in loose fur-lined boots; and, when at home in the evening, she often found it more comfortable to take off her stockings. It was a very interesting question as to how far Miss B.'s condition was connected with gout. There was no doubt that she inherited it in an unusual degree. Her grandfathers on both sides had suffered severely from it. She herself had passed through an acute, definite attack of gout in the great toe, some years ago, at Aix-la-Chapelle, and she had had many less definite attacks of inflammation of joints. Twenty years ago, the late Dr. Falconer, of Bath, whom she had consulted on account of an inflamed knee, had told her that she was most certainly the subject of hereditary gout; yet, not a single joint had become crippled; she had no nodi digitorum, nor any tophi in her ears. She asserted that she had "often had chalk-stones come out of her fingers." On investigating this symptom, I found that she did not mean the ordinary discharge from large concretions about the joints, but the escape of little subepidermic masses, not bigger than shot. One of these she brought for my inspection, and she showed me in her fingers, and chiefly in her palmar aspects, many little pits, from which, she said, others had escaped. Some had also come away from the skin of her heels, but none from the toes. These concretions were coming away at the time that she consulted Dr. Falconer, twenty years ago, and were one of the conditions which caused him to declare that she was the subject of gout. In addition to the inheritance of gout, as possible factors in the production of her present condition, we must note that, in early life, she suffered much from biliousness, being habitually, as she said, yellow as a lemon; and, next, that in 1847, an influenza year, she had nearly died of that disease. She believed that her heart had been much weaker ever since that illness, and she had been told that, during her illness, they did not dare to move her, on account of its extreme feebleness.

Miss B.'s mode of life had always been careful. She took, in great moderation, home-brewed beer in early life. She was a lady of remarkable intelligence, great benevolence, and very active habits. As a fact for ophthalmologists, it may be recorded that she suffered from myopia; and had used the same spectacles for all purposes, from the age of 12 to that of 60, and still enjoyed perfect sharpness of vision. Her pulse was compressible, but by no means very feeble, having an intermission every ten beats. There was no evidence of calcareous disease of the arteries. I must now describe a very remarkable illness which Miss B. had recently passed through, and for the remains of which, in fact, she consulted me. She had all the spring "felt much gout about her." It was in November that I saw her, and she told me that in the preceding August (2d) she had awoke one morning, to find her left foot dead. It felt like wood, and was cold and livid. In the course of the following morning, severe pain developed in the sole and heel, and whole foot excepting the toes. The pain became intense, and finally passed upwards and settled in the back of the hip. At this part it was unbearable in severity, and was only relieved by a morphine injection. After lasting about twenty-four hours in the hip, it passed again to the foot, and settled in the sole. She was six weeks in bed with this attack, and could not bear anything to touch her foot; yet during this time it was not much swollen, but felt hard, and instead of being red and hot, remained cold and livid. She says that she was never out of pain, and

never slept. The deeply seated pain had not left her when she got up, nor indeed was she wholly free from it when I saw her. The whole instep was still swollen. She said that she had felt as if there was a raging fire in her foot, while its surface was still cold. Was this an attack of gout? If we reply in the affirmative, as I think we should be justified in doing, we have to meet the fact that all sorts of gout-medicine were used during the attack, without material benefit. She was under the able care of Mr. Willis, of Gloucester, in the first instance; and at the end of her illness Dr. Long Fox, of Bristol, was consulted. Miss B. was of dark complexion, and rather pale. She had enjoyed perfect regularity of menstruation, from the age of 15 to 35, and she considered that, since the cessation of the function, her health had not been so good as formerly. She had been liable to flushings and headaches, from which she had been previously free. Her hands felt, she said, wooden and awkward, from their coldness and slight swelling; but, as already stated, none of her finger-joints were in the least swollen or stiff. I examined her ears, and there were no traces of tophi or of chilblains. Her urine contained neither albumen, sugar, nor excess of acid.

I got some further facts, at a subsequent visit, as to the very peculiar form of chalk-stones which had occurred in this case. It is to be noted that they had never occurred except on the fingers and the heels, and that the liability to them had extended over twenty years. They formed in, or just under, the inner layers of the skin, and gradually worked their way to the surface, appearing as little dull white patches. Some of them inflamed before giving way; but others burst, and discharged their contents, without ever becoming, in any degree, either red or painful. The contents discharged differed much in different instances; sometimes a little dry powdery chalk; sometimes, chalk and water, or pipe-clay; and at others, a little nodular mass, as hard as bone. One of the latter kind Miss B. brought to me. It was about as big as the thicker half of a barley-corn, very hard and smooth, like bone.

What I subsequently learnt, made me yet more certain that the attack in the foot was, as diagnosed at the time by her surgeon, acute gout. The pain began in the middle of the night, and after an unwonted supper on beef. The numbness of the foot was probably due to the extreme severity of the pain in the tarsal joint, which was inflamed. I have known a case of acute gout of the shoulder-joint mistaken for paralysis of the upper extremity, on account of the helplessness and numbness of the limb, which were induced, I believe, by the extreme severity of the pain in the joint.

The peculiarities of the attack; the coldness of the part, instead of heat; and its lividity, instead of redness, were, no doubt, due to the previously existing peculiarities in Miss B.'s circulation. Turgescence of the venous system is, under many conditions, a noticeable feature in gout. We may ask the question, whether, in Miss B.'s case, the gout tendency had anything to do with the production of the general asphyxia of the limbs. I saw, some years ago, a gentleman, a member of our own profession, aged about sixty-five, in whom there was good reason to suspect gout, and who, subsequently, had a chronic enlargement in the joint of one of his fingers, and a very peculiar condition of one toe. It became a little swollen, blue, and livid, and remained so for a month or two. We were very anxious lest it should pass into gangrene; but the condition was unattended by pain, and eventually it passed completely away. In Miss B.'s case, at the time of her second visit, I again carefully observed the state of her circulation. Her fingers, on this occasion, were not either livid or cold; for the day was warmer, and she had been sitting in a very warm room. Notwithstanding this, however, her feet were cold, and as blue as those of a corpse. I noticed that her hands, which were cold and of a dull-red color, were rough and coarse, like those of a laboring man, and her nails were broad and somewhat roughened. She complained that all her fingers felt thick and awkward; they were "all like thumbs." When we remember the remarkable tendency to the formation of subcutaneous tophi on the hands and feet, and on these parts only, the conjecture becomes, I think, not improbable, that the venous circulation, in parts which had long suffered from definite gout, may have become permanently altered by it.

As regards diet, Miss B. has possibly not managed herself quite well. In early life, she took home-brewed beer regularly, in small quantities. Dr. Falconer told her, twenty years ago, to avoid beer as poison, and she did so with decided benefit. She continued, however, to take wine irregularly—that is, occasionally, when feeling to need it; and she has consumed meat rather largely. I advised that she should cautiously put herself on partial vegetarianism, and take, as a stimulant, whisky and water only. She said that she was very dependent on meat, and

never felt at her best until she had had her meat-meal.

Case Illustrating the Effect of Removal of the Fallopian Tubes.

Dr. Chas. E. Jennings thus writes in the *Medical Press:*

The following case may assist in settling two questions which have lately been the subject of controversy:

1. The dependence of menstruation upon the ovaries or upon the Fallopian tubes.

2. The importance of uniting surfaces of peritoneum (after the abdominal wall has been divided) as a means of preventing ventral hernia.

On January 13, 1886, I operated for the cure of a ventral hernia upon a married lady in her forty-first year, who furnished this history. She is the wife of an Indian officer, and had been operated upon by Mr. Lawson Tait in October, 1884, at Birmingham, from whom she obtained the following certificate:

"7 The Crescent, Birmingham,
"January 4, 1886.

"Mrs. W—— came under my care in October, 1884, when I found her suffering from metritis, retroversion, and complete fixation of the uterus, with all the symptoms of double hydrosalpinx. For this I performed abdominal section, and found both ovaries thoroughly disorganized, and both tubes occluded and distended with serum; I therefore removed the uterine appendages.

"From this operation she made a complete recovery, with the exception that having been somewhat inattentive to the directions for wearing her belt, the tendinous elements of the cicatrix have been stretched, and there is a slight tendency to enterocele. I am, however, of opinion that this is so slight as to be of no great consequence, but only a slight inconvenience. "Lawson Tait."

From several of the patient's letters now in my possession, this account of her progress since the performance of Mr. Tait's operation (October 4, 1884) is abstracted:

"Great pain was suffered till a supporting belt and pad were applied. Menstruation set in January, 1885, and continued at regular intervals for five months. The last I saw of it was on the 15th of June, 1885 . . (until) it appeared on the 28th of September, 1885, lasted four days. Again on the 28th of October, 1885, five days. Again, on the 18th of November, 1885, lasted eighteen days . . A drive in a carriage, or a few miles in a train, will cause it to re-appear."

The physical condition presented in January, 1886, was a ventral hernia of the size of about half-a-crown, situated in the centre of a cicatrix, midway between the umbilicus and symphysis pubis, resulting from Mr. Tait's operation.

The case seemed very suitable now for operation, because the patient wished to rejoin her husband in India as quickly as possible. She was a woman accustomed to very active outdoor occupation, viz., riding, driving, walking, and swimming, and the existence of the rupture was a great bar to her following the mode of life which her husband's appointment in India made imperative upon her.

January 13, 1886. Chloro-methyl having been administered, and the usual antiseptic precautions, including the spray, having been strictly observed, the integument was divided in the line of the cicatrix over the hernial protrusion. The omentum was found adherent to the circumference of an aperture in the linea alba, which appeared to have persisted after the removal of the drainage-tube, which was stated by the patient to have been employed by Mr. Tait, and to have been removed seven days after his operation.

The adherent protruding omentum was separated, and the uterine region was explored. Both fallopian tubes had been removed, as well as the right ovary; but on the left side a mass, about the size of a small apple, was discovered at a point corresponding with the normal site of the left ovary. On attempting to draw this up a cyst gave way, and about an ounce of fluid escaped. The solid remaining part of the mass was about the size of the kernel of a walnut. This was removed after the application of a ligature in the ordinary manner. A few adhesions between the upper and posterior part of the uterus, and some neighboring coils of small intestine, were separated. The portion of omentum which had protruded, and was adherent, was separated from its attachments and cut away. Only one omental ligature was required. The peritoneal cavity was cleansed and the abdominal wound carefully united with interrupted silk sutures passed through the parietes in such a manner as to insure complete contact of the peritoneal surfaces. A pad of iodoform wool (10 per cent.) was placed over the sutures; strapping and a binder were applied.

With the exception of some vomiting which followed the operation, there was nothing to cause any anxiety, and on the eighth day all the stitches were removed. The wound had closed firmly, save for about half an inch, where the skin had not united,

but in a few days this had closed satisfactorily. The ventral hernia has been completely cured, and the lady is about to return to India in good health.

Dr. Klein kindly examined the growth which I removed, and reported that in part of it there "was no doubt of the structure of ovarian tissue."

We may therefore conclude from this case that removal of both fallopian tubes and of one ovary does not necessarily interfere with menstruation. In this case, where one ovary, or perhaps part of an ovary, was not removed, menstruation continued with but slight irregularity.

Mr. Lawson Tait has recently published a list of 139 *consecutive* cases, of what he calls ovariotomies, performed between January 1, 1884, and December 31, 1885. The patient whose case is narrated was operated upon by Mr. Tait in October, 1884, but no record of this case appears in his published list, although he publishes the statement that "in the period embracing this series of 139 successful cases, there has not been in my practice a single incomplete operation."

Neuritis, following Traumatism. Treated in Various Ways, Finally by Resection of a Portion of the Nerve—Cure.

Dr. E. Stanmore Bishop thus writes in the *Medical Chronicle*:

Miss K., unmarried, æt. 34, has long suffered from neurotic attacks, culminating from time totime in epileptiform seizures, but on the 29th of March, 1885, she first complained to me of pain in the right breast, apparently seated in a small lump on the lower and exterior portion of the mammary gland. She had felt this mass for some years, and attributed its appearance to a fall down a man-hole some ten years before, but it had never given pain. I diagnosed a simple adenoma, which turned out to be correct, and advised that, if pain continued, it might easily be removed. This was done April 14; the wound healed fairly well, but the line of union gave way once or twice to allow of the extrusion of knots of catgut ligature; and when it finally healed great pain was felt in the scar, and radiating backwards and forwards from this point along the intercostal nerve. Numerous anodyne applications were ordered, but uselessly, and the pain became steadily more intense. Pain was also found on percussion over the third and fourth dorsal vertebræ. Neuroses, herpes of the skin over the line of nerve, especially over the breast, appeared, and the intervals became glossy. Thinking that these symptoms were due to pinching of some nerve-ends in the scar, a tenotomy knife was introduced on the outer side, and scar freed, July 2. Still the pain continued; but besides this, a large effusion of blood took place beneath the skin; this became inflamed and suppurated. Opened July 13. The pain was easier as soon as a free opening was made, but returned, if possible, with greater force as soon as the wound closed. The breast now began to feel heavy subjectively, and the patient appeared to be in great pain. The breast was slung; anodynes used internally and externally; phosphorus, quinine, and potassic bromide used steadily, with chloral or opium from time to time to procure sleep, but with no effect as regards the pain; and the patient began to beg for the removal of the breast, which appeared to her as of great weight and very painful. I decidedly objected to this as unnecessary; but at last, in September, in consequence of her strong wish, this was done, and again relief was obtained as long as the wound was open, although the cut surfaces did not tend to heal kindly, and the herpetic condition of the surface still remained. At last the scar formed, and with it returned the old pain in all its intensity. Again all medical means were tried afresh, and for a long period, it being thought that possibly the recurrence was due to the peculiar neurotic character of the patient, but no abatement could be obtained. Then the actual cautery was applied to the spine over the vertebræ answering to the origin of the nerve affected, and also to the lateral branch of the same nerve. All these points were easily determined by the patient without any guidance. The cauterization was thoroughly done twice, but no good appeared to have been effected, and as a last resource it was determined to resect a portion of the nerve. This was done on the 7th of February, 1886, the nerve being reached by a vertical incision from the posterior wall of the axilla, cutting through two serrations of the serratus magnus. The nerve was found lying outside of the external intercostal muscle. Half an inch was removed, and found to be in a state of neuritis. On recovery from anæsthesia, the patient found that the pain was gone; and no return has occurred up to the present time. The wound rapidly healed, and the patient was shown to the Manchester Medical Society at the meeting in April this year.

—The New York City Board of Health last year destroyed more than a million pounds of spoiled food.

On a Case of Imperforate Anus.

Sir William MacCormac thus writes in the *Lancet*, July 3:

The particulars of this case may be worthy of record, as illustrating a practice somewhat different from that usually adopted.

On March 21, 1886, I was requested by Dr. Duncan, of Henrietta street, to see a child born two days previously. The anus was well formed, but almost immediately terminated in a pouch about half an inch beneath the surface. On careful and repeated examination, no trace of impulse or proximity of the bowel could be made out. We decided, therefore, that it was preferable to perform colotomy in the left groin, rather than undertake what promised to be a hopeless search for the bowel in the natural situation. A small incision was made in the usual place, and after the structures had been divided in succession, the intestine at once presented in the wound; it was sutured to the skin, and afterwards opened. Meconium escaped, and the abdominal distension, which before was very considerable, shortly subsided. The operation created no disturbance; the child took its food eagerly, slept well, and there was no sickness. The intention was at a later period to pass a probe or blunt instrument from the opening in the sigmoid flexure downwards towards the anus, and in this way ascertain the condition of the rectum, to what extent it might be deficient, and how far distant it terminated from the external *cul-de-sac*. On April 12th this was accordingly done, and, contrary to expectation, only a quite thin septum was found to exist between the rectum and the anus. It was divided with great ease upon the rounded extremity of a director, which was caused to project, and a free opening established, a well-perforated drainage-tube being subsequently passed from one opening to the other to facilitate the bowels being washed out, and to prevent the opening into the groin closing, which it showed a disposition to do. The child made an equally good recovery from this operation, and continued perfectly well for some days; then symptoms of acute peritonitis suddenly set in, and it died on April 17th.

On examination after death, there was a considerable amount of lymph and fluid in the abdominal cavity. The upper portion of the sigmoid flexure had been opened, and was firmly attached to the abdominal wall. The rectum was found full of a semi-solid mass of faecal matter, evidently of some duration, and this condition no doubt accounted for the total absence of impulse in the region of the anus. The rectum was found to be complete, with the exception of the septum already spoken of; and there was nothing found in the region of either operation to account for the fatal result. After removing and slitting open the intestine, a small perforation was found in it about midway between the opening in the groin and the anus, and resting against this a small scybalous mass of fæces. It was as the result of the ulceration and perforation of the bowel at this point that peritonitis took place.

In those cases which are frequently met with where the bowel terminates at an unknown distance from the anus, the performance of Littré's operation gives the child immediate relief, and is attended by comparatively little danger; time is gained for considering what the next step should be at a time when the child is older and better fitted to bear a further operation; and from the opening in the groin the condition of the extremity of the bowel can be ascertained with tolerable accuracy. When practicable, the natural channel can be re-established with the great aduantage of having an exact guide to the position of the extremity of the gut, an advantage which all will appreciate who have had to make the difficult and often fruitless search for the blind extremity of the bowel in cases of imperforate anus.

Poisonous Ginger Beer.

At a recent meeting of the Aberdeen, Banff, and Kincardine branch of the British Medical Association, Dr. Presslie (who until graduation was a pharmacist) read an interesting paper on two cases (out of a series) of poisoning by fermented ginger beer. In one case, that of a very temperate man in an easy situation, dyspeptic symptoms had lasted for two years, and the patient had lost much flesh. One day he was found shivering, having vomited a brownish substance, smelling of alcohol. The temperature rose gradually and then fell. The patient recovered, and resumed work. The vomit consisted of schizomycetes and saccharomycetes, which underwent the alcoholic, acetic, and butyric fermentations. Ginger beer gave such a ferment, which would multiply with great rapidity. In both cases the patients indulged in this liquor. The similarity of the symptoms in these two cases, and their recurrence in seven days, was interesting; and their causation could not be referred to the alcoholic or acetic ferment, or sarcina ventriculi. Dr. Presslie is pursuing the subject.

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A PRAISEWORTHY HYGIENIC ENTERPRISE.

Mainly with the object to reduce the enormous death-rate which occurs amongst young children in Berlin just as much as in all large cities, the physicians of Berlin have recommended to the councils of that city the erection of two "milk halls," and as we see from an article in the *Deutsch. Med. Zeit.* (June 17, 1886), there is every prospect of the enterprise becoming a grand success.

Two large lots, each comprising nearly a whole acre, and belonging to the city of Berlin, have been selected for this purpose. Both are not far removed from the centre of the city, and lie near public squares, so that good air is insured. It is the intention first to build model stables, in which a certain number of the best Alderney milk cows are to be kept. Then besides the buildings for the inspector and for the other officers and servants of the institute, a large hall is to be erected, where the milk is sold, and where it may also at once be drank. Twice a day the cows are milked, and for every child that is to be provided with milk, a ticket is issued containing a number corresponding to the same number of the cow and of the vessels used for milking, the transport of the milk, and if such is required, for drinking, thus insuring for every child its continually receiving supply from one and the same cow. The same regulation will be carried out with the milk sold; the parents of the child receiving a special vessel for the transport of the milk, numbered in the same way.

To be sure, the city of Berlin cannot go into the milking business; the ulterior object must not be lost sight of. The following rules will therefore be guiding in the sale of the milk:

A child, to be supplied with milk, must have a certificate from a regular physician, containing, besides other points of information, as name, age, residence, etc., about the quantity of milk needed during 24 hours.

The milk is given out only twice a day during stated hours. Though the vessels, in which the milk is sold, are expected to be returned well cleaned, two vessels are kept for each child, the one returned being kept in the institute until the next delivery, it being meanwhile thoroughly disinfected.

The chief inspector of the institute is a physician. No milk is delivered unless the inspector has first examined the cow concerning her healthy condition, and also the milk, to satisfy himself of the same regarding it. This inspection must take place twice every day. All the feed needed for the cattle must also first pass his inspection before

it can be used, and the same scrutiny the stables, the straw for the night, and all the vessels used have to undergo. Naturally, all the employed have to be free from disease, and those entrusted with the milking or with the handling of the milk or of the vessels, have to disinfect their hands at certain hours of the day, and in a manner directed by the rules. They are dressed in summer in a blue linen suit, while in winter such a one covers their other clothing, and special directions are given to insure its aseptic condition.

In other words, the utmost care will be taken to prevent infection, while the milk will be sold at cost. Would it not be well for Philadelphia to have a few such institutions?

TREATMENT OF WHOOPING-COUGH.

During the last six years or more, quinine has been recommended over and over again as the best remedy against whooping-cough. Several authors insisted that the remedy should be given in powder form, or if in solution, that it should be kept as long as possible near the pharynx. Nobody has yet given the reasons for this procedure, but reliable authorities united in saying that most success is obtained where the remedy is kept the longest in contact with the pharynx.

Dr. Kohlonetz conceived, recently, the idea of injecting the remedy in solution with considerable force far back into the mouth against the walls of the pharynx (*Deutsch. Med. Zeit.*, June 17, 1886). In this manner he believes that some of it gets into the larynx and that the larger quantity of it comes into intimate contact with the epiglottis, a fact he considers of the utmost importance. He employs the following formula:

℞.	Quiniæ sulphatis,	gr. lxiv.
	Acid. sulphur.,	♏ xxxij.
	Aq. destillat., ad	f. ℥ vj. M.

S.

During the first three days he injects a common glass syringeful of this solution every two hours into the open mouth, the tongue being depressed by the mother with the aid of a spoon. The next four days these injections are made every three hours, and after that ad libitum. This dose is used in children from three to four years. In younger children the method and its execution are the same, the only difference being that the syringe is not filled quite so full.

The result has been remarkably good. As a rule, the whoop greatly diminished by the third day, and in almost all cases, ceased totally by the end of the first week. Whenever the result was not so satisfactory, K. convinced himself that the treatment had not been carried out strictly according to directions, and he requests physicians to give the method a fair trial. As it can easily be executed, we advise our readers to do the same. Some children suffer so intensely from this disease, that anything promising relief may well be worth a trial.

PROGRESS IN MEDICINE.

The question, whether medicine is a progressive science, may seem, to a physician, scarcely necessary to ask. But by the skeptical world it is often answered in the negative. Dr. Morell Mackenzie, therefore, has done good service by preparing an article in the *Fortnightly Review* (June, 1886), in which he indicates its advances and points out the lines of progress.

He clearly shows that this is not where the public generally expect and ask it, that is, in the discovery of remedies which will cure diseases, but rather in their prevention, and in forestalling and mitigating their painful symptoms. To quote his words on this point:

"In nothing is the progressive character of the healing art more conspicuous than in the constant additions which are made to our means of dealing with troublesome symptoms, which, even if they do not threaten life, make it miserable and perhaps useless. If it be the destiny of mankind to have disease always going about among them, seeking whom it may devour, it is still much that more and better safeguards should be found against it, that its ravages should be lessened, and that our life, into which, brief as it is, such an amount of suffering may be compressed, should be rendered less and less subject to pain, and freer from bodily discomfort. On this ground alone medicine may well take its stand as a progressive science."

Dr. Mackenzie adds some excellent suggestions how this progress could be hastened. He points out that the practice of medicine is and must be with most a means of livelihood, and that to pursue it chiefly for the discovery of truth is a sure way to forfeit its pecuniary profits. Then popular prejudice interferes with it, as that against vivisection, that against the medical execution of criminals, and in places against anatomy and post-mortems. His suggestions are eminently timely, and we trust will not prove ineffective.

Notes and Comments.

The Pneumonia-Coccus of Friedlander.

Dr. George M. Sternberg, U. S. A., in a paper which appears in the July number of *The American Jour. of the Med. Sciences*, calls attention to the so-called pneumonia-coccus of Friedlander, which he claims is, in fact, identical, specifically, with a micrococcus which he previously described, and which is found in normal human saliva, and with that found by Pasteur in the blood of rabbits which had been injected with the saliva of a child which died of hydrophobia in one of the Paris hospitals. This micrococcus he names *Micrococcus Pasteuri*. The capsule, or mucous envelope, which sometimes surrounds this micrococcus, described by Friedlander in 1883, and photographed by Sternberg two years previously, cannot be accepted as a distinguishing character of this species, inasmuch as it is not constantly present, and the circumstances upon which its development depends have not been accurately determined. It is established that this is a pathogenic organism, as far as certain lower animals are concerned, and that its pathogenic power varies under different circumstances. It seems extremely probable that this micrococcus is concerned in the etiology of croupous pneumonia, and that the infectious nature of this disease is due to its presence in the fibrinous exudate into the pulmonary alveoli.

But this cannot be considered as definitely established by the experiments which have thus far been made upon lower animals. The constant presence of this micrococcus in the buccal secretions of healthy persons indicates that some other factor is required for the development of an attack of pneumonia; and it seems probable that this other factor acts by reducing the vital resisting power of the pulmonary tissues, and thus making them vulnerable to the attacks of the microbe. This supposition enables us to account for the development of the numerous cases of pneumonia which cannot be traced to infection from without. The germ being always present, auto-infection is liable to occur whenever from alcoholism, sewer-gas poisoning, crowd-poisoning, or any other depressing agency, the vitality of the tissues is reduced below the resisting point. We may suppose also that a reflex vaso-motor paralysis, affecting a single lobe of the lung, for example, and induced by exposure to cold, may so reduce the resisting power of the pulmonary tissue as to permit this micrococcus to produce its characteristic effects.

Again, we may suppose that a person, whose vital resisting power is reduced by any of the causes mentioned, may be attacked by pneumonia from external infection with material containing a pathogenic variety of this micrococcus having a potency, permanent or acquired, greater than that possessed by the same organism in normal buccal secretions.

Man is Often Sterile.

After discussing the causes of sterility (*Med. Press*, July 7), Dr. Alfred S. Gubb thus concludes:

"When, after due investigation, nothing has been found to explain the incapacity of the reproductive apparatus, inquiries should be made as to the function in the husband. Dr. Pajot insists very strongly on this, and maintains that the old idea of the rarity of sterility in man is not justified by the result of his own observations on the subject. It is important to bear in mind that the absence of spermatozoa from the semen is quite compatible with vigorous sexual appetite and capacity. Even if spermatozoa be found, as in the semen of aged men, their immaturity and feeble vitality may amply account for their uselessness from a procreative point of view. The husband should be closely questioned for any history of gonorrhœa and orchitis, and a specimen of the semen should invariably be obtained and examined under the microscope. Even when the result of our examination is unfavorable, it is not desirable to impart the information to the patient, for, apart from the extreme mental depression which is apt to follow such information, great domestic inconvenience might arise, if, in consequence of an error in diagnosis or otherwise, a pregnancy subsequently occurred. It is important to make use of the same objective for microscopic examination on every occasion, as any differences in size and appearance on the part of the spermatozoa will thus be better appreciated."

Deformity of Neck.

To the Liverpool Medical Institution, Mr. Robert Jones exhibited a boy, æt. 13, who having fallen into a pond contracted acute rheumatism in 1882, during the course of which his neck became drawn to the left side, in consequence of inflammation and one-sided thickening of the cervical vertebræ. Five months later he was sent to a large northern infirmary, but it was thought use-

less or indiscreet to attempt to correct the deformity. Two years later he was sent to Mr. Jones from Ripon, and admitted into the Stanley Hospital. The right angle of the lower jaw was lying upon the left sterno-clavicular articulation. The cervical vertebræ were enormously hypertrophied and painful on pressure. The patient complained of dyspnœa, and spoke with difficulty. The pupil was widely dilated, owing to pressure on a sympathetic. The face looked parallel to the left clavicle. The head was very firmly fixed, and produced no yielding sensation on manipulation. The treatment consisted in wedging and levering the head very gradually, and after a time fixing a cervical collar. Later, placing him in the "key-note" position, and fixing an iron framework around his head, while rotation was attained by means of elastic bands. The breathing and articulation were soon relieved, and in four months the chin was four inches from the clavicle, opposite the sternum, and the patient had the power to rotate his head three inches, with the ability to use moderate flexion.

Sedatives and Electricity in Tetanus.

Dr. M. L. Moreau publishes, in the *Alger Médical*, January and February, 1886, notes on a case of tetaniform symptoms cured by rest, sedatives, and electricity. The patient had trismus and opisthotonos, without any apparent reason; his intelligence was intact. He recovered in four days, during which period morphine and chloral were given in full doses, and the patient was kept thoroughly at rest, and was enveloped in cotton-wool. The patient had presented similar symptoms fourteen years previously, in consequence of injury to the scalp from a nail. On the present occasion, another equally insignificant reason was suggested. The patient was a neuropath, and in order to obtain relief from his condition, he covered his body with needle-punctures, by using an instrument similar to a cupping apparatus. These recurring tetanic attacks indicated a constitutional predisposition which M. Moreau sought to explain by hysteria, but the symptoms were not sufficiently marked to justify this diagnosis, nor was there any evidence of poisoning by strychnine. A carefully kept register of the patient's temperature during the attacks would perhaps have furnished some data, but this was not done. The most probable hypothesis was that repeated cutaneous irritation, practiced on a neurotic patient, provoked accidents of a tetaniform character.

Diphtheria.

Dr. De Luskie Miller gives the following formula in the *Jour. Am. Med. Ass.*, July 3:

℞.	Tr. ferri chloridi,	ʒj.
	Potas. chlorat.,	ʒij.
	Acid hydrochloric dil.,	♏xx.
	Tr. capsici,	ʒj.
	Morph. muriat.,	gr. ss.
	Glycerine,	ʒij.
	Aq. destil.,	ʒijss.

M. S.—Give a teaspoonful every hour or two or three hours, according to the urgency of the symptoms.

Of course the proportions of the several ingredients will be varied in different cases, to adjust the doses to the age and condition of the patient. The directions for taking the mixture given above, however, convey but an imperfect idea of the most efficient mode of using it. The patient should be required to take a drink of water, then immediately take the mixture undiluted. By this mode several indications are fulfilled at one and the same time. An efficient local application is made to the throat each time the mixture is administered, and the constitutional tonic, antiseptic and anodyne effects are also secured. The water which was taken before the medicine will be sufficient to properly dilute the remedies in the stomach, and thus prevent any irritation of that organ.

Gunshot Wound of Knee-joint—Recovery.

Dr. John Rodman, of Abilene, Tex., reports to the *Med. Record* the case of a man who was shot horizontally through the knee-joint with a "bull-dog" pistol, the ball ranging outward. A large quantity of synovia was evacuated, and as the joint was entered, the bone was found to be shattered, one spiculum of which was removed at the time the ball was spent by the bone, and was extracted from the fascia on the outer side. The probe grated over a large surface of comminuted bone, and came in contact with pieces of bone that could not, however, be removed through the wound. The latter was irrigated and cleansed with corrosive sublimate solution and hermetically sealed, a posterior splint being applied. The temperature was but 99⅕° on second day, and was normal on the fourth day and afterward. The dressing was removed fifteen days after the receipt of the injury, and no pus could be found. The joint is now being flexed daily, and the prospects are that no stiffness will result. Dr. Rodman says that in his past experience of knee-joint wounds (from railroad injuries solely), he has never known

a recovery, even after amputation, when the joint was opened and the bone comminuted.

Tetanus Cured by Removing Compression from the Radial Nerve.

A remarkable case of traumatic tetanus was recently cured by the removal of compression from the radial nerve. A boy, aged 14, was admitted to Conrad Brunner's wards at Zürich, for a fracture of the left radius which had occurred three weeks previously. The fourteenth day after the fracture the child observed that he could not stretch the fingers of the left hand; his parents noticed that, when he walked, his body was bent forward. The symptoms became more and more marked; the child had bad nights, and was sent to the hospital. Symptoms of tetanus, risus, trismus, and emprosthotonos were marked. On examining the patient there was evidence of a fractured epiphysis of the radius badly reduced, and a bulky callus just below the articulation. It seemed evident that the tetanus resulted from compression of the radial nerve by the callus. The parts were exposed by incision, when it was found that there was pressure of the nerve by new formations attached to the callus. The compressed nerve was set free, and the prominent portion of the radius resected. The symptoms of tetanus slowly disappeared; the patient had morphine injections. Three weeks after the operation the patient was cured.

Disease following Circumcision.

The *Med. Press* says that at a recent meeting of the Royal Society of Physicians of Vienna, Professor Hofmokl showed an interesting case of tuberculosis following circumcision. He pointed out that von Bergmann, of Berlin, had first drawn attention to the dangers attending the rite at the last meeting of the Surgical Congress. The case shown was that of a boy eight months old, the son of healthy parents, who was circumcised on the eighth day. The mother stated that the bleeding was checked by sucking the wound. The wound did not heal, and at the end of six weeks a small grey-covered ulcer was observed on the remains of the prepuce on the dorsum penis. The inguinal glands were slightly enlarged, but there was otherwise no sign of syphilis. Anti-syphilitic treatment failed. The ulcer was then scraped, but with no better result, and some of the glands suppurated. Tubercle bacilli could not be made out. It was his intention to extirpate the glands one after another. Professor Kaposi said that he had seen a whole series of similar cases, and they were all syphilitic. He recommended inunction of ung. hydrarg. over the glands. Professor Hofmokl said that he had tried the plan recommended, without benefit.

The Use of the Catheter in Paraplegia.

Writing about ataxic paraplegia in the *Lancet* (July 10), Dr. W. R. Gowers very truly says that whenever there is retention of urine, or whenever the bladder is imperfectly emptied, the condition must be dealt with by appropriate local treatment. Remember that kidney disease, secondary to cystitis or to mere distension of the bladder, is a common cause of death in all diseases of the spinal cord. In ataxic paraplegia this danger, if not absolutely great, is relatively greater than in many other diseases, because other sources of danger to life, such as bed-sores or interference with respiration, are insignificant. There is no doubt that this danger may, to a large extent, be obviated. "I have not in any case, or in any disease, seen an evil result from the early and frequent use of the catheter, and I have known more than one patient die whose life might have been saved had residual urine been regularly removed and the bladder repeatedly washed out. I know patients who are now alive who would, I am sure, have died had this treatment not been adopted. The simple reflex incontinence in which the bladder is perfectly emptied from time to time calls for no interference."

Purpura Hemorrhagica after Scarlet Fever.

In the *Memorabilien* two cases are recorded of purpura hemorrhagica following scarlet fever, in sisters, four and nine years old respectively. In the first case the purpura set in three weeks after the commencement of the disease; in the second in the fourth week. In both cases there was hematuria. There was no swelling of the gums, and the cases were distinctly marked off from scurvy, which the author has had abundant opportunity to study. There was no family history pointing to the purpuric diathesis, but both children were slightly scrofulous. Both recovered. The urines exhibited the following features: Directly on pouring some urine on hydrochloric acid the indigo reaction occurred, with a copious dark-blue deposit. When the urine was allowed to stand about eight days there appeared on its surface a scum with a metallic glaze. Presently a blue film shot across

the surface, and after a time the whole urine became blue. Microscopic examination of the urine showed indigo flakes and dark-blue heaps of micrococci in unusual numbers.

Myelitis or Reflex Paraplegia (?)

Before an English medical society, Dr. Black showed a man of fifty-three, admitted into the County Hospital with partial loss of motor power in the legs, and of control over the bladder and rectum; most of the reflexes were exaggerated, the gait was stiff and spastic, but there was no marked wasting and no rigidity; the urine was alkaline, and free from albumen; there was much vesical pain; there was no stricture, but chronic dysuria, and retention, requiring the catheter, had occurred seven weeks before; about the same time he rather suddenly lost power in the legs. On the other hand, in favor of the syphilitic origin of the symptoms (from a disseminated myelitis) was the history of chancre and secondary symptoms two years previously. He was ordered one grain of mercury with chalk three times a day, and from five to ten grains of iodide of potassium; the bladder to be washed out daily with boracic acid solution; and under this treatment all the symptoms had improved in a few weeks.

Stretching of the Facial Nerve.

The operation of nerve stretching was first introduced by Billroth and Nussbaum in 1872. It has been done only twenty-one times upon the facial nerve so far as Dr. W. W. Keen (*Annals of Surgery* for July) has been able to ascertain. Five of these cases have been done in America (Putnam two, Gray two. His own is the fifth.) All of the cases have been for more or less extensive tic non douloureux of the face, lasting from two to ten years. In two cases paralysis of the face preceded the convulsive tic, and in one case tic douloureux followed the tic convulsif.

Dr. Keen concludes: It would seem, therefore, that whether viewed from the point of palliation or of cure, the operation is, with our present knowledge, to be looked upon favorably. Further observation may show its inutility, but when we consider the utter hopelessness of improvement, much less recovery, from any other means, relief by this operation, even if temporary, is had at a very trivial cost, and would be welcomed by any sufferer, while permanent cure is not impossible.

Two Cases of Serious Symptoms from Foreign Bodies in the Ear.

Before a recent meeting of the Cambridge (England) Medical Society, Dr. Ingle mentioned two instances in children, in which marked cerebral irritation and pyrexia were produced by the presence in the ear of foreign bodies. In the one case a swollen dead lady-bird was extracted by syringing, in the other some wax and a dried pea. He offered in explanation that the symptoms were produced by pressure on the branches of the third division of the fifth nerve and the vagus, which supplied the cutaneous lining of the canal and drum; further, pressure upon the vaso-motor fibres of the sympathetic might lead to the irritation of certain areas; and these changes would be more likely to occur in children from the small size of their ear-passages, and from the fact that in both cases the foreign bodies were capable of enlargement from the absorption of moisture. Dr. Ingle was in favor of syringing as the safest and best method of removing foreign bodies from the ear.

Jamaica Dogwood.

Dr. F. Spencer Halsey, of New York, reports fourteen cases wherein he used this drug as a hypnotic in *The Therapeutic Gazette* (July 15), and thus concludes:

"These few cases, culled from a number of months' experience in hospital practice, have led me to express my opinion as to the value of Jamaica dogwood. I have found it to be a most excellent hypnotic and anodyne; in no one case of those in which I employed it, has it failed to relieve pain and induce sleep. One great advantage connected with it is that patients, after taking it, awake with none of the unpleasant after-effects which opium induces. Not only does it relieve pain and produce sleep, but in many cases it relieves cough, notably the case in phthisis. This experience, though very limited, has induced me to become very much attached to this remedy; and in every case where such an action as comes from its use is indicated, I have always employed it with most satisfactory results."

The Influence of Syphilis upon Non-Syphilitic Eruptions of the Skin.

Dr. J. Clark McGuire thus concludes a paper in *The American Practitioner and News* for July 10:

"In the foregoing remarks I have endeavored to show the importance of recognizing the *possibility* of constitutional syphilis modi-

fying certain non-syphilitic eruptions. I would not be understood as declaring that all eruptions of the skin occurring in syphilitic subjects were of necessity altered in their appearance and usual characters, but simply that such changes are *possible* and do occur in a certain number of cases. I am of the opinion that, unless such an influence is considered, we will many times fail in our diagnosis; in consequence, our prognosis will be at fault, and the treatment instituted will avail nothing in a disease so modified unless the syphilis is treated in conjunction with it."

Peculiar Skin Disease of the Feet.

Before a recent meeting of the Montreal Medico-Chirurgical Society Dr. R. J. B. Howard exhibited a boy, twelve years of age, of healthy family. He has angular curvature, involving the lower dorsal region, first noticed when he was three and a half years old. His feet were first affected in his sixth year. A small "scurfy" spot appeared first on the right foot, and has spread steadily, healing at the centre. When he came to the Dispensary it appeared as a lupiginous patch about four inches across, on the right ankle and instep; smaller similar patches existed on the outside of the right little toe and left great toe, at metatarso phalangeal joint. The patch is covered with a crust or scab of a somewhat papullary appearance. Not tender or painful at any time, and never ulcerated. Dr. Howard brought the case for diagnosis. He thought it was due to some derangement of the spinal cord at the seat of the curvature, as nerves from this region supplied the skin of the feet.

Carbolic Acid as a Hypodermic Injection for the Cure of Hemorrhoids, Carbuncles, etc.

After relating several cases where most satisfactory results were procured, Dr. N. B. Kennedy concludes in the *Atlanta Med. and Surg. Jour.*, that in carbolic acid we have one of the most powerful remedies for good in the whole pharmacopœia.

In one instance, a highly nervous young lady came to his residence to have a felon lanced. She was clamorous for chloroform, as she feared the pain would kill her. He bathed the finger in pure undiluted acid, and in two minutes lanced the felon almost without pain, much to her astonishment.

Into hemorrhoidal tumors he injects from twenty to sixty drops of pure, undiluted acid: so also with carbuncles.

Corneal Changes in Acquired Syphilis.

Before the Ophthalmological Society of Great Britain, Dr. M. J. Symons contributed the history of a case of double symmetrical changes in the cornea of a man aged twenty-nine, who had acquired syphilis eight years earlier. The patient had first noticed that his eyes were weak, and that there was a film upon them seven weeks before he came under treatment. At the latter date there was thinning, bulging, and opacity over limited areas of both corneæ, without any disturbance of the epithelium. The iris was partially adherent in both eyes. The other tissues of the eye appeared to be healthy. Iodide of potassium effected but slight improvement in a fortnight, when the patient left the hospital.

Lead-poisoning from Eating an Apple.

The *Journal de Medecine de Bruxelles* reports that a lady who had previously enjoyed perfect health was suddenly taken with violent colic, which, although very severe, passed away, and the next day she consulted a Parisian physician, who diagnosed lead colic. No possible source of the lead could be suspected, however, until the lady called to mind that the day before the attack she had eaten an apple in which she had found, on eating, a shot pellet. It was then concluded that this pellet, in combination with the malic acid of the apple, was the cause of the attack. The story shows, at any rate, what expert *shots* Parisian as well as other physicians sometimes are at a diagnosis!

Lymphadenoma of the Intestine, with Leukæmia.

M. Mathieu reported at a recent meeting of the Paris Anatomical Society the case of a man, aged sixty, who had suffered from uncontrollable diarrhœa for five or six months, with glandular enlargements in the groin and axilla. He was very cachectic, and anasarca was present. The blood was examined several times without any signs of leukæmia being detected. At the necropsy the solitary glands were found much swollen and of a pearly white color, Peyer's patches being healthy. The mesenteric glands were much enlarged, also the spleen, the liver and kidneys being healthy. No tubercle was found.

Bromide of Potassium and Lotions of Ether for Sunstroke.

The plan pursued by Dr. C. H. Hughes (who makes a note of his method in the

Weekly Medical Review), is to give from sixty to one hundred and twenty grains during the first hour, and sixty grains every hour, or thirty grains every half hour, largely diluted in peppermint water; sulphuric ether freely to head and spine and fanned away till six ounces are used; ice at the same time to arms, wrists, abdomen, over the heart, legs, etc., and, in extreme cases of comatose collapse, ice-cold water into the bowels with ginger and capsicum, but ordinarily moderately cold water with two hundred grains of bromide of potassium.

Cocaine Spray in Epistaxis.

I. A., aged 20, suffering from a severe attack of typhoid, was troubled by frequent epistaxis, and Dr. Francis L. Haynes tells us in the *Therapeutic Gazette* (July 15) that the attacks were invariably relieved by throwing into the nostrils, for a few moments, spray from a two per cent. solution of cocaine. On one occasion, copious bleeding was allowed to persist for three hours, when the spray checked it immediately. Until the patient convalesced, the spray was needed almost daily, and frequently several times a day, but the nurse never allowed more than a few drops of blood to be lost.

Correspondence.

Malarial Hæmaturia.

Eds. Med. and Surg. Reporter:

Seeing an article in your valuable journal by Dr. T. A. Stamps, upon the subject of Malarial Hæmaturia, only awakens my past experience in combating this fearful and much-to-be-dreaded malady. While I like to be brief and practical, like the guest at table, I don't like to drink so much water to get a little coffee—for practical and not theoretical ideas is what the busy practitioner wants.

Now, what is it? Well, in 1873 I commenced the practice in southwest Arkansas, a very sickly, malarious country, and so, as chills were common, I found that this disease was only the result of aggravated chills, or protracted cases of malarial poison. The doctors had never cured a single case, and on one occasion I was invited by one of the prominent physicians, Dr. Tom Roland, of Arkadelphia, Ark., to visit one of these cases. I saw the patient, but in a dying condition, perfectly yellow, the urine bearing the appearance of fresh blood drawn from a vein. I remarked to the old doctor, for he was quite a good unprejudiced one, that I did not mean to be arrogant, and hoping he would not think me so egotistical, I believed I could cure a case, if I could see it in the first stage. "Very good," said the doctor, "you shall have a trial."

It was only a few days when a call came for the doctor, accompanied by a bottle of this blood-like urine. Then said he, "Go and treat this case for me." I was anxious to put my idea to a test, and also, if possible, do some good. When I reached the patient I found incessant vomiting, ropy mucus, with bile, etc. Patient orange color, also conjunctiva, high fever, etc.

Well, now, let us philosophize a little, for the real practice is based upon common sense principles. Here is a system poisoned with an absorption of bile, checking and blockading all the secretions and common emunctories and sewers of the system, if you please, and let us open them up, and help nature throw off the obstruction and assert her normal functions. My plan was this: I ordered twenty-four ears of corn in shock or ear put into a pail of water to a boil, and take this and place it around the patient so as not to burn, and a blanket over him. I had four men to sit one in each corner, and confine the steam and patient, for they are restless and generally wild. I ordered and kept cold water to head and gave patient plenty to drink. What was the result? My patient sweat like a bobtail bull in fly-time, and the perspiration was so charged with bile or its coloring matter that it stained the bed linen its color, and never washed out. What next? I ordered mercurial ointment rubbed on the inside of the thigh, while quinine, capsicum, camphor, and mur. tinct. of iron, I had rubbed all over my patient. I forgot to say, as the bowels are generally very sluggish, that I gave a turpentine enema, which acted well. How was my patient? I returned; saw the old doctor; I said, "My patient is better." "Oh," said he, "it is all a symptom for the worse. He won't get well, you will see." "Well," I said, "the improvement is very encouraging."

I went back, repeated my bath. Patient could then retain anything on stomach a little while. I gave ♏x tinc. aconite in one-half glass of water, teaspoonful every two hours, as I have wonderful faith in this in all fevers, at least in small doses.

Well I cured that year eight out of nine on this same experimental treatment. Suffice it to say it gave me some notoriety, I did a good practice, and seldom lost a pa-

tient. Let all who come in contact with such give my treatment, and report success. The urine is not bloody, but contains cholesterine; dip a white cloth in it you find the yellow copperas dye. Hoping this may prove good, I remain yours respectfully,

L. V. Weathers, M. D.

San Antonio, Texas.

News and Miscellany.

Caught in His Own Trap.

David Ker thus writes in *Harper's Magazine* for May:

"Men will sham any complaint nowadays to avoid their work," said our worthy skipper, as he sat at the head of the breakfast-table on our first day out. "I had a fellow once who pretended to have lamed himself when were about half-way out to Calcutta; and he did it so well that nobody ever suspected him a bit, and one night there was a false alarm of fire, and the way that *lame* man flew up the ladder would have astonished an acrobat."

"Well," said I, "you remember that story of the Irishman who went about Dublin with 'Pity the poor blind' on a board round his neck, and made quite a good trade of it, till at last one of the people who used to give to him met him in a by-street, stepping along like a prize pedestrian.

"'You old humbug,' cried he, 'you see as well as I do.'

"'Sure, thin,' says Paddy, looking down at the 'blind' board that he carried, 'they've hung the wrong board on me to-day by mistake. It's *deaf and dumb* I am.'"

"Well, I once saw something almost as good as that myself," said my right-hand neighbor, Professor T., "when I was on a visit to my friend Dr. L., in the east of France. There was a great conscription going on just then for the Crimean war, and L. had to test the recruits as they came in, to see whether they were fit for service.

"Now among these fellows there was one fine, sturdy Auvergnat, just the stuff for a soldier, if he hadn't unluckily been stone-deaf. So he said, at least, and it certainly appeared to be true, for all the tests that they applied to him couldn't make him give any sign of hearing a bit. *I* fully believed his case to be genuine; but I could see by the twinkle in Dr. L.'s eye that *he* didn't.

"'That'll do, my man,' said L. to him at last, in a low voice. 'You're too deaf to be of any use to us. You can go.'

"Instantly the recruit, forgetting himself in his glee at having got off so easily, sprang toward the door like a cat.

"'Not so fast, my fine fellow,' shouted the recruiting officer; 'if you can hear *that*, you're not too deaf for the army. You're a mighty cunning rogue, but this time we've caught you in your own trap.'"

M. Pasteur.

We take the following interesting account from the *Brit. Med. Jour.*, March 27:

Our Paris correspondent writes: The *Journal d'Alsace* publishes an article, signed by its director, Gustave Fischbach, in favor of a subscription for the Pasteur Institute. M. Pasteur was formerly professor in the Strasbourg Faculty of Sciences; the boy Meister, an Alsatian peasant, was the first patient treated by M. Pasteur. In two days, the amount subscribed has reached 3,301 francs (£128). M. Pasteur has written a charming letter of acknowledgment to Herr Fischbach. The President of the Paris Academy of Medicine announced at the last meeting that the state of the finances had been inquired into, and it was proposed that the Academy contribute £400 to the Pasteur fund: the proposition was unanimously adopted. A telegram from Rome has arrived, announcing that the King has conferred the order of Saints Maurice and Lazare on M. Pasteur. The assembly of M. Pasteur's patients presents a motley aspect; a literary contemporary describes it as follows: Along with fifty French subjects, there is a troop of English children, five Italian peasants shrouded in their woollen cloaks, and nineteen Russians from Smolensk dressed in fur-skins. The Russians have all been badly bitten in the face by a mad wolf. For dog-bites, M. Pasteur inoculates once a day during treatment; but for wolf-bites, which are more serious, the inoculations are made twice a day. The Russian Minister of Public Instruction has asked M. Pasteur if he will receive in his laboratory Russian medical men, to study his method of inoculation for hydrophobia. M. Pasteur has expressed the satisfaction he should feel on welcoming Russian scientists to his laboratory; but at the same time believes that one international establishment suffices for France, Europe, and even North America. M. Pasteur proposes that the international institution should offer every facility for carrying on researches on inoculation of the virus of contagious diseases of both mankind and the lower animals, where scientists from all parts of France and other

countries could pursue their researches. Prince Alexander of Oldenburg has created at St. Petersburg an establishment on a small scale for applying Pasteur's method. Experiments are made on dogs and rabbits before operating on man. Prince Alexander defrays all the expenses of the establishment.

Chlorophyll in Plants.

From an exchange we learn that experiments have been tried by Dr. A. Hansen with the view of determining the amount of chlorophyll in given areas of leaf surface in plants, and so to ascertain the amount necessary to the production of a given weight of starch. The plants he experimented upon were the sunflower, pumpkin, turnip, and tobacco. He isolated chlorophyll by boiling the leaves for a short time in water, and then extracting by means of 96 per cent. alcohol. After saponifying the alcoholic solution, the chlorophyll was extracted by means of alcohol—ether evaporated, dried, and weighed. He found that the amount varied considerably with the species, but the average he obtained was 5.142 grammes to the square meter of surface. Sachs, in his experiments on the pumpkin and sunflower, had previously determined that these plants form about 1.6 grammes of starch per hour per square meter of surface. The amount of chlorophyll, therefore, adequate to the production of 1 gramme of starch per hour is about .2 of a gramme, or one-fifth the weight of the starch. Dr. Hansen also believes that the function of chlorophyll is to act as a carrier of carbon dioxide to the protoplasm of the chlorophyll bodies; and that the real work of assimilation is accomplished by this, and not by the chlorophyll itself.

Equivalent Weights.

The *Therapeutic Gazette* tells us that the following rather good story is related in the *Petit Moniteur de Médecine* for April, 1886:

A doctor, practicing in the country, brought a package of powder in bulk to a woman, of which she was to give to her husband seventy-five grains daily. As she said that she had a pair of scales, but no weights, the physician told her that a one-franc piece (a quarter of a dollar) weighed about the amount which he wished to have given, and that she might therefore give him daily the weight of a franc piece of the powder. Two days afterwards the doctor, to his great astonishment, found his patient dead. The explanation of this mystery was, however, readily reached. It turned out that the woman had no silver piece, and that she thought the equivalent in money, no matter how arranged, would be the proper dose; she therefore, instead of putting the silver coin in the balance, put in twenty-five copper pennies. The result was evident.

To Render Wood Incombustible.

"Invention" describes a new patent for rendering wood incombustible, in which the wood is first well dried, and afterwards impregnated with a solution of about 4 parts by weight of borax and about 3 parts by weight of Epsom salt in about 20 parts by weight of hot water. The impregnated wood is coated with a mixture of hot clay and a sufficient quantity of liquid water-glass to enable the mass to be applied by means of a paint-brush. The wood, having again become dry, is covered with paper or with woven fabric, the latter having likewise been impregnated with the solution. Lastly, the whole is painted over with a mixture of from 30 to 40 parts by weight of sulphate of ammonia, and from 35 to 45 parts by weight of gypsum diluted with a sufficient quantity of water.

A Reasonable Discount for Cash.

A well-known English surgeon recently performed an operation on a little boy. The operation was comparatively trifling. The mother and the father and the little boy were in the surgeon's house just a quarter of an hour. "What is your fee?" said the father. "A hundred guineas," was the reply. The father was startled, and said he had not a hundred guineas. "Oh! then I will take fifty guineas." "But I cannot afford it," said the father; "and had you told me what your charge would be, I would not have come." "Then I will take twenty-five guineas." After a little more delay, the surgeon took ten guineas on account. Clever man that. His principle is to demand all, and take what he can get. He is at all events an adept at trying it on.

The Progress of Chemical Science in Japan.

From the annual report of the Tokio Chemical Society which was recently presented, it appears that the study of chemical science is making rapid progress in Japan. Ten ordinary meetings and one annual meeting were held during the year, at the latter of which an important paper on the "Constitution of some Non-saturated Oxygenous Salts" was read. The society has under-

taken to translate chemical terms into Japanese, and it now possesses a dictionary of the commoner chemical terms in Japanese, English, French, and German. It has also undertaken to establish a system of chemical nomenclature in the Japanese language, of which the nomenclature of elements and of inorganic compounds is already nearly finished.

The Age of Trees.

The *Western Druggist* tells us that the Chief Forester of Prussia denies that trees ever attain the age of a thousand years, as was formerly supposed. His investigations result in placing the extreme age of the pine at 570 years, of the larch at 429, of the oak 410, of the red beech 245 years. The chronicles of Wurtemburg show a certain linden tree at present in existence to be at least 438 years old, but except for the artificial protection it has received it would doubtless long ago have been blown down, as seven of its large branches are now sustained by stone columns, and its trunk is a mere shell, supported internally as well as externally by masonry.

The Malign Influence of the Morphia Habit.

An exchange tells us that a girl was taken before the Paris tribunal charged with stealing a blanket. She pleaded that she was under the influence of another person, and could not help herself. In prison it was found that she was in a hypnotized condition, and acted readily under the commands of others, doing anything that was told her. She was examined by a commission of Charcot, Brouardel, and Mollet, who reported that this state came from the use of morphia, suffering, and hunger; and that these suggestions from others, acting on an unstable nervous organism, greatly deranged by morphia and other causes, rendered her irresponsible for her acts. She was acquitted.

Arsenic in Skin Diseases.

The editor of the *Journal of Cutaneous and Venereal Diseases* is desirous of ascertaining to what extent arsenic is used by American physicians in the treatment of skin diseases, and also the results of their experience as to its therapeutical value. Information upon the following points is requested of every physician who reads this: Are you in the habit of employing arsenic, *generally*, in the treatment of skin diseases? In what diseases of the skin have you found arsenic of superior value to other remedies? What ill effects, if any, have you observed from its use? What preparation of the drug do you prefer, and in what doses do you employ it? Address, Editor of the *Journal of Cutaneous and Venereal Diseases*, 66 West 40th street, New York.

Bay Rum in the West Indies.

Mr. R. Bergter writes from Curaçao to a German pharmaceutical journal that bay rum is very largely used there to add to water for washing purposes. The foreign steamers calling at the islands are in the habit of regularly taking a case of bay rum for use on board. But for this purpose the bay rum must be of the best quality, distilled from the leaf. Saint Thomas produces the best bay rum, and also essence, which, however, is much less efficacious. It should be noted that in the West Indies all sugar spirit of a certain strength, generally 21° Cartier, is called "rum." Venezuela has latterly commenced to produce bay rum of very fair quality, but the production there is handicapped by almost prohibitive duties.

Indestructible Paste for Closing Letters.

Letters or envelopes which it is desired to protect against unauthorized opening (by moistening the pasted portion), may be securely sealed by using a solution of oxide of copper in ammonia as paste. This liquid has the faculty of dissolving cellulose. When applied to the paper it dissolves the cellulose on the surface, and on drying the two partially dissolved surfaces adhere indissolubly together. The same thing may be accomplished by using water-glass (silicate of soda or potassa). In this case the chemical action is different, but when it is completed, the pasted surfaces cohere as permanently as in the preceding case.

Sponge Raising.

Sponge raising in the waters of Long Island Sound is likely to become an important industry in the near future. It is believed that sponges of ordinary quality may be grown at a profit. The frequency with which several varieties of native sponges are found has induced some scientific men to plant young sponges from Florida waters off Stratford Point, where there is a long reef of submerged rocks of a nature suitable for sponge growing. The transplanted sponges have lived and flourished rapidly, growing to the size used in commerce.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE THREE WEEKS ENDED JULY 17, 1886.

White, J. H., assistant surgeon. Granted leave of absence for thirty days, July 12, 1886.

Pettus, W. J., assistant surgeon. When relieved at Charleston, S. C., to proceed to Savannah, Ga., for temporary duty, July 9, 1886.

Inebriety and Insanity.

The *Quarterly Journal of Inebriety* says that there are over 17,000 inmates in the alms-houses of New York State. Over 100,000 persons are in asylums, and registered as out-door poor. Over half this number are inebriates, or children of inebriates. Except the insane and idiotic, they are all regarded as sane, and as persons who have voluntarily brought this condition upon themselves, and, as such, subjects of punishment and prosecution.

An Opening for Physicians in India.

According to a letter in an Austrian journal, a most promising field for medical practice exists in India, especially in the inland parts of the peninsula. There is plenty of sickness, and physicians receive large fees. A knowledge of the language, sufficient for all practical purposes, is readily acquired, and beyond that, the writer states, nothing is needed for the acquisition of a large practice and a handsome income.

Items.

—Not very good days are these for hurry or worry or fret, or hard bodily work, or exhausting labor in hot rooms.

—Surgeon-General Robert Murray, of the U. S. Army, will be 62 years of age in August of the present year, when he will be placed on the retired list.

—"Cases for the coroner" are plenty enough without adding to the number by excesses in eating or drinking, or indiscretions of any sort, this hot weather.

—In Vienna, Austria, a local committee of twenty-five members has been formed for facilitating arrangements for attending the Ninth International Medical Congress in Washington, 1887.

—Some Poles in Toledo came near creating a riot because the meat-inspector attempted to prevent them from eating the meat of a cow which had died of splenic fever.

—Unless you are obliged to be in the sun on such blazing days as the last two or three, keep shady. If you must be so exposed, try to have the lightest sort of head-gear—straw-hat preferable, and in that have a moist handkerchief.

—The *American Lancet* says that "*an infinitesimal shrew-mouse squeaklet of a mediker*" is the latest term of reproach applied to a medical man in the secular press by another medical man. Unable ourselves to understand its meaning, we present it to our readers as a puzzle.

—Lady (to applicant)—"What wages will you expect as nurse?"

Applicant—"How ould is the babby, mum?"

Lady—"Seven months."

Applicant—"Widout laudanum, mum, two dollars an' a half a wake; wid laudanum, two dollars."

OBITUARY NOTICE.

GEORGE SUTTON, M. D.

Dr. George Sutton, of Aurora, Indiana, died at his home in that city, on June 13, 1886, aged 74 years. He was born in London, England, June 16, 1812, and emigrated with his parents to this country in 1819. He graduated from the Medical College of Ohio, in 1836, and shortly afterwards commenced the practice of medicine at Aurora, Indiana, where he remained ever since. He furnished many important papers to the Indiana State Medical Society, of which he was an honored member, being elected its president in 1869. His writings on cholera, trichina, parasites, reduction of dislocation of the hip-joint, and epidemics of southeastern Indiana, are replete with valuable and original ideas. Dr. Sutton was a scientist, and the study of nature to him was ever a great source of pleasure; and although engaged in active practice, he devoted a portion of his time to geology, meteorology, and archæology. He made collections of fossils and geological specimens, forming a cabinet of many thousand specimens unsurpassed by any in that portion of the State. His articles on "Glacial Deposits," "Formation of Storms," and the "Cause of the Great Floods in the Ohio Valley," were extensively copied in the scientific journals of the day.

At the time of his death he was an active member of several national and state societies, both medical and scientific, as well as an honorary member of many others.

THE

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Original Department.

Lecture.

ON HYGIENIC THERAPEUTICS.

A CLINICAL LECTURE BY DR. DUJARDIN-BEAUMETZ,

Member of the Academy of Medicine, Physician to the Cochin Hospital, Paris, France.

Gentlemen: In the earliest period of human society man had only a few hygienic means at his command with which to combat disease, and the practice of medicine consisted only in the administration of certain drinks, in the application of heat and frictions; for the primitive savage, ignorant of the medicinal properties of the plants around him, was unable to make any use of them, and such therapeutics as he had were of a hygienic character. We find evidence of this in the customs of certain barbarous tribes who still live pretty much as did the primitive man of the stone age.

My friend, Dr. Hyades, who has passed a year among the natives of Terra del Fuego, has given us a graphic account of their mode of treating diseases, from which we see that apart from rubbings and vapor baths, administered by heating water under blankets with which the patient is surrounded, and cold baths which are always given to every lying-in-woman immediately after her confinement, these people bestow almost no treatment on their sick. They might, indeed, utilize certain medicinal plants which grow in that country, but they do not use them, being ignorant of their curative virtue. Only at the moment of the death agony they compassionately smother the dying patient to terminate his sufferings.

In proportion as man rises in the scale of civilization, we witness the advancement of hygienic and therapeutic means. We must go back to the ancient Hindoos in order to find the first rudiments of hygienic therapeutics, and among this people the treatment of the sick has for ages been a religious duty.

It is in the sacred books of India, the Rig Vedas, and the Code of Manou, that we find the precepts of this religious hygiene. The protecting deities of medicine, the Aswins, preside over everything that pertains to health. It is to them that the sick apply for relief, and to show you the important role attributed to air and water in therapeutics, I can not do better than cite certain passages from a sacred hymn of the Rig Vegas:

"O God, man staggers in his weakness—direct and help him; man commits grievous faults for which thou dost punish him—restore him to life.

"Two winds blow: one from the sea, the other from the main land. How the blast of the one revives, and how the other prostrates us!

"O wind, bring the remedy; O wind, dissipate the evil. Thou possessest all medicinal virtues; thou hast been sent from the gods.

"The wind speaks: 'I come to thee with health and happiness, I bring thee strength and beauty, I sweep away disease.'

"The waters are salutary, the waters remove sickness: in them is every kind of remedial power; may they give thee health."

Apart from these precepts of hygiene, the therapeutics of the Hindoos is simply a therapeutics of prayers and offerings addressed to the gods. This kind of primitive medicine offers nothing that is definite, and is rather fetichism than true art.

There was another ancient people that

gave to hygiene a much more poweful impulsion, while still preserving its religious character: I allude to the Jews, who found in the tables of the Pentateuch hygienic precepts which are just as applicable to our day. These laws regulated alimentation, the care of the person, ventilation, etc., and man was clean or unclean according as he religiously observed or neglected these precepts.

Egypt adopted and perpetuated the Hindoo practice, and instituted sacerdotal medicine, which was composed exclusively of hygienic observances, consisting almost entirely in baths, gymnastics, massage, and bodily exercise; if you add the usage of a few purgatives, you will have the sum of the means which they employed in the treatment of the sick. This aggregate of hygienic prescriptions was directed by laws and decrees which fixed the occasions for their administration.

But the nation which carried farther than any other these precepts of hygiene, forming of them a complete system, was the Grecian. This race was impelled in this direction by its love for beauty in all its forms: a passion which enabled the Greeks to create those master-pieces of art which we moderns have never been able to equal, and which have been the delight of the past, as they will be of future generations.

To show the intimate union of medicine with hygiene, the Greeks in their poetical mythology made Hygeia, the goddess of health, the daughter or wife of Esculapius. Moreover the pupil of the centaur Chiron (Esculapius) had at his command no means but such as were hygienic, and the priests who served at his altars at Cos and Epidaurus practiced only hygienic therapeutics.

The temples of Esculapius, placed near the sea-shore in the most healthy situations, surrounded with sacred trees, and erected in the neighborhood of natural or mineral springs, offered to the numerous patients who flocked there for the recovery of their health, all those desirable hygienic conditions which we to day look for at our sanitaria.

Reclining on the steps of the temple, subjected to a special alimentary regimen, and favorably influenced from a moral point of view by the idea of the divinity present, and by the numerous votive offerings which, being hung on the walls of the temple, were a demonstration of the innumerable cures wrought in this place, the patients found themselves in the best possible conditions to obtain restoration.

These hygienic means were the only ones which the followers of Esculapius possessed. They barely supplemented them with the usage of certain simple herbs, such as hellebore; hygienic therapeutics, as we have seen, constituted the sum of their resources.

Then the Esculapians were divided into two groups; one remained attached to the temple, preserving their sacerdotal character —these were the sacred Esculapians; the others abandoned the temples and became the lay Esculapians, who traveled over the various parts of Greece and the East, and received, by reason of their journeyings, the name of *Periodeutes*. It is to this last group that the founder of medicine, the divine Hippocrates, belongs.

The contemporary of Socrates and all the illustrious men of the age of Pericles, Hippocrates was the first to establish the bases of the dietetic regimen of diseases, and in his treatises of medicine, he has given two chapters which were for many ages the sole guide of the physician in the hygienic treatment of disease.

In his treatise on "Airs, Waters, and Places," Hippocrates shows the importance he attaches to hygiene. These are his words: "Whoever would have a thorough knowledge of medicine, must not be ignorant of the subject of which I here treat."

But it is especially in the book entitled "Regimen in Diseases," that Hippocrates insists on hygienic therapeutics. He passes in review the different foods, dwells on the advantages and disadvantages of wine, and considers white wine as an excellent diuretic. According to him, garlic is a stimulant and acts on the kidneys; cheese is heating; lentils are astringent. As for the meats, fresh pork is hurtful, and he advises that this meat should be eaten cold. With regard to bread, he says that that which is poorly cooked gives rise to flatulence, while warm bread is of difficult digestion. Lastly, the originator of the use of baths in acute diseases, Hippocrates, counsels the treatment of inflammations of the lungs by warm fomentations. You will find, moreover, scattered all through his writings innumerable paragraphs referring to hygienic therapeutics.

For a long time the successors of Hippocrates followed the teachings of their master, but by degrees changes were introduced; for rational hygiene, empirical practices more or less absurd were substituted, and these attained their acme in the school of Alexandria. There resulted from this gross empiricism such abuses that there was soon a return to the doctrine of Hippocrates, and the most zealous reformer in this direction was Asclepiades, the Bithynian.

Asclepiades discarded all useless and dangerous drugs. He taught that sick persons should be sustained and restored to health by hygienic means alone, and especially by exercise. He recommended that particular attention should be bestowed upon the different emunctories of the economy, and especially the skin.

The Romans borrowed from Greece their knowledge of the arts and of medicine; and it may be affirmed that there were hardly any Roman physicians—almost all were Grecian, and the great majority came from the school of Alexandria. These medical men added but little to the doctrine of Hippocrates.

Celsus, in his fine treatise *De Re Medica*, devotes a long chapter to hygiene, the first in this work. This first book takes up the hygienic precepts which robust persons must follow in order to preserve their health; then in other chapters he traces the rules of diet in summer and in autumn, and shows that these rules vary, not only with the season of the year, but also with the temperament and age of the subject.

In the same age, *i. e.*., about the first century of our era, during the reign of Augustus, appeared the first indications of a hygienic practice which, resumed in our times, is one of the most powerful means of hygienic therapeutics; I refer to the employment of cold water in the treatment of acute diseases. It was Antonius Musa who was the first to apply this agency to cases of sickness, and by the use of cold water internally and externally he cured the Emperor Augustus.

Euphorbius, brother of Musa, continued the cold water treatment, but it was Charmis, of Marseilles, who practiced medicine in Rome at the same period, who carried the farthest the method of cold baths as applied to the treatment of diseases; and Pliny has mentioned the fact that it was a common thing for aged Roman Senators, obedient to the ordinances of Charmis, to shiver from the cold in the baths prescribed by this physician.

Then came Galen, who was destined to sum up in his writings the entire medical lore of antiquity, and serve as an authority to the generations that were to follow. In his works he does not omit hygienic therapeutics, and in his celebrated chapter on the *Care of the Health*, he shows the influence of the quality of foods, of exercise, and of rest, of waking, and of sleeping, on the progress of diseases. Only these hygienic precepts are buried in the midst of so much empirical rubbish that their value is considerably lessened.

From this moment, which may be considered as the declining point of Greek medicine, progress ceased to be made, and deep night settled over everything which pertained to rational therapeutics. The barbarians invaded Italy and the entire Roman empire, and that religion which was to conduct modern nations to a higher civilization —Christianity—directed medical practice into new paths, in which everything relating to hygiene was abandoned.

The people of antiquity, admiring physical beauty, were wont to put in usage all hygienic measures which were calculated to inspire strength and grace of person, and their philosophic, religious and social ideal was summed up in this one sentence: "The mind of a sage in the body of an athlete."

Christianity, on the other hand, addressing itself exclusively to the soul, in its fervid mysticism could but despise all attention bestowed on the body, that fleshly envelope and clog of the soul.

So firm and irradicable were these tendencies to neglect the body as being the baser part, to be treated with contempt and kept in subjection, that even at the present day there are religious communities distinguished by their neglect of the person and of the ordinary cares of hygiene.

The Arabs, who aimed to represent the traditional teachings of Galen, added but little to the hygienic precepts of the physician of Pergamos, and leaving to one side everything pertaining to hygienic therapeutics, they insisted much more on the employment of pharmaceutical agents, and we have to come down to A. D. 1100 before we find in the midst of this Middle Age chaos a few physicians attempting to bring medicine back to its original rational basis, and inculcating the practice of hygiene as a means of cure. This reformation was confined to the school of Salernum.

Situated on the borders of the Gulf of Salernum, this city, bearing the name of its gulf, was conquered by those hardy Normans who, returning from the Crusades under the leadership of Robert Guiscard, took possession of Apulia and Calabria. Here was founded, under the direction of John of Milan, a school of medicine which long possessed a great repute. This school was constituted by a strange medley of ecclesiastics, physicians, and female doctors, whose names history has preserved, and among which we find mentioned Trotula, Abdulla, Mercurias. But that which above all gave celebrity

to this school of Salernum is the work in leonine verses to which various names have been given, such as: "*Regimen of Health of Salernum*," "*Flowers of Medicine*," "*Medicine of Salernum*."

(*To be continued.*)

COMMUNICATIONS.

ON THE PATHOLOGY OF SURGICAL INFECTION AND THE VALUE OF ANTISEPSIS.

BY A. H. P. LEUF, M. D.,

Pathologist to St. Mary's Hospital and to the Hospital for Nervous and Mental Disease, Brooklyn, N. Y.

The subject of which it is my intention to treat this evening is so replete with food for thought and discussion that it seems endless. It also is inseparably connected with general infection, so that a discussion of the one necessarily involves a consideration of the other. No sharp lines can be drawn between the two. While it is my intention to treat the selected subject thoroughly, an effort will be made to refrain from all unnecessary mention of extraneous matter. Exception will be taken against the now so prevalent extreme methods of antisepsis during operation and subsequent thereto.

Personal experience in the frequent handling of dead bodies in various stages of decomposition, and dead of all kinds of disease, in connection with operative surgery, privileges me to have a say.

In this day of specialization also, when everything is apt to be viewed from only one standpoint by each individual, and this standpoint depending upon the special work the viewer is engaged in, it behooves some one having a more general interest in our work to look upon everything from all possible points of view for the purpose of establishing relative values. The neurologist, for instance, will claim every pain or ache as coming exclusively within his particular domain, while the operative surgeon will insist upon its being permanently curable only by instrumental interference.

Recognizing the scope and depth of this subject, the limited time allotted for its consideration, and being desirous of treating it fully and yet concisely, an effort will be made to arrange it in a systematic manner.

It is the object of this paper to take up the healing of wounds, the methods of so-called surgical infection, the cause of excessive surgical fever, the prevention of this condition, and the value of the general application of the germ theory and its logical outcome, antisepsis.

The prevailing fashion of unnecessarily lengthening a paper with a long bibliographical list will be ignored, and only such few references made as seem advisable. Advantage is hereby taken of this opportunity to again call attention to that most remarkable work of its kind—*The Index Medicus*. It should replace all those needless tails of reference that we find tied to papers of all grades. More numerous and complete references can be found there of the current literature on this subject than any single individual could otherwise collate.

Wounds heal essentially but in two ways. These may be and by some are denominated primary and secondary. The first occurs without the formation of pus, and the second is accompanied by suppuration. In the latter we have granulations and granulation tissue, while in the former healing takes place without granulations, although the process of repair results in an identical tissue.* Repair in all instances is effected only by the cell. The participation of the blood-vessels in this process is secondary, and their secondary function is to nourish the cells that are doing the work, thus continuing proliferation and growth.

All living tissues have common and special power of reaction. The common reactions are those of mere vitality, while the special reactions are the result of the performance of duties not essential to life. Thus every cell does the common work of maintaining itself. In addition to this, cells do their own special work as living individuals; for instance, the ordinary connective tissue cells, which form the framework that supports the essential elements of an organ and its nutrient vessels and nerves; or the cerebral cells, which preside over the volitions of the body and the associations of its various workings; while the liver, kidney, pancre-

* By suppuration I mean any fluid exudation from a wound's surface containing multinuclear cells—leucocytes. The so-called "union by granulation without suppuration" of the antisepticists is only apparently true. The object of suppuration is the protection of the granulating surface from extrinsic influences, particularly over-dryness and hardening of the surface. In proportion as there is diminished chance of evaporation there may be lessened pus formation, and more especially is this true when the surface is well protected by sponge or other suitable material, and dressings that are more or less sealed. This is true in very much the same way that it is that the amount of callus in a fracture depends largely upon the irritation of the broken ends of the bone and their displacement. I am well aware that this view of suppuration may seem new, but be that as it may, it is the sense in which the term is employed throughout the paper. Any exudate from a granulating surface will be found to contain leucocytes, and therefore is pus. It may only be detectable by its effects in preventing dryness and hardening of the surface. There is no such thing in reality as "healing by granulation without suppuration."

atic, and red and white blood cells are still different. It is by their common reactions that cells or tissues overcome disturbances. Let there be a breach of continuity in any of the tissues, and the steps by which the injury is overcome, or attempted to be overcome, are essentially the same in all. Perturbing influences, whether slow or sudden, will have definite effects upon all structures, but often as different as are those structures themselves. A wound of the brain and one of the skin heal essentially in the same way, but the manifestations and results are not alike. In the same manner a similar disturbing cause will affect differently various people or groups of people.

The connective tissue cell is the essential element of the body's framework. It binds together all our different parts. Whenever there is a breach of continuity, it is the *special* duty of this cell to make the necessary repair in restoring continuity. This is but in accordance with all physiological processes, as continuity depends upon the connective tissue, and when continuity is severed, this tissue is injured. Those elements which happen to be enjoying the support of this structure at the seat of the wound, have no connective function, they do not aid in the repair, they are injured and they die.

Repair is effected by proliferation. All the lower tissues proliferate when sufficiently disturbed, while the higher tissues never do. In inflammation the higher tissues perish, while the lower tissues increase. These lower tissues are embraced by the great connective tissue group. If higher structures proliferated, a man with nephritis or hepatitis ought to get larger and better kidneys and liver on that very account, but the truth is that the framework of the organ (the lower or connective tissue) is increased, while the higher, the essential secretory structure, is diminished—destroyed.

In all solutions of continuity, therefore, there is increased life and activity, proliferation of the connective tissue on the one hand, and diminished life and activity, death of the special cells, on the other. The dead elements are removed by absorption or by ecrysis. If small, as in a simple incised wound, absorption is the rule. If large, as in a lacerated or contused wound, ecrysis predominates, and we have a slough or gangrene. There may be, and often is, absorption without ecrysis, but never the latter without the former.

Proliferation is reduced to a minimum in primary union, and is excessive in healing by granulations. The former it is almost always our object to attain. The latter may conveniently be divided into three stages, as will appear. When a wound is just made there is a transudation of blood from its surface, and this is soon accompanied by a flow of lymph. A variable time after the trauma (depending upon its site, extent, and the patient's condition) there is added a flow of serum, and the hemorrhage gradually subsides, until eventually there is no longer any transudation from the surface of the wound. It begins to take on a glazed appearance, due to the coagulation of albuminous matter, variously known as coagulable lymph, plastic lymph, plastic exudate, etc. Somewhat in the same way as microbes are developed from gelatine and animal broth (nutritive gelatine), we find the superficial connective tissue cells of the wound's surface increase in size and number. The glazing of the surface takes the place of the microbist's gelatine, and the adjoining blood vessels represent the animal broth. The wounded connective tissue cells begin the reparative process. The increasing cells push forward like an advancing army, and the blood vessels throw out closely following loops in the same way that the food supply follows a body of soldiers—their functions are similar.* These loops, covered with cells, form granulations. Cell formation is so rapid that many are thrown off with modified serum to form the pus that covers the granulations, and protects them from dryness and other disturbing influences.

The three stages into which the healing of an open wound may be divided are—

1. The period extending from the reception of the injury to the glazing of the wound.

2. The time between the glazing of the wound and the formation of granulations and pus.

3. From the formation of pus to the end of repair.

The healing of wounds is retarded by two sets of causes—local and constitutional.

The local causes may be said to consist of 1st, Anything that will prevent perfect coaptation; 2d, anything that will reduce the local tonicity; and 3d, all sufficiently irri-

* I arrange myself by the side of those who do not believe the migration of leucocytes (through the vessel walls to be essential to the inflammatory process—diapedesis—because of repeated failures to observe it after the most careful and persevering observance of an active inflammatory field. What I have seen appeared to be a proliferation of the vessel wall, either inwards or outwards, or both conjointly, and this agrees with Prof. Daniel Ayres' views on this subject. Still, I do not wish to be understood as denying the possibility of diapedesis, and the probability of its inconstant and infrequent occurrence. It seems to me most proper to define inflammation as increased cellular metabolism, with a failure to remove all or a part of the exudate.

tant foreign bodies. The first includes everything that separates the edges of the cut surfaces, and these may be large solid foreign bodies, blood, lymph, serum, water, air, gas, and drains of all kinds, as tube, horse-hair, or silk. The second comprises devitalizing or benumbing fluids and gases, and even a too free and continuous supply of water. The third consists of all kinds of irritating substances.

The constitutional causes are readily divided into nervous, muscular, vascular, and nutritive. General neurasthenia, in the broadest sense of the word, whether it be due to heredity, some chronic or acute disorder, or to anæsthesia, will materially retard or altogether prevent repair, if not properly and promptly counteracted. Lack of promptness may, and occasionally does, involve a loss of life, in consequence of the drain upon the vitality of the patient in ineffectual efforts at union. A flabby muscular apparatus will often, in spite of a fair nervous tonicity, be a barrier to typical repair, causing delay and sometimes failure. Vascular disturbances, by directly modifying local nutrition, interfere with the healthy healing of a wound as insufficient food supply diminishes the effectiveness of individuals who have to perform a given work within a specific period. General nutritive disturbances, as impairment of the functions of the stomach, liver, or kidneys, retard or prevent primary union, and sometimes even normal granulation, by diminishing the general vitality or resisting power.

Elevation of temperature a few degrees above the normal standard is called fever. Such elevation, however, is as normal in some pathological conditions as is the standard in health. Various affections have different thermic elevations peculiar to themselves. The reactionary rise of body heat after hemorrhage or injury is normal under the circumstances by which it is caused. That either general or local irritation will cause such a rise is beyond question. Even excessive anger runs the mercury up the scale.

Most foreign bodies irritate. Dead animal matter is a foreign body. It becomes particularly obnoxious while in process of decomposition. The dead elements on the surface of a wound between the connective tissue meshes, therefore, are foreign bodies, if not quickly absorbed, and produce a detrimental effect. The normal bodily temperature is most favorable to rapid putrefaction, and hence to rapidly converting its own dead tissues into sources of irritation. This is more especially true of lacerated wounds for self-evident reasons.

Many local irritations produce general disturbances. Increased activity of the cerebral cells, as in mental concentration, sufficiently perverts the metabolism of the whole body to elevate the temperature several degrees. A simple neuralgia due to neuritis will have its marked effect upon the body. Likewise a common felon. The same may be said of the painful recovery from an over-worked muscle. Many of these bodily disturbances are etiological factors in elevated temperature—fever.

Nervous excitations not appreciable by the mind cause reflex disturbances. As an example, take the gravid uterus and its accompanying emesis. Peripheral nervous irritation may be caused by a nerve being compressed, or under tension (stretched), or in contact with some irritant. An abscess in a dense tissue produces greater disturbances than one located in a very yielding structure. This is because in the former instance the local disturbance of the blood and lymph vessels and the nerves is greater than in the latter. An abscess grows, especially when it is encapsulated from the inner side of its wall. Surrounding structures are pushed aside. All intervening vessels and nerves are disturbed. The denser the tissue and the greater the abscess, the greater is the effect upon the body. Take, for instance, the general effect of a periostitis with effusion of pus between the bone and membrane. Here we have two very unyielding structures and a marked constitutional effect. Again, take for example the constitutional effect of congestions or inflammations of the tonsils or mammæ. From this it is safe to say that—

Those tissues which have the richest nerve supply and the densest consistence, as a rule, give rise to the most marked constitutional disturbance when congested or inflamed.

Hilton* has done perhaps more than any other single individual to demonstrate and emphasize the influence upon the body, as well as diagnostic importance, of pain, and the great therapeutic value of rest. Gamgee also deserves credit for valuable work of the same kind. John Hilton made elaborate dissections to trace out the finer nervous ramifications, and compared them with the clinical facts of his surgical experience. His investigations were thorough and far-reaching. He was one of the first to show a definite relation in many instances between thermal elevation and nervous irritation. He also proved that great attention was due to

*His remarkable work on the "Diagnostic Value of Pain, and Therapeutic Value of Rest," is one that no scientific physician can afford to neglect to read and study.

the nervous system, both general and local, in the repair of tissue, and that, too, whether or not the air was made a factor by contact with the lesion. He firmly fixed the one great fact, that the more perfect, absolute, and continuous the rest of an injured part, the more favorable were the conditions of repair, and the greater certainty was there of complete, rapid, and satisfactory recovery. Rest has such great therapeutic power because it results in a comparative increase of tonicity by enabling all the forces operating at the seat of injury to concentrate themselves upon the process of repair alone.

A bleeding surface does not absorb. A surface exuding plasma or serum does not absorb. A cover or envelope of coagulated albumen prevents absorption by the surface underneath. A wound, from the time of its inception until its proper closure, is under these varying conditions at different times. At first there is hemorrhage, then an exudation of plasma and lymph, which is subsequently followed by the coagulation of the albuminous constituents of these fluids. During this time absorption is impossible. It does not occur. When the wound is covered with this coagulated layer, it is said to be glazed. When a wound is properly glazed, there is no longer any exudate.* Given a wound in this condition, and free from irritant material, with perfectly coaptated surfaces, and their constant maintenance in this relation, and the result will be primary union. If such surfaces are approximated before glazing is complete, there may be, and as a rule is, still a little oozing of fluid, consisting of blood, plasma, lymph, or all. Given a wound with surfaces approximated, but imperfectly glazed, and gradually a foreign body, the exuding fluid, insinuates itself between the surfaces, separates them, irritates them and the subjacent cells, primary union becomes impossible, and if the tension becomes sufficient or the fluid undergoes chemical changes and thus becomes sufficiently irritant, a general disturbance of the whole body with a rise of temperature is the inevitable outcome. This a great many misname septic infection.†

Glazing requires a variable period. It varies at different ages, in different individuals of the same age, and in the same individual under different circumstances. Glazing depends upon the tonicity of the wound, and this in turn depends upon the local and general conditions already indicated, or is diminished, or destroyed, by the cause above cited.

A cause of atonicity of wounds now exists, and will remain with us, that our predecessors, up to the earlier half of this century, did not have to contend against. It is not appreciated at the present day except by a few. Attention was recently called to it by one of our most reliable surgical authorities —an unimpeachable observer. He saw the steady inroads that this cause was making, in marring the success of those surgeons who, previous to its advent, seldom met with failure. Prevailing methods, previously satisfactory, became unpopular, and were abandoned. Primary union was becoming a thing of the past. Surgeons all over were resorting to the open treatment of wounds—union with suppuration. It was noticed, but not explained, that wounds that were gently handled and left to themselves for open treatment, and on second thought, at the end of half a day or a day, were dressed for the purpose of obtaining primary union, resulted in union without suppuration more frequently than those that were dressed for this purpose immediately after the operation or injury. Few men, if any, at first saw any relation between the advent of anæsthesia and the proportionate failure of primary union, and it seems that those who did considered it only an unaccountable coincidence. Hamilton* dwells especially upon the retardation of glazing produced by the use of anæsthetics. He appears to be the first to have laid much stress upon this important point. It is directly due to local atonicity, and this in turn is caused by the general flaccidity induced by etherization or analogous conditions.

The retraction of cut tissues of an anæsthetized patient is not as great as those of one who is conscious. Operations upon paralyzed limbs do not succeed as well as those upon extremities that are not paralyzed. This difference is best observed in hemiplegics who have both sides injured. Careful surgeons have a well founded temerity

* By "glazing," I do not necessarily wish to be understood as meaning a thin albuminous coagulate sufficiently thick to be easily appreciated by the naked eye; but what I do intend is the cessation of exudation, with relative dryness and more or less gloss of the surface.

† For the sake of clearness it is perhaps well to state that it is not intended in this paper to use the term "primary union" as synonym us with "primary adhesion." The idea expressed by the latter term is a fallacy, as it supposes that two normal surfaces can adhere and remain united without the inflammatory process that inevitably accompanies trauma. By "primary union" I mean a union which results without suppuration or surface granulation, and which it is not safe to disturb inside of several days, and which even after that time may be re-severed without very much effect. This is the most advantageous union that can be attained, and its rapid perfection in suitable cases has led to the misconception—"primary adhesion."

* The Art of Primary Union—N. Y. Med. Record [illegible] 2, 1886.

about operating upon enervated structures.

The large failure of primary union after the advent of anæsthetics as compared with previous successes depended upon the diminution of tonicity produced by these agents. This mode of repair more often succeeded in those instances where the dressing of the wound was postponed for many hours than in those where such dressing was immediately applied, because glazing was only completed after many hours and the comparatively immediate closure of the wound was premature in the great majority of cases. How this objection was overcome, and what it led to, will be considered further on.

We next pass from the first stage of the process of repair to the second, extending up to the formation of pus and granulations. Given a perfectly glazed wound properly dressed, and primary union should be the inevitable result. Such a wound is inaccessible to extraneous matter likely to do harm. If properly cared for, the danger, if any, is intrinsic and depends upon the patient's general condition. Given, however, a wound that is bound to suppurate, I mean one that it is designed to allow to heal by granulation, and the second period becomes a field for speculation, and to this I shall recur.

The third and last period of the wound, the suppurative stage, is devoid of danger or risk, except from the effects of a mechanical or chemical character, such as blows, cuts, and corrosives. Granulation tissue, as previously indicated, consists of new blood vessels and cells. Lymphatics it has none. Neither is it possessed of nerves. *It does not absorb.* That this is a fact has been long ago demonstrated in an experimental way by Billroth* and others. But experimentation is not at all necessary. The practice of surgery is full of demonstrations. A contused and lacerated wound loses part of its tissue by the interference with the local blood supply, due to the injury done the blood vessels in the immediate vicinity. The extent of the slough cannot be ascertained until it is separating from the adjacent healthy living structures. These sloughs, despite their offensive character, view them any way we please, do not cause septicæmia and pyæmia. They are putrescent masses of animal matter, but do no harm except to delay union until they are thrown off. The same thing on a larger scale is seen in gangrene of the extremities and the spontaneous amputations that are the result. When these patients die, it is not from excessive fever, but from the strain upon the nervous system and the drain upon their nutritive resources. Treat these cases as you please locally, and the temperature remains above the normal, unless constitutional remedies are administered, or the excess of heat is carried off by artificial means, such as cold applications, as quickly, or even more rapidly, than it is formed.

The following may be considered a logical deduction from the facts thus far enumerated: *So long as there is any transudation from a wound there is no absorption by that wound.* It therefore follows that as there is transudation of blood, plasma and serum from the wound until glazing is completed, and as there is transudation from the wound of pus from the time granulations are formed until repair is completed, absorption does not, can not, occur during the first and third stages of repair. Of the intermediate stage more will be said below.

We all are aware that a number of patients under like environments and with similar injuries, together in one ward, will fare differently. The results will often be entirely out of all proportion to the kinds of traumatisms. A major amputation will survive with a clear history, while a minor injury or amputation in the adjoining bed will be the only source of worry in the ward to a house and visiting staff, until death puts an end to the suspense. Why is this? Both injuries may have been received under the same conditions, in fact may be due to the same cause and have occurred in the same place; both patients may appear alike in every way appreciable to our senses; both may receive the same care by the same persons; both have similar requirements and are served alike; yet why does one perish and the other recover? This is not a question of infection, although some would have it so. Surgical practice, especially military surgery, is replete with instances when wards filled with injured of all kinds were swept by an epidemic, so to speak, of hospital gangrene; and how is it that a certain proportion of the injured in these same wards, sandwiched between the foulest cases, not only survived, but never had a bad symptom? This is not a question of infection. The prejudice against ligaturing veins became trite and was overcome by original men. To-day veins, the largest that are accessible, are tied. The prejudice against this practice feared pyæmia from such a procedure, because the resulting phlebitis would throw pus into the circulating blood, cause excessive fever, metastatic abscesses—pyæmia. It does not. This, also, is not a question of infection. When occasionally a patient with a ligated vein becomes

* In his Surgical Pathology.

pyæmic, it is not because the phlebitis caused an absorption of pus, but because the patient had not the ability to react against the injury and the occurrence of those symptoms that characterize the condition known as pyæmia. His resisting and reactionary powers were defective. Veins, large and small, are cut in all operations, and must heal by inflammation, whether they are tied or not. If the pus gets in a vein, and thence into the circulation, it will do so because the patient has not the resisting power to avert the pyogenic process. In other words, he is predisposed constitutionally.

This leads me to formulate another rule, which is that *most, if not all, of the so-called infectious disorders are due almost exclusively, if not exclusively, to intrinsic and not extrinsic causes.*

These intrinsic causes may be formulated under the general head of predisposition, and this may conveniently be divided into hereditary and acquired.

The hereditary form may appear at, or shortly after, birth as an anatomical defect, or may only show itself during infantile development. On the other hand it may not exhibit itself till after the beginning of puberty. Warning may also be had of the existence of a defective tendency by some special subnormal physiological processes that are quite constant in, but peculiar to, the person affected.

The acquired predisposition may grow out of bad environments, as poor food, air, or light, exposure to cold or damp, or irregular mode of living; it may be due to intrinsic causes, as syphilis and other diseases, both local and general, or to bad practices or vicious habits. The degenerative period of life also furnishes abundant changes that go to make up a strong predisposition to diseases that had previously been ineffectual in encroaching upon the vitality of the organism. Every serious disease, like each grave operation, in fact all serious disturbances, are potent in lessening the vitality or resisting power of the individual, or, in other words, they aid strongly in the acquirement of a predisposition to disease.*

(*To be continued*).

*In view of the misunderstanding developed during the discussion of this paper, it seems not amiss to explain that by predisposition to surgical complications I do not mean predisposition to tuberculosis, or scrofulosis, inherited syphilis, or any of the well-known dyscrasiæ or cachexiæ, whether inherited or acquired; but a tendency irrespective of these to complicate traumatisms. Why do some women while in child-bed, after a typical labor, and days afterwards, without having had a bad symptom or any fever, develop a plugging of the femoral vein? Why do some women, without any apparent local or general trouble, develop the same condition? Allowing even the fallacious supposition to be true that the plug was derived from the uterine sinuses, where it was originally located as a clot, and we fail to explain why the clot, little enough to pass through the smaller uterine veins and those of the pampiniform plexus, should be arrested in a vessel of such large dimensions as the femoral vein, instead of going further down the limb, or, if hindered by valves and the blood current, into the heart and lungs. There is probably a double cause, local (in the vein) and general.

*Chas. D. Meigs, M. D., "Woman: Her Diseases and Remedies."

Medical Societies.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

(*Concluded from page* 143.)

Dr. H. thought it very probable that had Dr. Ashby been present when delivery occurred in his case, and rendered proper assistance with the forceps, as he certainly would have done, and promptly removed the placenta, his patient's life would have been saved. It is to the last degree important in all cases of labor occurring in women suffering from organic affections of the heart, that the accoucheur be present from the commencement to the close in order to render prompt assistance in any exigency that may occur. But it is not always easy to discriminate between organic and inorganic murmurs so as to determine whether a given case has a functional disorder or an organic lesion of the heart—a practical point of great moment, to which Dr. Ashby did not allude in his well-written paper. Some years back, Dr. H. had seen a gentleman in consultation with his good friend, Dr. J. W. Houck, of this city. Six physicians, some of them excellent auscultators, saw the patient; three thought the loud systolic murmur indicated grave organic disease, and three were equally confident that it was inorganic, and induced by extreme anæmia. The latter's opinion proved to be correct, as the murmur completely subsided under appropriate treatment.

In that remarkable book which so charmed the medical mind about a third of a century ago, its eminent author* directed special attention to the difficulties encountered in *anæmia gravidarum* in distinguishing between true organic lesions of the heart, and what he terms "*seeming diseases of the heart.*" He draws, in his own striking and inimitable manner, vivid pictures of the latter, characterized by palpitation, great increase in the area of cardiac pulsation, dyspnœa, orthopnœa, etc. Even now, the chapter he devotes to the subject will well repay perusal. Dr. H. attended a bright mulatto

*Chas. D. Meigs, M. D., "Woman: Her Diseases and Remedies."

woman in the spring of 1862, during the last two months of her pregnancy, but was unable to be present at her accouchement. She was extremely anæmic, anasarcous, and suffered dreadfully from slight exertion. Anæmic soft and blowing murmurs were well marked over the heart and in the carotids, accompanied by a venous hum. But Dr. Meigs' statement that the most extravagant deviations in the heart's action in such cases are greatly lessened or wholly disappear so long as the woman remains at rest in the recumbent position, was beautifully exemplified. This is a diagnostic point of great importance; for, as Dr. Meigs forcibly states, though the derangements of the heart's action are frightfully aggravated, when organic lesions exist, by exertion, they do not wholly disappear in a state of profound rest.

Dr. George W. Miltenberger said that in his experience cases of confinement complicated by heart disease almost always resulted favorably.

Dr. Thos. Opie considered that, although the bellows murmur heard during pregnancy is generally due to hydræmia, yet he saw no reason why pressure of the enlarged uterus against the abdominal aorta should not cause a regurgitant murmur under certain circumstances at the aortic valves. He felt certain he had seen reference to the same idea in print recently. So long as there was the physiological slowing of the pulse following labor he felt safe, always considering an increase in the heart-beat shortly after labor as a warning of approaching hemorrhage, or later on of blood-poisoning.

Dr. Howard thought it very improbable that the pressure of the uterus or any intra-abdominal tumor against the aorta would cause *any* heart murmur. He would ascribe such a murmur either to anæmia or previous valvular disease.

Dr. T. A. Ashby closed the discussion by saying that he fully coincided with Dr. Erich's views in regard to the inadvisability of inducing premature labor or abortion in cases of pregnancy with advanced cardiac disease. There are two objections to the method: first, the effort of delivery in premature labor is, if anything, more injurious to these cases, and more liable to bring about disturbances of the circulation, than labor at full term. In the second place, premature labor almost of necessity involves the destruction of the child, and thereby jeopardizes two lives, whereas in labor at full term the life of the child is not necessarily complicated by reason of the existence of cardiac disease in the mother. In the case reported by Dr. Ashby, a vigorous healthy child was born, which to some extent compensated society for the loss of its parent. Dr. Ashby recognized the importance of the points stated by Dr. Howard. In the case he had reported the diagnosis of organic cardiac disease was carefully made and functional heart murmurs were discounted. The patient had no œdema, no anasarca, and her anæmia was not sufficient in itself to have accounted for the mitral regurgitation and aortic obstructive murmur. The patient had a previous history of rheumatic endocarditis, which unmistakably accounted for organic changes. He was clearly of the opinion that the hemorrhage following the delivery of the child was insufficient to account for the disturbance of the heart's action, and he believed that this loss of blood could have been avoided had he been present at the birth of the child. On the other hand, the hemorrhage was not sufficient in itself to have destroyed the life of the patient. Had the equilibrium of the circulation been provided for by compensatory arrangements, and the duty of maintaining the circulation been performed by the heart, its action would not have ceased. In referring to the prognosis of pregnancy in cardiac disease, Dr. Ashby agreed with the views expressed by the President and Dr. Howard. He thought Dr. Macdonald had taken too unfavorable a view of the prognosis. Macdonald had reported a mortality of 60 per cent., which was certainly very high. In a recent discussion before the Obstetrical Society of London (*Brit. Med. Jour.*, April 24, 1886, page 781), the subject had been discussed, and this view of Macdonald's prognosis had been expressed by several speakers. The practical point to be considered in connection with cases of pregnancy associated with organic cardiac disease, has reference to the treatment of the patient during labor. Knowing that cardiac disease exercises an unfavorable influence upon the prognosis of labor, the obstetrician should give close attention to these patients, and should see that the condition of the heart was not influenced by excitement or other causes liable to induce shock or suspended action.

Dr, W. E. Moseley reported the following:

A Case of Intra-peritoneal and Post-peritoneal Abscess.

Mrs. F., aged 25, a light mulatto woman, between two and three years ago, first noticed a painful swelling occupying the right iliac fossa, and which confined her to her bed for several days. The tumor developed rapidly, was accompanied by pain, was sen-

sitive to touch, and was coincident with a decidedly constipated condition of the bowels. The patient attributed the trouble to straining or bruising from carrying heavy market baskets. A blister was applied, and in a few days the swelling disappeared, and no more attention was paid to it until last November. At that time she was in the country nursing her sister, whom she had to lift and who was a very heavy woman, and while thus employed the swelling re-appeared. On her return home she was seen by various physicians, who gave her internal medication, but without producing any diminution in the size of the tumor.

I first saw her February 26, and at that time obtained the following history in addition to the facts already related; Menstruation had been regular and without marked pain until about seven years ago, when it ceased and has not re-appeared, but at each period since there has been some pelvic discomfort. She has never known herself to be pregnant. General health was always good until the first appearance of the tumor, nearly three years ago, since which time she has been failing. Bowels rather constipated, but appetite very good. Examination of the abdomen showed a well-defined oval tumor occupying the right iliac fossa, about six inches in its longest diameter, parallel to the crest of the ilium, and extending about three and a half inches toward the median line. It was somewhat sensitive on deep pressure, and had an elastic feel, as though there might be fluid confined beneath thick but tense walls. The swelling could not be felt per vaginam. There was a sharp cervico-corporeal anteflexion of the uterus, and on the left lateral wall of that organ was a small fibroid tumor about the size of a hickory-nut, with its attachment nearly on a line with the internal os. There was no connection between the abdominal tumor and the uterus. The bowels were constipated, but kept open by enemata and laxatives. The pulse averaged about 84, and temperature 99° +. The patient was confined to her bed nearly all the time from weakness, abdominal discomfort, and inability to walk. For about two months I tried the effects of counter-irritation with iodine and blisters, and the persistent use of heat, together with copious hot vaginal douches, and general tonic treatment; but the tumor increased slightly in size, and on April 20, assisted by Dr. C. H. Riley, a thorough examination was made under ether, which confirmed the results of the previous examinations. An aseptic hypodermic needle was introduced about two inches anterior to and on a line with the anterior-superior spinous process of the right ilium, and clear laudable pus withdrawn. Both Dr. Riley and myself thought that a free opening with drainage would give the patient the best chances of recovery in the shortest possible time; so, under the free use of $\frac{1}{5000}$ solution of bichloride of mercury, an incision two inches long, was made two inches from and parallel to the crest of the ilium, and extending down to the peritoneum. The peritoneum and sac of the abscess were stitched together by two rows of interrupted sutures, three on each side, after the greater part of the pus had been removed by the aspirator. An incision was made between the rows of sutures, a rubber drainage-tube introduced and made fast to the abdominal wall, and the skin and muscle brought together by two silk sutures. About five ounces of pus were obtained. The abscess was washed out morning and night for several days with $\frac{1}{5000}$ bichloride solution, iodoform sprinkled around the incision, and the whole covered with tarred jute. The discharge was very slight from the first. On the second day the pulse reached 102, and temperature 101.9°, but after that the pulse ranged between 80 and 90, and the temperature between 98° and 99° F. in the axilla. The drainage-tube was removed on the fifth or sixth day, and the cavity washed out once daily. The patient sat up on the fourteenth day, and since then the cavity has been washed out every second day. The abdominal incision healed by first intention. There now remains a sinus extending about two inches inward and slightly upward, the induration is rapidly disappearing, and there is no more pus obtained than can be accounted for by the walls of the sinus.

The questions of special interest to me at the time of the operation were, in what tissue and from what cause did the collection of pus originate, and what was the prognosis? My opinion was that the abscess was intraperitoneal and due to an old perityphlitis, or in the cellular tissue behind the reflection of the peritoneum, with a decided bearing toward the former. The condition of the patient at the present time, I think, demonstrates pretty clearly that the abscess was not due to necrosed bone.

Dr. Howard had seen a somewhat similar case in a child four or five years of age. The abscess was opened freely and about a pint of pus evacuated. The child recovered.

Dr. Erich would consider the cause as probably perityphlitis.

Dr. Miltenberger thought such abscesses

frequently occurred without our being able to trace them to any specific cause. He thought the one reported by Dr. Moseley was probably situated in the cellular tissue behind the reflection of the peritoneum.

Dr. H. P. C. Wilson said he was absent at the last meeting of the Society when Dr. Chunn's paper, describing the removal of an ovarian tumor from a negro woman, was under consideration. As this operation was done at the Hospital for the Women of Maryland under his service, and by his assistant, he would be considered as endorsing the correctness of the case as reported should he hold his tongue. He now rose to protest against this case going on record as an ovarian tumor in a negro woman. It was clearly, to his mind, a tumor of the uterus. It grew from the whole posterior surface of the uterus as low down as the vaginal junction. It grew from the fundus uteri and also from the upper part of its anterior surface. It was attached to the left broad ligament and the left ovary. The tumor, the uterus, the left broad ligament, and left ovary, were so inseparably blended in one mass that he thought Dr. Chunn wisely decided that the only hope for the woman was to remove the uterus with tumor and left broad ligament and ovary as low down as they could be clamped. This he did, with the recovery of his patient. At the close of the operation, Dr. Chunn requested him to adjust his chain hysterectomy clamp prior to cutting away the mass; and in performing this act he had ample opportunity to observe accurately the growth of the tumor from the uterus and its adjoining attachments, and he was *then* satisfied that the tumor was uterine in its origin and growth, and he is equally satisfied *now* that it was a cysto-sarcoma of the uterus, and not an ovarian tumor. Although he had examined a great many negro women, he had never seen an ovarian tumor in one. He had consulted a great many physicians on this point, and had never found one who had seen an ovarian tumor in a negress. He had never heard or read of this kind of tumor being found in the African race. Dr. Atlee mentioned such a tumor as occurring in a woman three-fourths white; she was certainly not a negress. Dr. Chunn's operation was performed on December 22, 1885, and the patient died on April 24, 1886, after she had entirely recovered from the operation, and had been walking about the city for several weeks. Dr. W. T. Councilman, pathologist to the hospital, in his report of the post-mortem, says that he "found nodules on the surfaces of the liver and spleen, and all over the peritoneal surfaces. The omentum was rolled up into a solid cord as large as a child's arm. It extended into the pelvis and formed part of the mass found there. Microscopical examination proved the nodules to be sarcomas. It seemed certain that none of the tumors could be regarded as primary. It is probable that the original tumor, which was removed by Dr. Chunn, was a sarcoma, or had some sarcomatous tissue in it."

Dr. Howard said that he differed entirely from Dr. H. P. C. Wilson in regard to the diagnosis of the case under discussion, and was as positively certain as he could be in respect of any diagnosis whatever, that the case was one of *ovarian* cystoma. At the Woman's Hospital there is a law requiring that no capital operation can be undertaken in the Hospital without consultation between the surgeons in charge. In obedience to this law, Dr. Chunn brought the woman to Dr. Howard's clinic. There were present Dr. H.'s assistants at the hospital, Dr. Chas. H. Riley, Dr. Chas. O'Donovan, Jr., and also Dr. Chunn and Dr. L. Ernest Neale. Each of these gentlemen carefully examined the case, and all agreed that it was one of *fibro-cyst of the uterus*. Dr. H. dissented, and expressed the opinion that it was an *ovarian cystoma*. Dr. Neale requested Dr. H. to give the reasons for his opinion, and Dr. H. did so. It is well known that the frequency or infrequency of a disease is a matter of great importance in questions of difficult diagnosis, and that when one disease is frequent and the other proportionately rare, the physician naturally inclines to a diagnosis of the most common affection. But that, as in the negro race, ovarian cystomata and uterine fibro-cysts are almost equally among the rarest of all race affections in frequency of occurrence as an element of differential diagnosis, is not available. Still, it is a well-established fact that *ovarian* cystomata are everywhere much more frequent than uterine fibro-cysts; hence, in any case in which the diagnosis is narrowed down to these two affections, the chances are in favor of *ovarian* disease, unless they are impaired by some other clinical data that may be fairly considered as an offset. But Dr. H. knew of no such consideration that could be advanced in this case; on the contrary, they rather increase the evidence in favor of the case in hand being *ovarian*. Thus, we all know that the *rate of growth* in the two affections is, in an immense majority of cases, very different, and that uterine fibro-cysts usually grow much more slowly than ovarian cysts. In

Dr. Chunn's case about three years had elapsed since the woman had noticed that her abdomen was gradually enlarging symmetrically, from below upwards, and then measured fifty inches in circumference around the largest part of the abomen. And certainly it is *not uncommon* to observe ovarian cystomata developed to such a size in three years, while on the other hand it is *very uncommon* for a uterine fibro-cyst to attain such a size in the same space of time. Again, the age of the patient militated strongly against its being a uterine fibro-cyst. Thus, of 28 cases of fibro-cysts of the uterus cited from various authors in Dr. H.'s address before the American Gynæcological Society in Washington city in September last, only four were under 34 years; generally they were from 40 to 50. The only case of fibro-cyst of the uterus that Dr. H. had seen published as occurring in a woman as early as 24 years of age, was one reported by Dr. Hunter McGuire in the second volume of the *Philadelphia Medical Times.* But Dr. Chunn's case was only twenty years of age. Has Dr. Wilson ever seen or heard or read of any case of uterine fibro-cystic occurring at that early age in any woman of any country, race, or condition in life? But who is it that does not know that ovarian cystomata are *common at that age, and long before?* And Dr. H. repeated that, in respect of frequency of occurrence, whether in this country or abroad, it is a universally-admitted fact, that a fibro-cystoma of the uterus in comparison with an ovarian cystoma is a *very rare disease at any age.* In his immense experience, embracing more than 1000 laparotomies, Lawson Tait has only once seen a fibro-cystic tumor of the uterus.

Now, let us consider what light the operation threw upon the question at issue. When Dr. Chunn had cut down upon the cyst, what color did it present? It is well known that a dark and congested appearance is characteristic of a fibro-cyst of the uterus, and that it strongly contrasts with the clear, pearl-like conjunctival blue of most ovarian cysts. And so typical was the appearance of an *ovarian* cyst in Dr. Chunn's case, that when Dr. Wilson saw it, he said: "Howard, I believe your diagnosis is right." When the fluid was drawn off, it presented the dark chocolate appearance and unctuous character so often seen in ovarian cystomata. But when Dr. Chunn drew out the cyst, Dr. Wilson reasserted his original opinion that it was a fibro-cyst of the uterus. Dr. Chunn hesitated what to do, but finally removed the uterus somewhat above the junction of the cervix with the corpus. Dr. J. Edwin Michael, *Professor of Anatomy* in the University of Maryland, then carefully examined the specimen, and demonstrated to the entire satisfaction of all the physicians present who had diagnosed the case as a uterine fibro-cyst, that they were completely mistaken, with the single exception of Dr. Wilson, and that it was an *ovarian cyst.* When the specimen was subsequently exhibited before the Clinical Society of Maryland, Professor Michael said: "An examination of the specimen will show that the uterus is free from adhesions to the tumor on both its anterior and posterior surfaces, and is only connected with it by means of adhesions of the broad ligament. The tumor, in other words, having its proper pedicle on one side, had become adherent to the broad ligament on the other side, and these adhesions could have been ligated and cut, and the tumor removed, as is usual in such cases, with less danger to the life of the patient than that to which she was exposed in the operation done."* And, as Dr. H. was informed, there was not a dissenting voice in regard to the diagnosis of *ovarian* cystoma among all the physicians present, who saw and examined the specimen. Thus it appears that all the physicians who saw the woman before the operation was done, and committed themselves to the diagnosis of a fibro-cystic tumor of the uterus, and were subsequently present at the operation and personally examined the specimen, frankly confessed that they were mistaken in their diagnosis, and that Dr. Howard's diagnosis, from first to last, was correct—with the sole exception of Dr. Wilson, who stands solitary and alone in his erroneous diagnosis. And, further, that all the physicians at a meeting of a large medical society, who had never committed themselves to any diagnosis, and only saw and examined the specimen, were as one in the diagnosis of *ovarian* cystoma.

Dr. Chunn said that having reported the case under discussion as an ovarian tumor, which diagnosis had been questioned, he would give his reasons for the opinion he then held and still continues to hold. The whole history of the case pointed to ovarian disease, viz., the short time of growth (3 years), the youth of the patient (20 years), the shape of the abdomen, and the area of dullness and fluctuation. The facies ovariana was strongly marked. Moreover, when the abdomen was opened, there appeared a cyst of a *glistening, pearl-like hue,* containing a pathognomonic thick, *chocolate-colored* fluid,

* Maryland Medical Journal, April 24, 1886, p. 503.

which did not coagulate. These signs were given in every book on the subject he had ever read as certain and undoubted evidence of ovarian cyst. In regard to taking out the uterus, he wished to make himself equally plain. The uterus was imbedded in the anterior wall of the sac, as he had before said, and was attached by the posterior and left lateral aspect, the right border only being free. All those who saw the pelvic relations *in situ*, viz., Drs. O'Donovan, H. P. C. Wilson, and himself, agreed that the attachments were of the most intimate character. The opinion of the other gentlemen present was derived from the relations of the tumor to the uterus *after extirpation*, as they had no opportunity to inspect the relations while in the pelvis. Their opinion was incorrect, and for the following reason. When the uterus and sac were cut away, in order to leave plenty of tissue in the bite of the clamp, the amputation was begun high up above the chain, and was made in an obliquely downward direction, so that, when the sac was at last taken away, only the left horn of the uterus went with it, the rest of the uterine tissue being trimmed away afterwards. This occurred because the chain of the clamp was hidden from view by the overlapping parts. And again, the uterus and sac being lifted up by an assistant as the cuts were made by scalpel or scissors at *different* distances above the clamp, the parts all spread out in such a manner that the relation of the uterus to the sac was simply impossible to be made out *after removal*. At the time of operation, he was of the opinion that those present were in favor of hysterectomy. Certain it is that no dissenting voice was heard until after the operation was completed.

Dr. Moseley was present at the meeting of the Clinical Society at which Dr. Chunn reported his case and exhibited the specimen. He had carefully examined the specimen, and had no doubt but that it was an ovarian cyst, and felt certain that was the opinion of all who examined the specimen, among them being Drs. Keirle, Councilman, and Tiffany. He did, however, consider that, *judging from the specimen shown*, the operation, *as done*, was not justifiable, as he believed the cyst could have been ligated and removed without involving any portion of the uterus.

Dr. Chas. O'Donovan, Jr., said he too wished to add a few words in regard to this case. Dr. Chunn requested him before the the operation to stand opposite him and sponge, which he did during the entire operation, so that, after him, he had the best opportunity of any one to see the condition of the parts in the abdominal cavity before the removal of the tumor; and he could state without hesitation that before the tumor, with the uterus, had been cut away, it was next to impossible to make out the exact amount or the locality of the attachments that existed. He knew that Dr. Chunn had been very severely criticised in his method of operating, by those especially who saw the tumor for the first time after it had been removed from its surroundings, when the cut edges of the enormously thickened broad ligament could be turned back, thus exposing the tumor from below, and giving a clear view at once of the location of the pedicle and its extent; but he desired to say in defense of Dr. Chunn, that the view he had of it during the operation and from above was very apt to mislead. The tumor, in developing, had gradually spread out the broad ligament and pushed it before it, being all the while intimately connected with its inner surface, so that to say at the time of the operation, when through the escape of the contents of the cyst mixed with blood the appearance of the different tissues in the cavity had become very indistinct, where the exact ending of the broad ligament lay on the cyst wall, was next to impossible. In more than one operation that he had witnessed, he had seen the same thing happen, but usually, by very careful inspection, it was possible to make out the line of junction, when by cautiously peeling off the ligament the cyst could be shelled out as it were from its covering. From the criticisms made upon this case, one might infer that Dr. Chunn hastily applied the clamp and cut off the uterus without making any examination of the attachments whatever, but nothing could be further from the case; he very carefully went over the mass more than once, both in front and behind, but nowhere could he make out the line of junction. It was only then that he determined to do a hysterectomy in preference to cutting away the great mass of the tumor and leaving part of the cyst behind. After the operation, when Professor Michael had demonstrated that the tumor was not attached directly to the uterus, as was apparent from the view beneath the broad ligament, it seemed plain to all, except Dr. H. P. C. Wilson, that the uterus should never have been removed; but he would repeat that until that moment it was impossible for any one to say for certain what was the attachment of the tumor. One word for the diagnosis. Before the operation, as Dr. Howard had stated, he and all

who saw the case, except Dr. Howard, inclined to the diagnosis of fibro-cyst of the uterus, but with a considerable margin of doubt; after the operation, we all, except Dr. H. P. C. Wilson, conceded that we had been wrong, and that the tumor was ovarian.

Dr. A. F. Erich exhibited a new tourniquet he had invented for the temporary compression of the stump in supra-vaginal amputation of the uterus. The tourniquet has the usual male and female screw, but the canula is made somewhat heavy, and the eye at the end large enough to allow the loop of a rubber tube the size of the little finger to be passed through. The ends of this rubber tubing, which is used in place of wire or catgut, are tied together and hooked over a stout hook attached to the shaft of the instrument. By this arrangement the tubing can be repeatedly loosened and tightened without the annoyance and delay occasioned by trying and untying the knot, or danger of bruising the parts.

The general impression of the members present was that the instrument would prove a very useful adjunct in the cases for which it was intended.

Dr. Robt. T. Wilson exhibited a new forceps for compressing shot, to be used in any plastic operation in which shotting the sutures was desired.

The general opinion expressed was that the forceps were unnecessarily heavy and the jaws too wide, as they would be apt to hide the suture they were fastening.

Editorial Department.

Periscope.

Case of Osteo-sarcoma of the Inferior Maxilla; Excision of the Growth—Weight Five and Three-quarters Pounds; Subsequent Œdema of the Glottis and Laryngotomy; Death on Sixth Day of Pulmonary Thrombosis.

Dr. A. B. Miles thus writes in the *New Orleans Med. and Surg. Journal* for July:

On March 31, 1886, a lean-looking but well-grown colored boy, aged seventeen years, entered the Charity Hospital, presenting an osteo-sarcoma of the inferior maxilla. His general health seemed to be in no wise impaired by the presence of the tumor; and, up to the time of his coming to the hospital, he had done the work of a farm laborer.

The tumor appeared in March, 1883, as a hard, painless lump at the symphysis; and, in three years, attained the remarkable size shown in the accompanying plates. For two years and nine months, it grew gradually; then, for three months prior to admission, it increased in size and rapidly. Upon entering the hospital, the following measurements were recorded: Occipito-frontal circumference of the boy's head, 22 inches; circumference of the tumor, 19 inches; measurements from the lobe of one ear to the opposite, 21 inches. The growth involved the maxilla from a point midway between the symphysis and the right ramus, to the articulation on the left side. Its encroachments upon surrounding structures may be inferred from the measurements given and the extent of the jaw involved. It bore down in front upon the thyroid cartilage, impeding its movements in deglutition, and, externally, pressed quite out of their natural course the jugular and carotid vessels. The enlarged ramus filled up the space between the mastoid process and the posterior border of the superior maxilla; and a lobulated projection from its inner surface pressed upon the pharynx. The malar bone and superior maxilla were both deformed by pressure. The former had been lifted out of its natural relations, while the pressure against the superior maxilla had been so great as to displace inward the alveolar process and molar teeth, and crumple the hard palate. The mass so nearly filled the mouth as to interfere with mastication and deglutition. Figs. 1 and 2 represent the appearance of the tumor from two points of view.

The tumor was entirely painless. It was simply an inconvenience, because of its size and weight, and its interference with surrounding structures. It had contracted no adhesions by infiltration or inflammation. Within the limits restricted by the size of the growth, the jaw was freely movable. Some of the adjacent lymphatic glands were enlarged, but the enlargement was simple and due to irritation from pressure. It is not in the nature of these osteo-sarcomatous growths to infiltrate. There were no evidences of constitutional infection.

In view of the boy's general good health, the freedom of the tumor from attachments to hinder its removal, and the strong proba-

bility of a permanently successful result, should the patient withstand the immediate

Fig. 1.

dangers of the operation, it was determined to excise that part of the maxilla involved in the neoplastic growth.

The operation was performed Tuesday afternoon, April 6, in the presence of Drs. Bickham, Jamison, Archinard, others, and the resident staff of the Hospital; and with the assistance of Drs. Chaissagnac and Parham, to whom the writer feels specially indebted.

The following are the steps of the operation, described briefly: The patient was etherized, but in the latter part of the operation, when it was impracticable to prevent the risk of blood entering the windpipe, the anæsthesia was not complete. The tongue was threaded with a silver wire, and entrusted to an assistant. The first incision ran along the anterior aspect of the tumor, extending from the right angle of the jaw to a point opposite the lobe of the left ear. The second incision was carried along the under surface of the tumor, connecting with the first so as to leave an eclipse of redundant skin attached, and locate the line of union of the flaps about where the inferior border of the maxilla would be. The facial arteries were ligated before section, so the larger veins were clamped before division; and the quantity of blood lost was inconsiderable. The under-flap was dissected first, then the upper, leaving the cavity of the mouth widely open. The body of the jaw was sawed in front of the right ramus, and while an assistant lifted the tumor so as to make traction, the mucous membrane was peeled off and the posterior attachments severed. The most tedious step of the operation was the dissection of the left ramus, which had developed enormously, filling up the space between the mastoid and the posterior border of the upper jaw, and giving off a projection which rested against the pharynx at the base of the skull. The close relations with the internal maxillary artery made the dissection more tedious.

The patient bore the operation well, and suffered from shock less than expected. The wound was closed with deep sutures of silver wire

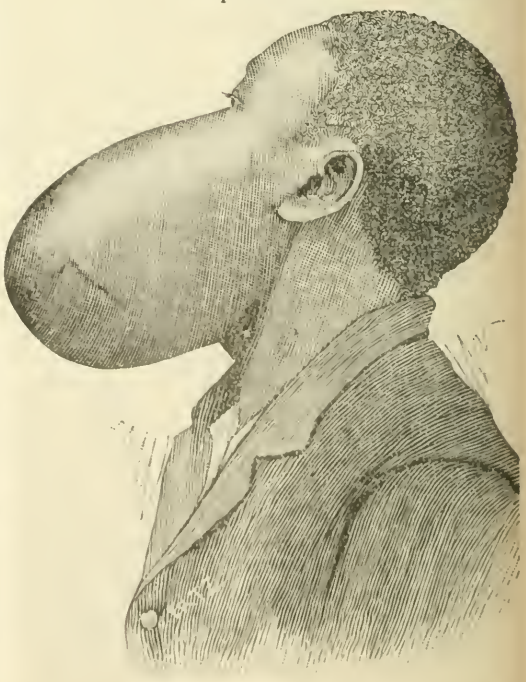

Fig. 2.

and intermediate sutures of silk-worm gut, dusted with dry iodoform, and dressed with the mercurialized materials—gauze, absorbent cotton, and gauze bandages.

It was impossible to appose accurately the surfaces of such a large and irregular wound. Consequently suppuration ensued, pus formed in the space between the mastoid process and the pharynx, and escaped at the upper end of the incision. An accumulation also gathered under the lower flap on the left side, and escaped along the course of the facial artery. The wound was irrigated daily with carbolized water, and dressed as above described.

On the morning following the operation the tongue was extremely œdematous, and the respiration labored and unsatisfactory. The patient was very restless and complaining. The symptoms very soon indicated an increasing œdema of the glottis. In the swollen condition of the tongue and fauces, intubation of the larynx was impracticable; laryngotomy was performed, and a tracheal tube inserted. The operation, as usual, afforded immediate relief, and added much to the patient's comfort subsequently, obviating the necessity of the painful traction on the tongue, of which he complained bitterly. The tracheal tube, no longer necessary, was removed at the end of forty-eight hours. No harmful effects whatsoever followed the laryngotomy.

On the following Monday morning the patient seemed to have successfully run the gauntlet of his greatest dangers and entered upon a fair way to recovery. He had at all times nourished satisfactorily. In spite of the high range of temperature during the first seventy-two hours, and the rapid pulse-beat, he expressed himself encouragingly; and really the chances never seemed to be adverse to his recovery.

However, during the forenoon of this day, patient became restless and slightly delirious. At noon his temperature had risen to 102⅗° F.; pulse to 140; respiration to 46. Observe the relative frequency of the respirations. As the afternoon advanced, his general condition became more critical, and he breathed with exceedingly great difficulty. He died of pulmonary thrombosis, having entered the sixth day after the operation. His death was unexpected, and the cause may be regarded as accidental.

The following account of the autopsy, made by Dr. P. E. Archinard, is given in the doctor's own words:

"The patient's general appearance was emaciated. The wound from the operation was united superficially in part of its extent. There were found two pockets of pus, one low down in the neck, and the other at the upper margin of the wound; the surface of the wound was suppurating, and at the bottom could be nakedly seen the carotid artery and internal jugular vein with one of its large tributaries.

"The abdominal organs and pleura were normal, the lungs anæmic. The heart was in diastole, with the left cavities empty. In the right ventricle, adhering to the columnæ carneæ and tricuspid valve, was a large firm ante-mortem clot, extending into the pulmonary artery to its smallest ramifications in both lungs. This thrombus, which, to all appearances was the immediate cause of death, did not occupy the whole calibre of the larger arteries; but in the lung substance seemed to completely fill up the vessel, though no embolism was found."

Figure 3 represents the macroscopical appearances of the tumor. Its external sur-

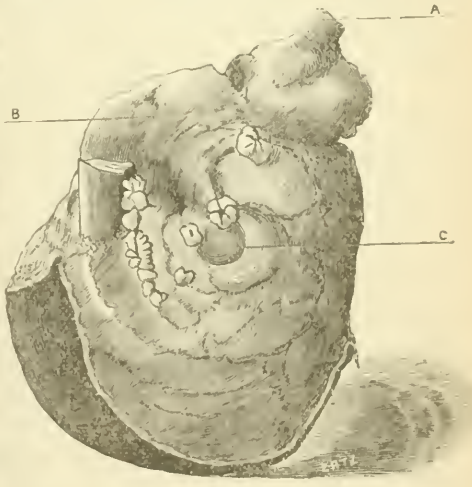

Fig. 3.

face was even and symmetrical; its internal lobulated. A, indicates the head of the condyle; B, the lobular mass growing from the inner surface of the ramus, between the mastoid and the superior maxilla, toward the base of the skull; C, the only ulcerated surface, which was quite superficial and exposed at the orifice of the mouth. Observe the disarrangement of the teeth. In its structure, the tumor was typical of the osteo-sarcomatous growths, and weighed 5¾ pounds. It has been preserved in the Pathological Museum of the Hospital.

"Man, ye might gie me a pennyworth o' something. I dinna ken the name o't, an' I forget what it's for; but ye'll ken yersel."

A New and Original Method of Surgical Dressing.

Dr. Charles W. Strobell, of Middletown Springs, Vt., writes to the *Medical Record* that he was led by the paper of Dr. Hamilton, and the criticisms upon it in recent numbers of the *Record*, to consider what improvements might be made upon the modes of antiseptic dressing now in use. The main objection to the ordinary dressing of cotton-wool, gauze, etc., is that it conceals the wound from view, so that inflammation, secondary hemorrhage, and other accidents, cannot be detected at their onset, and may become only too well established before the surgeon becomes aware of their existence. In order to obviate this, Dr. Strobell proposes to cover the wound with a thin glass globe, so constructed as to fit closely to the part, provided with two openings for drainage-tubes and a large opening on the top, to permit of access to the wound, in case of need, without removing the globe. These openings are provided with glass stoppers, so that they can be hermetically closed. The base of the globe is provided with a flange, and its sides, up to within two inches of the drainage-tube openings, are roughened so as to facilitate the adhesion of the isinglass plaster used in sealing it. When applied to stumps after amputation, a thin rubber band, three inches wide, is applied over the flange, so that it rests with one-half its width on the integument of the limb to secure additional safety. The flange is covered on its external surface with isinglass plaster, adhesive on both sides, so that the band of rubber shall adhere firmly to the globe. In the case of an amputation at the knee-joint, after the sutures and drainage-tubes are in place, the wound is capped with a disinfected globe of the proper size to fit snugly over the limb, the drainage-tubes in the globe being on a line with the anterior surface of the wound. The rubber band is now turned down over the limb, and strips of adhesive silk, one inch in width and twelve inches in length, are applied longitudinally from the upper part of the ground portion of the globe up the limb, each strip overlapping slightly the preceding one, a final strip being placed circumferentially around the flange and covering in the ends of the longitudinal ones. In a case of laparotomy an oval-shaped globe may be applied in a similar manner.

The following are the conclusions of the writer: "The method commends itself to the profession:

"1. In the complete isolation of wounds that can be obtained in the event of infection of hospital wards by erysipelas, etc., as the globe can be hermetically sealed.

"2. All changes can be noted clearly at any moment, with the minimum amount of discomfort to the patient, thereby increasing largely his chances of recovery.

"3. The perfection of drainage, which has never been obtained in so great a degree, obviating the necessity of soaking off bandages saturated with dry pus, blood, and serum, often adhering so firmly to the wound that the most gentle manipulation is required to avoid laceration of the tender granulations.

"4. Secondary hemorrhage can be detected at the earliest possible moment.

"5. The first evidence of inflammation can be noted and its movement forestalled by removal of the cause.

"6. The action of topical remedies can be observed without exposure of the wound to the air.

"7. The dressing can be adapted to wounds of almost every description.

"8. Refrigerant and thermal water-dressings can be applied with the utmost facility.

"9. Lotions or powders can be easily applied to the wound through the main opening in the globe without disturbing the dressings.

"10. If it is desired to prevent the ingress of infected air, the drainage-tubes can be filled with plugs of iodoformed or carbolized cotton.

"11. In the event of inflammatory swelling, rendering the constriction of the base of the globe excessive, the apparatus can be replaced by one of larger size with less expenditure of labor and time than is required in the application of a Lister dressing.

"12. Facility is afforded for determining the therapeutical effect and germicidal action of direct sunlight in the treatment of wounds.

"13. By means of long, slender forceps and scissors, the sutures, drainage-tubes, and adhesive plaster may be easily removed through the main aperture in the globe.

"14. The weight of the apparatus is not as great as that of the ordinary Lister dressing.

"15. If perfectly applied, there should be no more constriction of the limb than results from moderately firm bandaging.

"16. The expense is comparatively light, as the globes can be used indefinitely, being thoroughly disinfected by boiling water.

"17. The apparatus may be adapted to any external surface by taking, in special cases, wax impressions, and transmitting them to the manufacturer.

"In conclusion, I will say that my claim to originality is, in my opinion, well founded, as nowhere in surgical works have I seen glass mentioned, used in the way I have indicated, as a protective dressing."

The Preventive Treatment of Syphilis.

Dr. Charles E. Jennings thus writes in the *Lancet*, July 17th:

The following case is of interest, as showing how syphilis may be prevented by prompt local and general treatment before the chancre has arrived at maturity.

Early in November, 1885, Mr. A. B. C. consulted me for an eczematous affection of the skin, which itched intensely, associated with a few papules and vesicles, the eruption being sparsely scattered over the loins, buttocks, back, and upper arms. An aperient was prescribed, and glycerole of lead applications were ordered, but on November 11th the disease remained *in statu quo*. The aspect of the dermatitis, in part, suggested scabies, but the integument was healthy at those points which are specially prone to become the seat of scabies, viz: the clefts between the fingers and the flexures of the wrists. Moreover, the sarcoptes hominis was not detected microscopically, after careful search in the ordinary manner. The case was further complicated by the recent appearance of a hard, elevated nodule, the size of half a pea, with an inflammatory zone around, situated on the dorsum of the penis immediately behind the corona in the median line. There was a history of impure contact, and nearly three weeks previously the covering of the penis had become abraded during coitus at the precise spot where this small nodule had developed during the past three or four days. The lymphatic glands in both inguinal regions were slightly enlarged. The physical condition of the lesion on the penis led me to consider it a hard chancre not yet arrived at maturity, and, being immature, the prompt destruction of the chancre might arrest the elaboration of the syphilitic virus at the point of inoculation, and its absorption therefrom. Accordingly, the chancre and surrounding parts were freely painted with a solution of hydrochlorate of cocaine, to ensure anæsthesia, and the chancre was destroyed with Paquelin's cautery. I suggested that Sir William Jenner's opinion should be sought with reference to the skin affection. On November 12th, Sir William considered the dermatitis due to scabies, and that its origin around the loins and buttocks was caused by contagion implanted during congress coincident with the receipt of the syphilitic virus. He suggested the application of sulphur ointment to the affected skin, and thought that the free exhibition of mercury internally was also advisable in order to combat the effects of any portion of syphilitic virus already absorbed. This treatment was fully carried out, and the dermatitis quickly disappeared. The sore on the penis healed under iodoform dressings. The internal use of mercury was discontinued after six weeks, the patient soon regaining his usual health, and none of the secondary manifestations of syphilis have appeared. The success which followed the destruction of the chancre in this case by Paquelin's cautery, with the simultaneous employment of mercury, leads me to strongly recommend this course for syphilis, *before the chancre has arrived at maturity*, in preference to the opposite plan adopted by so many, viz: that of waiting for the appearance of secondary manifestations before commencing anti-syphilitic treatment. The use of cocaine is invaluable as rendering the caustic application painless.

Simultaneous Ligature of Right Carotid and Subclavian Arteries for Aneurism of Ascending Portion of Arch of Aorta.

J. A. Kelly thus writes in the *Lancet*, July 10:

The following case came under the care of Surgeon-Major E. Lawrie, M. B., M. R. C. S., Residency Surgeon, Hyderabad, Deccan, with whose permission I send it for publication.

W. de P——, a Eurasian, aged thirty-eight, had been under treatment since the early part of 1884 for repeated attacks of angina pectoris. He was also troubled by a hoarse cough, accompanied by frothy expectoration. The only treatment that afforded him any relief was hypodermic injections of morphia. In March, 1885, an aneurism was detected by Brigade-Surgeon T. Beaumont in the ascending portion of the aortic arch; and in August pulsation appeared on the right side of the upper part of the sternum. After a time three ribs were eroded, and a pulsating tumor as large as a tennis-ball showed itself under the skin. There was difficulty in swallowing solid food, which was rejected as soon as it passed the pharynx; and the patient was obliged to live on liquids, which he had to swallow carefully and slowly for fear of being choked. The right side of the neck and face was œdematous and livid; the voice was changed to a whisper; there

were paroxysms of angina with urgent dyspnœa, and a very troublesome cough. The pain had greatly increased, and, by preventing sleep, was impairing the patient's general health. No benefit was derived from absolute rest, Tufnell's diet, and large doses of iodide of potassium, and it was therefore decided to tie the common carotid and subclavian arteries.

On October 22, a hypodermic injection of morphia having been previously administered, the common carotid and subclavian arteries of the right side were ligatured, under the spray, with carbolized catgut. Chloroform was administered for the first incisions. Afterwards, anæsthesia was kept up principally by the local application of a 10 per cent. solution of cocaine. The edges of the wounds were brought together by horsehair sutures, and thickly dusted with iodoform, and dressings of cloth prepared in a 1 per cent. solution of perchloride of mercury in blood-serum, and dried, were applied. He was ordered fifteen minims of antimonial wine in an ounce of water every two hours. In the evening the pulse and temperature (which before the operation were 90 and 98° respectively) rose to 120 and 101.4°, but subsided the next day, and the wounds healed without inflammation by the first intention. Most of the urgent symptoms connected with the tumor abated within the first week after the operation, and the patient's general condition gradually improved, so that he was able to leave the hospital on December 18. The radial pulse returned to the right wrist eleven days after the operation.

The aneurism now (February, 1886) appears stationary, but still pulsates; pain has greatly decreased; swallowing is easily performed; and, with the exception of a dry cough, there are no pressure symptoms.

An Unusual Case of Malarial Fever.

Dr. W. G. Henry thus writes in the *American Lancet* for July:

Common as are the number of case of intermittent fever in this section of the country, I think the one I wish to report will prove at least slightly interesting in point of two reasons: Firstly, as being quotidian, and secondly as two exacerbations occurred within the twenty-four hours, making it "double quotidian."

Mrs. M., æt. 25, four months pregnant with first child. Complained of severe chills, followed by feverishness and sweating every day about 2 p. m., the attack lasting altogether about two hours.

Again, at 8 p. m., she experienced a similar onset of chills, fever, and sweating, just as had occurred six hours previously. Towards midnight she grew cool and would fall into a comfortable sleep and awaken in the morning feeling fairly well, when the thermometer would register about 99° F. in the mouth.

The rigors were so distinctly marked and occurred with such regularity that the diagnosis was very easy and the case most interesting from its being so well marked and rare a form of intermittent fever.

Proceeding as is usual in such cases, I administered quinine bisulphate; I gave it in capsules, each capsule containing five grains of the drug, and repeated the dose every three hours, doubling it about two hours before an expected rigor.

After three days of such treatment, I found the evening excerbation had disappeared, but the afternoon one remained; however, not so well marked.

In five days all rigors had ceased, and the patient felt quite well and able to perform her household duties.

I ordered her to take quinine thrice daily for a week, and my patient fully recovered to remain quite well until I was called to attend her in her confinement five months later, when I delivered her of a fine healthy female child. Here, again, malaria was her enemy and prevented her making the usual steady recovery, delaying it three or four days.

Different Preparations of Thallin in Enteric Fever.

Mr. Mayrhofer, during an epidemic of enteric fever occurring in a Bavarian regiment, employed thallin in three different forms—namely, the sulphate, the tannate, and the tartrate; and obtained highly satisfactory results from them all. He gave the drug according to Ehrlich's continuous system, the doses being generally 0.2 gramme, repeated when the temperature rose. From 1.0 to 2.0 grammes were given per diem. The total quantity required varied from 8 grammes in mild cases to 26 grammes in severe cases with relapses. After taking the medicine, a profuse perspiration occurred, which invariably appeared to improve the patient's condition. No unpleasant effects were ever observed. There were altogether eighty-eight cases, of which three (that is, 3.4 per cent.) died. It was not possible to say that one of the three preparations presented any marked differences in its action from the other two.

THE

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A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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OF

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CONNECTION OF SOME EYE DISEASES WITH NEIGHBORING LESIONS.

That affections of the mucous membranes of the nose frequently cause sympathetic diseases of the eyes is well known. The discharge of the lachrymal secretion through the nostrils forms alone a connection which may easily be the path of the progress of morbid conditions by continuity. But there are also some pathological states not so near to the eyes, and yet with sympathetic connection. We ourselves have seen occasionally inflamed submaxillary glands, especially before suppuration developed in them, and while the tissues go on swelling, give rise to conjunctivitis and even corneal inflammation of the eye, usually first on the same side, and especially if not neglected not rarely also attacking the opposite side. Some believe that these inflammations are due to circulatory disturbances. But if so, why is it just the eye that suffers from it? Why not rather some other still nearer tissue or organ? A better explanation is given us by the theory of bacteria, for the minute capillaries of the eye being smaller than any in their neighborhood may easily be obstructed by micro-organisms, which, starting and multiplying at the original seat of lesion, are finally carried into the circulation, and thus give rise to the eye inflammations mentioned.

Two articles have recently been contributed to the literature of the subject in question, viz., one by Dr. Ziem, of Danzig, in the *Allg. Med. Centrl. Zeit.* 20, 1886, and another by the same physician in No. 32 of the same journal. In the first article he refers to the frequency with which pharyngeal diseases produce inflammatory states of the eyes. Especially tonsillitis, whether acute or chronic, plays an important role in this respect; and some forms of chronic conjunctivitis, if due to this cause, cease only after the pathogenic element is removed by the extirpation of these glands.

In the second article Dr. Z. speaks of the catarrh of the Schneiderian mucous membrane, and cites cases to show how this condition produces sympathetic inflammation of the eyes. He ascribes the causal commotion to disturbances of circulation, though he admits that an aseptic treatment, if strictly carried out, has the most success. If we assume the theory of circulatory disturbances to be correct, we cannot explain the beneficial action of disinfectants or germicides.

One thing is sure, the sooner we get rid of the first morbid state of the kind mentioned the better it will be for the patient, and the

more those eye diseases will be prevented which are too often neglected by practitioners as unimportant, though many an eye has suffered irreparable damage from them.

PEDICULOSIS PALPEBRARUM.

Within the short time of two weeks three cases of pediculosis palpebrarum came under attendance at the eye clinic in Erlangen. As in each case the lice had been taken for blepharitis ciliaris by the physicians previously attending the patients, Dr. L. Rosemeyer came to the laudable conclusion to draw the attention of practicing physicians to their diagnosis (*Münch. Med. Wochenschrift*, 9, 1886).

The lice, which work themselves deeply into the skin and sit with their heads in the hair-follicles, look like yellowish-brown formations slightly larger than a pin's head, and may well deceive the observer, to whom they may appear as crusts adhering to the external margin of the lid. They can be, however, best recognized near the lashes, as in consequence of the ova there deposited, they appear to be completely covered with a brownish-black powder.

Occasionally the true picture of the pediculosis is masked by the symptoms of an eczema due to the scratching. In such case only a careful examination of the lashes by a magnifying glass can determine the true condition of things.

Besides inunctions with salve of white or yellow precipitate, the removal of the ova from the lashes is of the greatest importance, and it is best accomplished by laying the lashes on some firm support and by scraping off the ova with a dull knife. If such is not done the disease is apt to return a few weeks after a cure had apparently been established.

Notes and Comments.

Sixty Cases of Sciatica Treated by Galvanism.

In the *Lancet* (July 17), Dr. W. E. Steavenson publishes the details of these cases, and thus concludes:

"The above sixty cases have been more or less under my care. Thirty-seven have been cured; one had a return of sciatica and was cured a second time; eleven improved only; two did not improve; concerning nine, I am uncertain as to the result; and two are still attending the hospital. Of those that recovered, three cases were cured with one application, two required two applications only, seven cases were galvanized four times each, two were galvanized five times, one case required six times, four cases seven times, five cases eight times, one case nine times, four cases ten times, two cases eleven times, one case twelve times, one case fourteen times, and three patients came fifteen times before they were satisfied that they were cured; one patient escaped my observation, and managed to get one or other of the students to galvanize him twenty-five times before I stopped his coming; he had been free from sciatica for several weeks. Of the cases which were not successful, one patient was, after death, discovered to have extensive necrosis of the ischium, with a sequestrum of dead bone. Another, a lady, was at the time suffering from some malposition of the uterus, which was tilted over on to the side in which the pain was felt, and no doubt exercised some pressure on the roots of the nerve. Although in this case the sciatica was not cured, the patient was so much benefited that she was able to get about the house again after eight applications. Before electricity was tried she had been confined to her bed for five weeks. With regard to the second unsuccessful case, I cannot well assign a reason for its non-improvement. The patient was a gentleman who had spent many years in the East Indies, and had suffered from dysentery and ague. He attended and was galvanized eight times, and as he was not then free from pain he did not care to continue the treatment. He tried several remedies afterwards, with the same unsatisfactory result. Perhaps if he had persevered longer with the galvanism he might have been cured, for several of the hospital patients attended as many as ten or fifteen times before they were quite relieved; but there is more difficulty in obtaining the prolonged and regular attendance of a patient who has to pay for each application than of one who gets his treatment gratuitously. The cases included in my list bear out the favorable opinion expressed by Dr. Stone, in his recent Lumleian Lectures, of the action of electricity in the treatment of sciatica."

A Case of Cholecystotomy.

The rather recent revival of operative procedures for the relief of obstructions of the biliary ducts, has awakened a new and lively interest in all such cases, especially as the entire number of reported operations falls within a total of fifty. To this list Dr. Charles T. Parkes, of Chicago, in the July number of *The American Journal of the*

Medical Sciences, adds a very instructive case:

Of the cases submitted to operations, by far the larger portion has been of cholecystotomy, by means of which a distended gall-bladder has been positively relieved, and in most of them the cause of obstruction, retained gall-stones, removed. In a few no gall-stones were found, while in others the cause of the obstruction could not be remedied.

In Dr. Parkes' case the gall-stones were not lodged in the gall-bladder, and it is highly probable that they were retained in some of the dilated hepatic ducts, and were washed into the cyst by the flow of biliary fluid which came on immediately after the formation of the fistula. He is inclined to believe that they had but little to do with preventing the flow of bile into the intestine; at least the patulency of the passages was not restored by their removal. The remarkable and profuse flow of muco-biliary fluid, coming through the sinus established, argues very strongly in favor of the operation which contemplates the formation of a fistula in the gall-bladder in distension thereof by confined secretions. Certainly no tube of the dimensions of the ductus communis choledochus could have given a free exit to the secretions; at least, the accompanying back pressure on the walls of the cyst would have greatly endangered, if not certainly destroyed, the adhesions in any recent wound thereof, even when protected by the continued suture. Most of the cases of reported cholecystotomy tell of the presence of a freer flow through the fistula, so that it is a condition to be expected, and makes immediate closure of the bladder wound without drainage a dangerous proceeding to adopt, even if we can be positively sure of a clear common duct.

Dr. Parkes, in conclusion, advises from his experience in this case, the general practice of sounding the common duct through the external opening. He is quite sure that such procedure can be safely carried out, and equally certain that its adoption in his case resulted in relief that did not follow the removal of the calculi alone.

Treatment of a Form of Diarrhœa in Children.

Dr. James Braithwaite thus writes in the *Brit. Med. Jour.*, July 17:

There is a form of diarrhœa in children, usually occurring after weaning, and from that period to four or five years of age, which is characterized by the most horrible offensiveness of the motions. This is so marked, that it is generally at once mentioned by the parents. It is commonly met with in summer, but is not strictly what is known as infantile diarrhœa, in which disease the stools are sour, but not necessarily fœtid. Probably this form of diarrhœa differs from the diarrhœa of younger infants, in being caused by the growth of the ordinary bacteria of putrefaction. It is not amenable to treatment by any astringent, nor has any alteration of diet much effect upon it,

It may, however, be successfully treated by disinfecting the bowel contents by means of salicylate of iron, as in the following prescription, which is suitable for a child two years of age: Sulphate of iron ℈j; salicylate of soda ℈j; glycerine ʒiij; water to three ounces. The iron and the salicylate should be dissolved separately, and the solutions mixed. The color is darker than port wine, and the taste not unpleasant. One teaspoonful must be given every hour, until the stools become well blackened, which happens in about twenty-four hours; or a larger dose may be administered at longer intervals. The medicine should then be given every three or four hours, and occasionally a small dose of castor oil, to clear the bowels well out, and to get the secondary constipating effect of the oil.

I have employed this mode of treatment for many years. It was one result of a long series of microscopic observations upon the action of reagents upon the bacteria found in putrefying animal fluids, which I read before the Leeds and West Riding Medico-Chirurgical Society eleven years ago. The addition of the salicylic acid to the iron I made more recently.

In hospital practice, and amongst the poor, it is not so successful as it would be if it were possible to remove the child from the family living room, the air of which is usually very impure, and is made worse by the smells incidental to cooking, and the presence of a sink.

Electric Baths in Eye Diseases.

Professor Denti, writing in the *Annali di Ottalmologia*, states that he has found electric baths and douches very valuable in several ophthalmic affections, especially in those which refused to yield to more ordinary methods of treatment. His apparatus consists of a vessel of water placed at a height of two metres above the patient's head, a constant current battery of thirty

cells, and a glass or ivory box without a bottom. This box is fitted on to the eye. It contains a metal pipe communicating by an india-rubber tube with the water vessel, from which the box can be filled with water; an efferent non-metallic pipe is also provided. The metal pipe is connected by wire with one pole of the battery, the other electrode being placed on the forehead or crown of the head. The sittings are of from four to six minutes' duration. For baths eight or ten cells are used, for douches twenty or more. No unpleasant effects have ever been observed, the stimulating action being only sufficient to produce a slight degree of hyperæmia. The author finds that the baths are best in deep-seated affections, such as those of the vitreous or of the optic nerve; the douches are useful in more superficial affections, such as those of the conjunctiva and cornea. Dr. Denti tried the electric baths in six cases: four of atrophy of the papilla in different stages, one of disseminated cloudiness of the vitreous, and one of double ulcerative blepharitis. The papillar atrophy was benefited most when it was slightest. In one case of atrophy accompanying disease of the spinal cord, the intra-ocular affection was, or appeared to be, arrested. The patient with the cloudy vitreous was so much improved that, though at first he could scarcely distinguish large objects, after thirty sittings he was able to read ordinary print. The patient with blepharitis was completely cured. The douches were employed six times: in three cases of paralysis of the eye muscles, and in three of exudations remaining after ulcerative keratitis. One of the cases of paralysis was entirely cured, the other two being improved; and in the cases of keratitis the success was most marked, the exudation being completely absorbed.

Electrolysis for the Treatment of Urethral Stricture.

Before the Academy of Medicine in Ireland, Mr. P. J. Hayes read a paper on the treatment of urethral stricture by electrolysis, the comparatively novel method practiced by Drs. Robert Newman, of New York, and S. T. Anderson, of Bloomington. He gave the details of three cases, in which he had himself adopted the method with encouraging results. He strongly advocated the trial of electrolysis, even for the most complicated forms of stricture. It did not at all interfere with the subsequent employment of other measures, minor or serious. Electrolysis was best adapted for the treatment of annular strictures rather limited in length. Having ascertained the situation of the stricture, the tip or exposed metal bulb of an electrode ought, if possible, to be lodged within it; or, if this was impracticable, the tip must be in close contact with the anterior face of the stricture. Then a small galvanic battery was connected by its negative pole with the urethral electrode, whilst the positive might be attached either to a moist sponge electrode or, better still, to a thin metal plate covered with moistened chamois leather. The positive electrode would be advantageously applied either to the patient's perineum or against the inner side of one thigh. As to the strength of the current to be employed, the patient's own sensations would prove the best guide. The current should be perceived, but it ought not to be pushed to cause pain, nor should the surgeon attempt more than it was needful to effect at each sitting, using only mild currents, and manipulating the electrode with gentleness, and never pushing it through the stricture, as it accomplished more by being allowed to remain in the stricture than by being caused to quickly transverse it. The sittings might be repeated every ten days, if desired. Cauterizing would be produced when strong currents were employed; but, with mild currents, the gradual breaking up of fibroid tissue was effected by a combination of chemical decomposition and vital absorption until but a thin lamella of cicatricial tissue remained to mark the seat of the stricture.

Salicylate of Cocaine in Asthma.

A comparatively new method of treatment in asthma nervosum has lately been tried by Professor Mosler, of Greifswald. It is now well known that cocaine has not only a local action on the sensory nerve-endings, but also a central one, which at first stimulating to the nerve-centres, may, if the drug be pushed, become sedative, or even narcotic. By this peripheral or central effect, it may, therefore, act in such spasmodic diseases as asthma. Early last year, Beschorner published two cases of this disease which were much benefited by cocaine. In three cases, Professor Mosler has obtained excellent results. All these cases occurred in young people of twenty-three to twenty-five years of age, and were uncomplicated by any organic heart or lung disease. The drug was given subcutaneously, in doses of 0.4 gramme, at the commencement of the attack. The first patient, who had a bad fam-

ily history as regards lung disease, and in whom the asthma had lasted eleven years, was relieved after the third injection; two more doses caused abeyance of the attacks (which occurred previously every day) for a fortnight, when the patient was lost sight of. In the second and third cases, the treatment was more rapid in cutting short the attacks, which in the end were postponed for the three or four weeks during which the patients continued under observation. The injections caused, in one case, a slight sense of faintness, and the appearance of dark spots before the eyes; but these symptoms soon vanished. It is, of course, impossible to draw from these cases any conclusion as to the permanent benefit of the treatment. Extended experience will perhaps show that the drug is only a palliative. It is in the hope of inducing other practitioners to try the treatment that Professor Mosler has published the results of his cases.

Calculus in Women.

Dr. Wedensky, of Moscow, where stone prevails, has published in the *Vratch* some interesting statistical records of vesical calculus in women, as well as the results of his own experience. He notes that Hugenberger, after having examined 40,000 women for various diseases, did not come across a single case of stone. Winckel observed one case in 2,500 female patients. Sir Henry Thompson's statistics are well known in this country. Between 1808 and 1841, Bassoff, of Moscow, treated 2,989 cases of calculus, only 75 occurring in women. In the same city, Klin, between 1822 and 1860, had 1,792 cases, 4 being females. Twenty-five out of Mamonoff's 700 cases were women. Dr. Wedensky himself observed 980 cases in the Marien Hospital; 27 of these occurred in women. Thus, about 2 per cent. of cases of urinary calculus appeared in patients of the female sex. Lastly, the same surgeon has operated 29 times on females. In 3 cases the stone was removed by dilatation of the urethra, and all recovered. Dr. Wedensky prefers this method, done gradually on Simon's principle, when the stone is small. In 13 he performed lithotripsy; 2 of these cases died. He considers this operation by far the best method of treatment for large calculi, and, if the surgeon object to it, he recommends suprapubic lithotomy. In 3, Dr. Wedensky made a vesico-vaginal section, 1 dying. He objects to this plan, as being liable to leave a fistula. In 10 cases he performed lateral section, losing 3. He now rejects this operation entirely, as it leaves a troublesome and permanent cicatrix.

Dieulafoy on Bright's Disease without Albuminuria.

In a paper recently read before the Société Médicale des Hôpitaux (Paris), the author has described several cases of Bright's disease without albuminuria. The first patient was a woman, whose symptoms seemed to point to gastric ulcer. She had violent pain in the epigastrium and hæmatemesis; she also complained of constant headache, and was losing flesh gradually; the urine never contained any albumen; slight epileptiform attacks were followed by coma and death. At the post-mortem examination, the kidneys were found enlarged, and the microscope revealed the usual lesions of mixed nephritis. In the second case, the most characteristic symptom was a paroxysmal dyspnœa, which could not be explained by any lesion of the heart or lungs; there was a frequent desire to micturate, and the patient also complained of headache; the urine was scanty, but contained no albumen, except on the day which preceded the death; the necropsy showed that there was a well-marked inflammation of the interstitial tissue of the kidneys. Several other cases of a similar description have been observed by Dieulafoy, who concludes that the urine sometimes remains quite free from albumen in Bright's disease; this is especially the case when the lesions are more advanced in the vessels than in the glandular substance of the kidneys.

Chronic Abscess of Female Urethra.

Before the Obstetrical Society of London (July 7), Dr. Herman read a paper on a case of chronic abscess of the female urethra. The patient, aged forty-seven, had for four years suffered from dysuria, about two years from dyspareunia, and irritability of bladder, these symptoms gradually increasing in severity during this time. There was a tender swelling between the urethra and vagina. This burst into the urethra, pus being discharged. Examination with the finger through the dilated urethra eight days afterwards showed that the cavity was then about the size of half a walnut, with a soft, ragged, friable wall. Its interior was cauterized with nitrate of silver, and it soon contracted and disappeared. Four months afterwards the patient continued quite well. The author thought that there were two possible explanations of the origin of the abscess: 1. That

it was the result of chronic congestion of the urethra, such as that described by Sir C. M. Clarke. 2. That it was a suppurating cyst. Abscess from either of these causes was rare. He quoted three cases that he had been able to find recorded. He gave reasons for thinking that the abscess in his case was probably not a suppurated cyst, and that the case was therefore to be classed with those of congestion of the urethra described by Sir C. Clarke and Dr. West.

Lanolin as a Basis for Ointments.

In a preliminary note in the *Russkaia Meditzina*, No. 12, 1886, p. 207, quoted in the *London Medical Record*, Dr. L. K. Pavlovsky, of Kharkov, writes that his experiments with Liebreich's lanolin (first in Russia) enable him to arrive at the following conclusions: 1. Narcotic extracts, when combined with lanolin, are absorbed by the skin "quite satisfactorily," their pain-relieving action being obtained "with an almost perfect certainty." The dose used was only twice as large as that for internal use. 2. Hydrochlorate of quinine is absorbed also very easily. This statement is based on four cases of intermittent fever in children, where lanolin and quinine inunctions rapidly gave the effects desired. 3. When a lanolin ointment, with iodide of potassium, is rubbed in, iodine appears in the urine not sooner than two, four, or six hours after inunction, while Lassar obtained iodine from the urine about three minutes after friction. 4. In children, lanolin is better absorbed than in adults. 5. Washing the skin with ether considerably facilitates the absorption of lanolin ointments. 6. In general, lanolin is a substance which promises to supersede all other constituents for ointments, and even, in certain cases, to render superfluous the internal use of drugs.

An Instance of Seemingly Unusual Susceptibility to Ether.

Dr. George W. Squires, of East Avon, N. Y., reports the following case to the *Med. Record*, July 24:

Mrs. W., forty-five years of age, housewife, fell down stairs, striking her face against the railing, from which she sustained quite a severe contusion of the right cheek, with effusion of blood under the conjunctiva, from the outer canthus to the margin of the cornea. When first seen she was suffering from a slight frontal headache, for the relief of which the writer applied to the forehead not more than six or eight drops of sulphuric ether with a camel's hair brush. The patient at once said, "That is ether, and it is putting me to sleep," and in less than half a minute she was fully under the influence of the anæsthetic, remaining unconscious for several minutes, and upon recovery, and for some time afterward, presented all the symptoms following profound and prolonged etherization. She could not have inhaled more than three to five drops of the ether, as it was immediately washed from her forehead.

Acetate of Copper in Pulmonary Diseases.

M. Luton recently communicated to the Academy of Medicine of Paris a memoir on the therapeutic use of acetate of copper, principally in pulmonary tuberculosis. He prescribed this salt in a daily dose of 1 centigramme, which was mixed with 25 milligrammes of extract of opium. In this form it was perfectly tolerated by the patient, and produced sleep. The pills were taken in the evening. Under the influence of acetate of copper, M. Luton had seen cough, expectoration, high evening fever, and nocturnal perspirations diminish. At the same time, the stethoscopic signs revealed an amelioration of the pulmonary lesions, but the appetite did not improve. M. Luton thinks that the hectic fever of phthisis had given place to a continuous fever of an infectious nature. He also considered this action to be parasitic and specific; but his colleague, M. Poncer, regarded the salt as a tonic and stimulant.

Anderjou.

Anderjou, or Anderjoa, or Indurjuo, is the seed of the *Holarrhena antidysenterica* described by Waring ("Pharm. of India," 1868, p. 137). Its bark was formerly imported into Europe under the name of *Codaja pala*, pala bark, and Tellichery bark. It seems to have fallen into discredit in consequence of being mixed with barks of other species. But it is still used very extensively in the island of Mauritius as an anti-dysenteric remedy, especially in the form known as "remède Mauvis." According to information given in the *Bulletin de la Société Médicale de l'île Maurice*, this remedy is prepared as follows: Take one pound of anderjou, clean, dry, and crush it. Take twenty spoonfuls of this powder, and mix intimately one spoonful of a combination of roasted anderjou with arrowroot. Divide into doses of about 6 drachms each, and take one daily, infused in about 16 ozs. of water.

The Treatment of Stricture.

In my own practice it is my rule immediately (says Dr. David C. Bryan, in the *Med. Herald* for July) on commencing to treat a case of stricture, to prescribe elixir thion compound, teaspoonful three times a day before meals for my patient, and to continue this medicine throughout the entire case. This remedy has never failed in my hands to thoroughly alkalinize the urine, to keep off rigors, and seems to have a specially relaxing effect on the tissue. When there is a false passage, put your sound in it, and pass a small filiform bougie down by its side; usually it will find the true orifice. Whatever method is tried should have a fair trial. Fickleness may result in failure.

Mammary Neuralgia.

At a recent meeting of the Paris Surgical Society, M. Routier read notes on a case of intense mammary neuralgia. The patient was 22 years of age; a small tumor, the size of a nut, was removed, and the pains completely disappeared. On microscopic examination, the tumor presented the characteristics of an adenoma.

Correspondence.

A Case of Disease.

Eds. Med. and Surg. Reporter:

A case of cerebro-spinal meningitis published by Dr. Albert Wilson in the *Brit. Med. Jour.*, of April 12, 1844, and republished in the Reporter, June 7, 1884, was reviewed by me May 16, 1885. I was impelled to review it in the hope that a careful analysis of his treatment and a fair presentation of its inefficiency, to say nothing of its danger, might save some valuable life. There was another reason for my noticing it. Three months before his case was copied by the Reporter I had successfully treated a case more violently and suddenly attacked, by very different means—means not at all popular, but more comfortable to the patient, and more likely to avert the expense of a funeral, a matter of some importance to people of moderate means. When my review was published, it was my intention to give your readers a report of my case, and for that purpose wrote it out carefully. Though it has been laid aside for a whole year, circumstances have taken place which induce me to offer it to you. I may premise, for those who have not read Dr. Wilson's case, or my review, that his treatment was confined almost exclusively to the steady, persistent use of bromide ammonium, chloral, and at last iodide ammonium. There were given 420 grs. bro. am., 40 grs. chloral, and 20 grs. iodide ammonium in 36 hours, and that, despite the fact, as observed by him, that they "produced no soothing effect." The man was sick 48 hours, being unable to take the medicine during the last 12 hours. My case is as follows:

At one o'clock a. m., March 4, 1884, I was called to see Lizzie Samson, aged eleven years. As I had not visited any one at night for quite a long time, I asked for a history of the case, hoping that I might send something for her relief. The father said: "Lizzie was as well as usual last evening at 8½ o'clock. I then went to the barn to see that everything was right, and had been out but a few minutes, when I was called and told that she was very sick. I found her on the floor holding her face between her hands, and screaming with pain. Since then her pain has been violent. She has vomited much, and is now vomiting blood." He was so exceedingly anxious and distressed, the case seemed so unusual, and as I had attended all his children on all occasions of sickness, and was fully awake, and the night pleasant, I went to see her. Found her holding her head by a hand on each side over the temples, moaning piteously, face very pale, pulse 80, beat indistinct—by that I mean that it required close attention to count it. Some persons would have called it feeble. She lay with her eyes closed, but on opening them they seemed to be natural in size of pupil. The mother said, "she had played actively in the meadow before dark, and was apparently well during the evening, but suddenly, just before her usual bedtime, cried out, with a scream, that she had pain through her forehead, and instantly went prone on the floor. That there had been no relief since that time—then five hours after the attack—that everything she had taken had been instantly vomited, that she was dull, indisposed to answer questions, and every few minutes cried out with pain, and then relapsed into her semi-conscious condition."

On examining the fluid which she had vomited, and which they had believed to be blood, I found it a dark flocculent fluid, resembling coffee-grounds in color. I was uncertain what to do, because I did not know what was the matter with the child. It seemed from the vomiting of this dark fluid that she might be suffering from irritation

in the stomach, but as the severe pain in the head was the first symptom, I concluded to regard the brain as the seat of disease. And then morpheum to relieve the pain suggested itself, but I feared to give it without further observation of the case, and also lest the anodyne, while it might overcome somewhat the pain, would add to the dullness, so that I could not say whether the symptoms were from the disease or the remedy. I therefore had iced water put on her head, warmth and irritants to her feet, which were quite cold to my hand; ordered bro. pot. gr. x every two hours until my return, which I intended should be very soon. It was then 4 a. m. of the 12th. At 8 a. m. saw her again. She had vomited instantly after swallowing drink or medicine, and the pain in the head was so severe as to cause her to cry out frequently, and she was even duller than before, and more reluctant to reply to questions; still very pale, pulse from 80 to 90, but indistinct, some of the beats being readily felt, others scarcely perceptible. Sometimes, in cases of sickness of stomach connected with disease of brain, it is difficult to tell which is the primary affection. With me it was so here; but the severe and persistent pain in the head inclined me to locate it in the membranes of the brain, though the pale face, the condition of the pulse, and the integrity of the mind, made me doubtful. As she had been sick only twelve hours, I directed 5 grs. bro. pot. and as much bro. sod. every two hours; two bladders of ice and water to be applied on the head so as to cover it all over, the nurse being urged to keep it continuously applied. Saw her again at 1 p. m.; no change. Saw her again at 6 p. m.; duller, moaning, screaming now and then with pain; pulse 80, indistinct as before. How glad I would have been to call to my aid one of those skilled neurologists who know the exact position of every centre, have names for and know the functions of every convolution. I would have asked him why this great paleness, this unusual pulse, this pain in the forehead, this nausea and vomiting? Where is the primary affection? Is this great pain merely a neuralgia, or was there a sudden congestion? And if so, would a congestion produce so quickly a pain so violent and so unremitting? Would it too produce vomiting and dullness of the intellect? Still more would it have comforted me to have been informed of the cause of another symptom noticed by the family to-day, and to which they had just called my attention, and the significance of which they desired to know. On raising the child's head from the pillow, it would fall about as if there was not a single bone in the neck. I raised her by putting my hand over the last cervical vertebra; her head fell backwards as though she had not the least control over it. I raised the body to a perpendicular with my hand behind the head, it fell forward on the breast; leaned slightly to one side, the head fell over as though there was nothing to support it. When put on the pillow again, she seemed to have her head under control. At first I thought it probably caused by faintness from being raised; that it was not, good evidence was given as the case progressed. It would then have comforted me greatly to have been enlightened in relation to this symptom. To me the nervous system has been a lifetime study. Securely housed within the cranium and vertebra, with entire control of the most sensitive telegraphic communication to and from every part of the body, not a sight, or sound, or taste, or touch, or odor, but is instantly recognized, and its influence on the system manifested. Every movement of all parts of the body is under the control of the nervous system. It directs the action of the heart, presides over every function, regulates the vital chemistry of every molecule so as to produce the vital heat, without which life cannot be preserved for a single moment. How important then that we should read its disturbed manifestations aright, and be ready to correct them. In view of its great importance the query arose, what is the cause of this condition of the child? Why this changed, apparently enfeebled action of the heart? Why this refusal of the stomach to take its ordinary food and drink? Why this strange loss of power in the muscles of the neck, and this dullness of intellect, all so suddenly presented? Are all these caused by malaria, a name for something never yet detected? Are there germs in the blood, bacteria? If so, have these germs suddenly become virulent, and gone on the war-path, after being with her all her life and behaving themselves well? Will they now, like yeast in a mass of flour, multiply and spread themselves through every tissue, block up all the avenues in the brain, permeate its substance, and thus destroy life? Or has "septic material" which had been floating in the air, been taken into the system, and is it now corrupting her blood and weakening and disturbing the nervous system, and through it the body?

(*To be continued.*)

—That well ventilated bed rooms will prevent morning headaches and lassitude.

News and Miscellany.

Anatomical and Medical Knowledge of Ancient Egypt.

In the *Lancet*, July 17, we read as follows:

The surviving fragments of the early literature of Egypt are mainly of a religious character; but this is not to be wondered at, for the genius of the people was essentially religious, and their doctrine of the future state leavened their national life in almost every particalar. To them the body was an integral part of the immortal humanity; therefore it could not be permitted to turn to decay, but had to be preserved from corruption that it might be a fit receptacle for the soul to dwell in through eternity. Their treatment of the body was thus dependent on their belief of its relation to the soul, and this, we learn from their religious writings, was a relationship of eternal interdependence. To secure perpetual preservation the body had to be properly embalmed, the cavities opened and subjected to the action of antiseptics. Although the body was sacred, under the special protection of the god Thoth, though each part was under the guardianship of a special divinity, yet this sacredness did not preclude careful inspection and the processes necessary for preservation, for all parts had to be perpetuated. Embalming was a religious rite, to be performed by the priests of the Cultus; and the historian Herodotus has preserved for us what is doubtless a substantially accurate account of the different methods whereby it was done in the later times in which he lived. The organs removed from the bodies of persons of the better classes were not returned into the body, but were preserved in vases of alabaster or stone, surmounted by the heads of the four divinities of Hades, the sons of Horus and Isis. The vessel which contained the stomach and colon bore the human head of Amset; that which held the lungs and heart was under the protection of the jackal-head of Tuaut-mutef; that which contained the small intestine was beneath the baboon-head of Hapi; while the liver was guarded by the hawk-head of Kabhsenuf.

During the ascendency of Greek influence in Egypt, Alexandria earned the reputation of being the chief school of anatomy and medicine in the world. Erasistratis, who lived in the days of Ptolemy Soter, B. C. 285, was an anatomist of such enthusiasm, that he and his disciples receiving from the king criminals condemned to death, "Vivos inciderint considerarintque etiam, spiritu remanente, ea quæ natura ante clausisset, eorumque posituram, colorem, figuram, magnitudinem, ordinem, duritiem, mollitiem, lævorem, contactum, processus deinde singulorum et recessus et sive quid inseritur alteri sive quid partem alterius in se recipit." But this Alexandrian school, although upon Egyptian soil, was essentially Greek in spirit; even Herophilus had learned some of his anatomy from Praxagoras of Cos, although, as the anatomy of the earlier Greek school was originally derived from Egypt, it was but returning to the mother country the traditions of culture derived therefrom. It was in Egypt Democritus of Abdera studied and so was fitted to teach anatomy to Hippocrates, the father of medicine. The three pithy and graphic letters on anatomy (which are extant), which it is supposed Democritus sent to Hippocrates, may well have been the result of his Egyptian training. At a later period, it was at Alexandria that Galen pursued his study of anatomy under Heraclianus, and the anatomical school of Alexandria survived until the Mohammedan invasion of Amru in A. D. 640. That much even of the earlier Greek medicine, anatomy and pathology was derived from Egypt, we learn both directly and indirectly. Most of the vegetable drugs in use in Greece were natives of Egypt; and Galen, speaking of one prescription called Epigonos, tells us that it was obtained from the adytum of the temple of Phtah, at Memphis. He quotes it, and other Egyptian prescriptions, from the book Narthex, written by Hera of Kappadokia. Medical colleges of far greater antiquity than that of Alexandria existed in the priestly schools of Memphis, Heliopolis, Sais, and Thebes. These were much more faithful exponents of the purely Egyptian system of the art of physic. Of the ancient medical literature of Egypt, two nearly complete treatises are still extant, and six or seven fragments of others. These vary in date and in perfection. The most complete are the Papyrus Ebers and the Medical Papyrus of Berlin. The fragments which are noteworthy are: The British Museum Papyrus, formerly the property of the Royal Institution, the Papyrus VI. of Boulaq, the Magical Papyri of Turin and Paris, the Coptic Medical Manuscript in the Borgia Library, and the Greek Papyri 383 and 384 of Leyden. In a paper read at a recent meeting of the Royal Institution of Great Britain on the Medical Knowledge of Ancient Egypt, of which the above is a summary, Professor Alexander Macalister, M. D., F. R. S., stated that he hoped soon to be in a

position to publish a detailed and critical study of this medical literature, a work for which few are better qualified.

Quackery in French Religious Communicants.

The *St. Louis M. and S. Journal* for July tells us that in a little commune of the Vendée, near the borders of the Department of Deux-Sevres, a rural school-house shelters five or six *religieuses*. The government some time ago ceased to give them any support, so that it became necessary for them to look about for some other means of living and keeping the wolf from the door. After looking around a little, the good sisters determined to make some money out of their knowledge of the medicinal value of the herbs and simples around them, and which had hitherto been applied to the gratuitous healing of the ills of their neighbors. It seems that in some manner they had acquired a reputation for curing the goitre, and not long ago a peasant living some distance from them undertook a journey to their establishment in order to obtain from the charitable sisters the remedy for a goitre which disfigured his spouse. They gave him a box of pills and received in return six francs, and the peasant went on his way rejoicing. As luck would have it, however, the sister who was called to accompany him to the gate and let him out, inadvertently displayed the fact that she was herself afflicted with a great goitre. The patient was sharp enough to see the point, and immediately began to bellow that he was robbed. Not getting his money back, he complained to the authorities, and thus the matter stands. It has, however, served to call attention to the fact that religious communities all over France are doing the very same thing, and not only this, they are using the knowledge and facilities thus afforded them to the great detriment not only of the medical profession, but of the Government itself. Most of these communities are violently anti-republican in their sentiments, and devote their entire time to the quiet *propaganda* of monarchical and clerical ideas. This fact once brought home to the authorities ensures their suppression.

Charms and Superstitions in the Treatment of Diseases.

The *Brit. Med. Jour.* says that the Bishop of Bedford is quite at home among the people, and knows them in sickness and in health. He gives some curious examples of the still prevalent superstition as to charms against sickness, which are worth preserving among the records of medical folk-lore.

For many years he labored in a country parish in Shropshire, and the remedies believed to be efficacious in many complaints absolutely surprised him. In cases of whooping-cough, for instance, a woman would send children suffering from it along a towing-path of a canal to meet a certain boat, the reason being that the boatman was a seventh son, and any remedy suggested by a seventh son would, it was thought, do good. Another popular remedy was to pass children over and under a briar seven times; another horrible thing was to draw three yards of black ribbon through the body of a frog, and wear it round the neck; and another thing was to make a child breathe into a frog's mouth. It was supposed, too, that anybody riding on a piebald horse could cure whooping-cough. He had seen a woman pretending to charm away a tumor on the lips of another woman with elder-pith which was got at night under a full moon, and by the use of some words which, the charmer said, were in the Bible, but on being told that they were not, said she was sure they were in the prayer-book, and this was equally incorrect. A farmer, who had the toothache, had given to him some gander's teeth to put in his waistcoat pocket. These were only a few of the superstitions that had come under his notice in North Shropshire, and perhaps some of our readers can add to this curious budget of surviving superstitions.

The International Medical Congress.

"A well-known American physician writes to us from Berlin, under date of June 30, that he has lately come in contact with prominent members of the profession in that city, Bremen, Hamburg, Dresden, Munich, Vienna, and Breslau, and that everywhere the leading questions were: 'What about the Congress of 1887? Will it be held? Will it be a success? Will you be there? How much reduction will there be in the passage rates? Is it to be managed by homœopaths? Have the dissensions which threatened to wreck the Congress been adjusted? Whom shall we meet whom we know?' etc. To these queries he felt it his duty to answer: 'The Congress will surely be held. Whether it will be a success cannot now be foretold. I shall not be there. So far as I know, there will be no reduction in fares to America. The homœopaths have nothing whatever to do with the Congress. The dissensions have

not been adjusted in any sense whatever. You will be likely to meet chiefly men whom you do not know by name or fame, since the majority of the best known men in the United States have withdrawn from the Congress because they do not approve of the way in which it is managed.' 'With but few exceptions,' he adds, 'I found very little inclination to incur the trouble and expense of a trip across under such discouraging auspices. My replies only corroborated previous impressions.'"

The above is from the *N. Y. Med. Jour.*, July 24. We must say that out of respect for the profession of the United States, the *anonymous* correspondent of the *N. Y. Med. Jour.* ought to have been ashamed to write such "*reflections of his own wishes*," and the journal ought to have been ashamed to publish them.

A New Use for Carbolic Acid.

A new use for carbolic acid has been discovered by an Australian inventor, namely, for tanning leather. We had thought that Australia affords more than enough natural tanning material without this invention. In the process the skins, which have been limed in the ordinary manner, also haired and prepared if for the production of sole leather, are placed in a bath consisting of a mixture of tens gallons of water in which 200 pounds of soap are dissolved, and containing one gallon of carbolic acid, the skins being left in the bath until tanning is complete. The process may be considerably accelerated by adding a pint of fresh carbolic acid to the tanning fluid from time to time. For a softer leather the raw, limed, and haired skins are for one or two days placed in a mixture of four parts carbon bisulphide and one of carbolic acid, and then washed.

Lard.

At a recent meeting of the Philadelphia Pharmaceutical Association a member asked what was the usual practice in reference to lard for pharmaceutical uses, and what was found best. A member stated that he had lard made in the country specially for him, and found it entirely satisfactory. The inquiry was made whether the refined lard of commerce was pure enough for medicinal purposes; this was answered that one of the houses who refined very large quantities of lard stated that they made none at all, but merely refined it. It was queried, What percentage of water was present in commercial lard? but no one present stated that they knew what amount of water it did contain. The preservation of lard by means of benzoin and poplar buds was also discussed, and some thought that benzoic acid would answer as well as benzoin, while another present expressed the opinion that the resinous matter of the gum benzoin was the efficient agent.

Cholera Prospects in Paris.

A Paris correspondent telegraphs: "In consequence of the exceptional heat, and the increased consumption of spring water, the municipal reservoirs in which it is stored are well nigh empty. The municipality is, therefore, obliged to discontinue its supplies to several arrondissements. The water which is to be given instead will be taken from the Seine above Ivry." This information is justly disquieting. It may, and certainly should, be remembered that the last outbreak of cholera in Paris was traced to the temporary distribution of contaminated water under similor circumstances. The inhabitants of Paris should protest; and, meantime, visitors should be on their guard. The last epidemics, not only in Paris, but in London, Geneva, and Naples, were distinctly traceable to the water supply.

Antiseptic Paper.

Dr. Bedoin, of the military hospital of Vincennes, makes light, cheap, and effective applications for wounds by using instead of gauze, unglazed paper (filtering or cigarette paper) first sterilized in a drying cupboard at 110° C., then rendered antiseptic by immersion in a solution of carbolic or boric acid, sublimate, etc. This can be used in layers or plugs, and is covered with thin sheets of gutta-percha.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED JULY 24, 1886.

Carmichael, D A., passed assistant surgeon. Granted leave of absence for thirty days, July 24, 1886.

Magruder, G. M., assistant surgeon. To proceed to Cairo, Ill., for temporary duty, July 22, 1886.

The Perfect Druggist.

This gem we cut from the presidential address of the Virginia Pharmaceutical Asso-

ciation: "There never has been a perfect druggist, and there never will be. The science of pharmacy is more or less connected with all the natural sciences, and a perfect acquaintance with them is very rare. A good pharmacist should thoroughly understand the principles of his profession as well as the responsibilities of his business, and he should have a good practical experience in all its details, without which technical knowledge does not amount to much."

Galvanic Flannel.

A novel method of applying an electric current to the body forms the subject of a patent granted to the agent of Señor Pumariega, of Avile, Spain (2,322, 1886). The inventor steeps flannel in a bath composed of equal parts of oxide of iron, copper, zinc, and tin, mixed in fine powder in weak gum-water. The flannel thus takes up a quantity of the metallic oxides which are excited by the perspiration of the body, which is then subjected to a weak but constant electric current.

Items.

—Piliganine is the name which has been given by M. Adrian to a new alkaloid which he has isolated from *Lycopodium saussures*. It has an alkaline reaction, and emits white vapors, like ammonia, in the presence of hydrochloric acid, and therefore appears to be of a volatile nature. It causes powerful emesis and catharsis.

—"The Effects of Tobacco on the Health of Men of Letters, and its Influence on the Future of French Literature," is the theme to be discussed in a series of essays, for the best of which the French Society for the Prevention of the Abuse of Tobacco offers a prize of 1,000 francs.

—It has been objected against eserine that it increases the intra-ocular pressure whilst contracting the pupil; pilocarpine, on the other hand, is said to lower the intra-ocular tension. These myotics have been set against one another in the treatment of some cases of glaucoma. Schlegel has made some experiments on the intro-ocular tension, and arrives at the conclusion that the alkaloid of jaborandi also increases the tension.

—From Saturday, July 17th, till Wednesday, July 21st, the following are the reported cholera returns from Italy: Brindisi, 28 cases and 11 deaths; at Francavilla Fontana, 66 cases and 15 deaths; at Latano, 37 cases and 14 deaths; at San Vito, 20 cases and 3 deaths; at Oria, 2 cases; at San Donaci, 4 cases and 2 deaths; at Venice, 2 cases and 2 deaths; at Codigoro, 10 cases and 2 deaths; at Erchie, 2 cases and 1 death; at Ostuni, 5 cases and 1 death.

—The *Madrid Medical Journal* of July, 1885, reports that Miss Dolores Lleonart-y-Cassanovas, daughter of Dr. Agnew Lleonart, has just obtained, by unanimity of votes, her M. D. degree at the Barcelona University, after passing a brilliant examination. Miss Lleonart commenced her studies at the age of 8, got her B. A. degree at 13, carried off seven prizes and the highest marks in every examination, and now, at 19, her full degree in medicine and surgery. It would seem that ladies mature early in Spain.

QUERIES AND REPLIES.

Information Wanted about Antipyrin.

Eds. Med. and Surg. Reporter:

I desire to trouble you for a little information in regard to "antipyrin." I have read a good deal about it in the journals, but as I do not know the writers, and am unwilling to take anyb dy's dictum for granted, I desire to ask you, and upon what you say I am willing to act without hesitation. Is it of any practical use, save to reduce, *rapidly*, temperature, and for that purpose is it *safe* and *reliable*? Is it a better febrifuge than aconite and nitre, with potass. bromide or soda bicarb.? My favorite fever mixture is:

℞.	Tr. aconite root,	gtt. viij.
	Spirits nitre,	ʒij.–iv.
	Sodæ bicarb., or pot. brom. p. r. n.	
	Water ad.,	ʒj.

A teaspoonful in water every half hour or hour.

In our remittent fevers, with marked congestion, the above answers well, and though SLOW, yet the action is permanent and entirely safe. Do you think antipyrin would do better?

We often have patients with a temperature from 104° to 105° F. Give a strong mercurial purgative, say in three doses at intervals of three hours, every half hour or hour give the above ℞., and sponge with cold or tepid water, and in from four to ten hours the temperature comes down to say 101° or so. Then give *full* doses of quinine, 10 grains every two hours till well impressed, and our patient is safe *almost invariably*. If you would advise antipyrin, in what dose and at what interval repeated?

Let me state a case I had last week. A lady was confined at five o'clock Wednesday morning; did remarkably well till Friday morning; at 8 o'clock had a severe rigor, followed by a fever; temperature 105½°, and remained so till 2 o'clock Friday night. There was great tenderness of abdomen and some tympanitis. Patient was stupid, but there was very little delirium, no nausea, and no diarrhœa; the breasts, too, were full, hard, and tender. I gave a good calom l and rhubarb purgative and the above fever mixture every half hour, and then every hour. Applied cold water to the head, which was aching badly. At 2 o'clock p. m. the thermometer marked 102⅖°. Gave at once 8 or 10 grs. quinine, and repeated the dose in an hour, and then in an hour again. In this time the temperature had come down to 100°; patient sweating freely. By 8 o'clock the bowels moved well, and temperature was normal and so remained. There was no more exacerbation.

Now, in such a case, would antipyrin have answered? Would it have reduced the temperature quicker, and if so, would it have done to give the quinine as I did? I know quinine is given in large doses as a febrifuge, but *unless the fever is going down when given, it has always failed in my hands.*

We have very many cases like this. A child from three to ten takes a chill, goes into a stupid condition from which it is impossible to rouse him. Cannot swallow, though pulse is good; temperature 103° to 106°. Now, could antipyrin be used efficiently with the hypodermic syringe, and in what dose? I usually pour cold water on the head and sponge the body. Give a strong enema, and as soon as the patient can swallow give the mercurial boldly, and then follow much the same plan as in the case I described above, and I don't know that I ever lost a case.

Athens, Pa. Thos. M. Matthews, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1537.] PHILADELPHIA, AUGUST 14, 1886. [Vol. LV.—No. 7.

Original Department.

Lecture.

ON HYGIENIC THERAPEUTICS.

A CLINICAL LECTURE BY DR. DUJARDIN-BEAUMETZ.

Member of the Academy of Medicine, Physician to the Cochin Hospital, Paris, France.

(*Concluded from page* 164.)

The precepts of this school were altogether hygienic. Numerous translations have been made of this famous medical doggerel. The most remarkable, certainly, is this which I here show you, and which was published in 1661, by Dufour de la Crespeliere. Like the original, this translation is in verse.

Our medical confrere was a wag something after the style of Rabelais, and the modern epithet of *naturalistic* is applicable to his verses. [Several couplets quoted by the lecturer are omitted as being untranslatable into English.]

Then for a long period of time nothing more was heard about therapeutic hygiene; but few men in the practice of medicine were hardy enough to oppose the gross empiricism which then directed the art of healing. Among the independent spirits of that epoch we see Mercurialis rehearsing all the advantages which the ancients derived from gymnastics, and Cornaro, in his celebrated work on the Art of Attaining Long Life, showing the benefits which, as promoting longevity, flow from sobriety and a careful regimen. Sanctorius also by his remarkable experiments on himself brought into clear light the important role which in the functions of the economy belongs to cutaneous transpiration.

But all these attempts proved barren of fruitful results, and medical practice continued to follow the path mapped out for it by the chemiatric and iatro-mechanical notions of that epoch. The greatest abuse was made of drugs, and the aphorism in all its rigor was applied to the treatment of the sick: "To grave disorders belong powerful remedies." As proof of this, you have only to glance over that curious journal "Of the Health of Louis XIV.," kept from 1647 to 1711 by the three physicians-in-chief of his majesty, Vallo, Daquin, and Fagon, and you can but notice the innumerable quantity of purgings, lavements, bleedings, and drug-dosings, which this monarch was made to endure. We find here a complete justification of the ridicule of Molière, and the medicine bills of the apothecary Fleurant are mere bagatelles in comparison with the extravagant drugging which was then practiced in the chambers of our kings.

The first effective opposition made against the abuse of drugs is to be credited to the English physicians. Sydenham, in calling back his contemporaries to observation and experience, in showing the influence of atmospheric conditions on the production of epidemics, gave to medicine an impulse favorable to the study of hygiene. Gideon Harvey, a descendant of the discoverer of the circulation of the blood, and physician to Charles II. and William III., pushed to the utmost length his abhorrence of the extravagant dosing of that period, and he boldly advocated the substitution of the culinary art for pharmaceutical measures in their treatment of diseases.

These views received support in Germany in the eighteenth century from Stahl, who following the teachings of Sydenham and

Harvey, maintained that as a great number of diseases undergo a normal evolution towards recovery, attention to hygiene alone suffices for their cure, and in a work dated 1730, and having for its title "The Art of Healing by Expectancy" he sets forth his views on this subject. Cheyne, in France, a Jansenist physician, Dean of the Faculty, adopted the views of Harvey and Sydenham. He combated especially alimentary excesses, and endeavored to show that most diseases depend on abuses of eating and drinking. He therefore recommended severe dieting, a vegetable diet and milk; and he published in 1724 a treatise on hygiene applied to therapeutics which had for its title "*De Infirmorum Sanitate Tuenda Vitaque Producenda.*"

But all these writings of the eighteenth century have almost passed into oblivion, and we have to come down to our own times to see a revival of hygienic therapeutics. Three men were the chief promoters of this reformation: Ribes, Fonssagrives, and Bouchardat.

Ribes, professor of the school at Montpellier, in a volume which may still be consulted with advantage, established the basis of hygienic therapeutics.

Fonssagrives continued the work of Ribes, and in numerous treatises on hygiene, and in particular in his treatise on alimentary hygiene, he showed what may be accomplished by regimen as a therapeutic means.

Finally, my regretted master, Bouchardat, whose recent death is such a loss to the medical profession of France, in all his writings has urged the importance of hygienic therapeutics, and I cannot do better in this connection than quote the following sentences which terminate an article on the subject:

"I have experienced two distinct phases in my career as a medical practitioner. I devoted a part of my younger days to pharmaceutical therapeutics, and my riper years to original researches on hygienic therapeutics. Young physicians will find, as I have done, as they advance in years, that pharmaceutical therapeutics does not keep all its promises, and they will have more and more faith in a sage reliance on hygienic modifiers." No more just remark could have been made.

Hygienic therapeutics is then that part of medical science which has for its object the employment of hygienic modifiers in the treatment of diseases, and the regulation of the conditions thereof in such a way as to lead with the greatest possible speed and certainty to the recovery of the health. Formerly to this aggregate of means the name *dietetics* was given, but the use of this word is now restricted to alimentary hygiene.

This definition, which I borrow from Bouchardat, seems to me an excellent one. It enables us to establish the limits of hygienic therapeutics. In fact, if we were to include under the term hygienic therapeutics all the means proper for the maintenance of health, we should have to make the word synonymous with hygiene itself; but we are here concerned with the sick man and not with the well man, and we have to limit the significance of the term to all such measures, daawn from hygiene, as are applicable to the treatment of disease. We must also exclude from our definition everything comprehended under the definition of *prophylactic treatment*, a kind of treatment which is absolutely hygienic, but which is addressed to persons that are well, for hygienic therapeutics includes only such hygienic means as are calculated to combat disease and restore health.

I shall leave then to one side everything which concerns international hygiene, boards of health, quarantines, civic hygiene, etc., in a word, all those measures which play a considerable part in the prophylaxis of contagious and infectious diseases, but have nothing to do with therapeutic hygiene properly so-called.

It will not do, however, to confound expectant medicine, or expectancy, with hygienic therapeutics. Expectant medicine is a negation; it is showing respect to the normal tendencies of disease and letting it alone, while hygienic therapeutics essays to act energetically and surely in the treatment of diseases, and we may say that there exists a great number of affections in which the whole treatment is summed up in a well directed hygiene. See how it is in certain affections of the stomach, and in particular in ulcer of the stomach, in which milk diet is the only curative agent. Glycosuria can hardly be treated except by a judicious alimentary regimen and by muscular exercise, and in albuminuria it can scarcely be said that we have any effective remedial agency but regimen. The therapeutics of early infancy is in great part hygienic, and in the case of these frail and delicate little beings, disease generally results from infractions of the rules of hygiene, and finds its remedy only in means that are, properly speaking, physiological.

Moreover, the valuable discoveries of Pasteur, and those still more recent of my friend Armand Gautier, give to this question of hy-

gienic therapeutics a vital importance. In showing us the living nature of contagium in virulent and infectious diseases, in demonstrating the presence of morbid germs in the air which we breathe and in the water which we drink, Pasteur has given us a striking proof of the necessity of hygiene in opposing these communicable diseases.

If the microbiotic doctrines have overthrown many theories connected with therapeutics, they have on the other hand demonstrated the utility of hygienic practices. It is above all in modifying the culture medium, and in rendering it unfit for the development of microbes, that we are able to combat a great number of diseases. See, for example, how it is with phthisis: its contagiousness is admitted by all; Koch has even shown us the cause of this contagiousness. We know the energetic resistance which the tubercle bacillus presents to antiseptic agents; we know, too, that in our hospital wards we are surrounded by the micro-organisms of tubercle. How is it that we resist their invasion? Because our organisms constitute for them a soil unfit for the culture of these proto-organisms, and hygiene is one of the most powerful means for the creation of such refractory media.

The doctrines of Bouchard and Gautier show also the importance of the question with which we are concerned. The living cell secretes at each moment toxic products which the economy has to eliminate by its different emunctories. The rôle of the hygienist is here marked out; it is his duty to favor the physiological functions of these different emunctories, so as to oppose the retention of these morbid products.

Do not think, gentlemen, that I advocate following an exclusive course, and that I would abandon pharmaceutical means in the treatment of disease. I believe more than ever in the utility of medicines.

But I am convinced also that physicians are too apt to forget that by the side of these active medicinal agents there are other agencies of equal efficacy, which are entirely borrowed from hygiene. It is to the sum of these means that I desire to call your attention, and I hope to show you in the course of these lectures the utility of the subject of which I propose to treat.

For the accomplishment of our task, two methods are open to us. According to one plan we might take up in their order the diseases of the different systems of the economy, then pass in review the hygienic agents proper in the treatment of these diseases. We should study in this way successively the hygiene of diseases of the heart, of diseases of the lungs, of the stomach, etc. The other plan consists in examining separately each of the great hygienic agencies—alimentation, aeration, exercise, etc.—and investigating the rôle which belongs to each of these in the treatment of diseases. It is this last method which I have adopted. It enables one, in fact, to study in a general manner the physiological role of each of these great hygienic agencies, and derive therefrom practical clinical applications.

In the next lecture I propose to take up alimentation and its application to the treatment of diseases.

Communications.

ON THE PATHOLOGY OF SURGICAL INFECTION AND THE VALUE OF ANTISEPSIS.

BY A. H. P. LEUF, M. D.,

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(*Continued from page* 169.)

The views of Brehmer* are here worthy of consideration. After painstaking clinical observations and post mortem studies, he concluded that it was the rule for those who died of phthisis to have been predisposed to it; that the predisposition was mainly due to anatomical causes; and that these causes could be mitigated or entirely eradicated. His views were announced to the profession of Germany, and received with incredulity and much adverse criticism. The opposition came from the most eminent. He challenged their right to denounce his views without a special experience equal to his own, and agreed to re-open the discussion on a proper basis with any competent person who would go to Vienna and make the studies that he had. He predicted that all who did so would find his facts correct, and the facts once admitted, his own views were the logical deductions. He claimed, in brief, a certain normal relative size between the heart and lungs. In nearly all cases dead of phthisis, he found the proportion between these organs widened. Either the heart was preternaturally small, or the lungs were abnormally large, or both conditions coëxisted in the same individual. He reasoned that when the proportion between these two organs became too wide, the heart was incompetent to properly supply the breathing

*Die Ætiologie der Chronischen Lungenschwindsucht, Berlin, 1885.

apparatus with blood. If this did not show itself in childhood, it did at puberty, and was accompanied by palpitations, dyspnœa after very moderate exercise, loss of appetite, and, naturally, a disinclination for physical work. This caused a natural tendency to increase the trouble by promoting the avoidance of physical exertion, and compelling the growth of sedentary habits. Malnutrition of the lungs due to an inefficient heart, were the anatomical factors that generally predisposed people to phthisis. Lungs whose mobility becomes restricted, either by pleuritic adhesions, or by fixation of the chest walls due to calcification of the costal cartilages, have a diminished blood supply, and consequently lessened nutrition.

The observations of Koch,* and his deductions, almost completely obscured these determinations of Brehmer, and even yet constitute a barrier to their being generally known. The claims of Brehmer, however, were in time acknowledged by the very men who at first so strenuously opposed them. Some of these gentlemen pursued the studies he had invited them to make at Vienna, and with the result of becoming converted to his views, as he had predicted they would.† The facts as he stated them could not be denied. His deductions were logical and correct. So far as I am aware, no man to-day thoroughly qualified from personal experience to speak on the subject upholds a contrary view.

Curiously enough, Koch himself has been the means of strengthening Brehmer's theory. Of the former of a number of experiments on animals, in which he made intra-thoracic injections of tubercle bacilli, some lived despite this treatment, and upon being killed after many weeks, showed very circumscribed miliary tubercles at the seat of the former injections. The reasons for these exceptions were not satisfactorily inquired into, so that it cannot positively be claimed that all those that escaped general infection had a superior pulmonary nutrition. The exception, however, can only be explained on the supposition that there was too much resisting power to permit the spread of the injected colony of bacilli; in other words, there was no predisposition. Given a patient so predisposed, and barring all accidental interferences, and he will die by his lungs. Given the same patient under good circumstances, and in fair conditions, and tubercle bacilli will be impotent in their influence. Given the same patient again, but under disadvantageous circumstances, even in poor health, and the bacilli may be said to be potent for evil, but whether there be any of these organisms or not, the lungs will fail anyway unless the sufferer's conditions are rapidly bettered. On these grounds it seems fair to say that the tubercle bacillus is not the dread microbe it is represented to be.*

It has now become the fashion to ascribe all deaths in surgical cases accompanied by fever as due to germs or micro-organisms. The majority of believers in this doctrine have no definite basis for their convictions. Having been taught to so view the matter, they adopt the opinion of their teachers, and seek to impart them to others by precept and example. That extreme antisepticism would never have reached its present status if all men were their own judges, I have made it my business to prove. At the present day we smile, amused at the extremism of a few generations ago, when phlebotomy was so universal, and even now, advanced thought based on better facts is forcing the so-called antisepticist to leave his self-constructed pedestal, or be consigned to the position of his recent sanguineous predecessors. It is very common to hear all ailments ascribed to the activity of "disease germs." Let the surgeon of the day, the one in fashion I mean, operate upon a patient

* Appearing mainly in the Deutsche Medicinische Wochenschrift and Berliner-Klinische Wochenschrift in the early eighties, besides some other journals and monographs. He even himself says that "an denen ich einige schwer oder gar nicht zu deutende Katsachen dabliben, welche uns zwingen, vorläufig die Annahme einer Disposition bestehen zu lassen." He consequently confesses that he is *compelled* to admit the weighty indications of the necessity for predisposition in the development of tuberculosis.

† One of the most prominent of these converted opponents was Beneke, who, although he had mercilessly criticised Brehmer, and denounced his views as entirely too one-sided, after a sojourn of some time in Vienna, whither he had gone as Saul, says Brehmer, and returned as Paul, wrote a book entitled "Die anatomischen Grundlagen der Constitutions-Anomalien des Menschen." Herein he admits his former errors, and joins hands with Brehmer.

* Pütz, "On the Relation of Tuberculosis of man to Tuberculosis of Animals," etc., 1883, relates a number of experiences that demonstrate the necessity of predisposition. On page 30 he mentions how he injected 12 c.c. of tuberculous matter, expressed from still warm tuberculous human lung, into the abdominal wall and cavity of a ten months' calf. Ten weeks after the injection, the animal meanwhile not having had a single local or constitutional symptom, was killed and showed a connective tissue induration at the seat of injection. The peritoneal surfaces were perfectly normal in every way. Nowhere were there found any evidences of tubercles or tubercle bacilli, though they were zealously searched for. Four c.c. of the same fluid was injected directly into the substance of the right lung of a one-year-old foal on the same day. There was fever with increased pulse beat and respirations for about four weeks. A few days later the foal was killed, and scar tissue and tubercles found at the seat of injection and a little beyond. Yet not a vestige of tubercle bacilli could be anywhere discovered, even after the most diligent search. These are two sample cases. Others might be cited in which similar injections were followed by more or less formation of tubercles and tubercle bacilli, but the bacilli were found in large quantity mingled with micrococci or other bacteria, thus negativing Koch's assertion that the true bacillus tubercle was not found with micrococci, or showing that the bacilli found were not those of tuberculosis. However this may be, the conclusion either way would be more or less damaging to the views of K., and supportive of those of Brehmer.

and the end be fatal, and the only conception his mind seems capable of is that it was a case of "too much germs." If the patient gets well, it is because the germs were excluded from the wound by protective dressing. When, however, a skeptical brother comes along with a successful case in spite of germs, and with no preventive dressing, the cry is, that God had helped the patient! It seems almost impossible for a man once wedded to this idea, to ever divorce himself from it to impartially consider the question. Judging from the prompt acceptance and spread of antisepticism, without consideration by those adopting it, the cause would seem to be a special mental microbe.

The patient himself does not receive the proportion of attention he deserves. A patient at hand sufficiently diseased or injured to excuse surgical interference, is operated upon as soon as is convenient for the surgeon, and when all antiseptic preparations are completed. It is the rule to ignore the preparation of the sufferer for the coming strain upon his vitality.

The questions arise: What is antisepsis? Why is it used? What is its value? When and how should it be employed?

Antisepsis may be stated to be, *The prevention of contact between open tissues and living disease germs.**

The object of this antisepsis is to prevent this contact, on the supposition that it generally results in a more or less dangerous constitutional disturbance of the patient, and is quite often followed by fatal results. This operators accomplish or seek to accomplish by continuously spraying or douching the wound and cleansing of the neighboring parts and their own hands and implements with antiseptic solutions of various kinds, and an antiseptically hermetic sealing of the wound till union is effected.

If now we take any wound with coaptated walls, we expect to get primary union under certain conditions. These consist essentially of

a. Absence of all foreign matter.
b. Perfect coaptation of the surfaces.
c. The maintenance of perfect coaptation.
d. A certain degree of local tonicity; and,
e. A certain degree of general tonicity.

The first condition is the one upon which the antisepticists base their *theory*. They claim that various microscopic bodies are capable of insinuating themselves through the wounded surface and into the tissues, there to multiply and be spread broadcast all over the body, to breed those symptoms which are invariably produced by their presence if in sufficient number. To obviate this, they have discovered many substances that will poison or intoxicate these little bodies so as to make them harmless, and this, they claim, without damaging the patient. Dolly,* in his recent work, gives an account of over fifty varieties of microbes supposed to produce as many different diseases. His list is not greater, he informs us, because he did not want his book to assume larger proportions, and not because there were no more to add.

If these little germs were the producers of certain diseases, these diseases should not exist in cases where perfect precautions had been taken to destroy them. The claim is that certain bacteria produce a fatal or almost fatal rise of temperature after surgical operations, and that such thermal elevations are never due to any other cause. Given, then, a large wound and perfect antisepticism, as regards spraying, douching, and subsequent dressing, with many layers of antiseptic gauze, and it is utterly impossible for the patient to get the symptoms supposed to be produced by the special pathogenic microbe. Should, however, such symptoms fully appear in defiance of perfect precautions, then the supposition that the disease is caused by microbes is demonstrated to be a fallacy.

A characteristic microbe has been found in diphtheritic membranes. Hence, microbists have concluded that this body is the cause of this disease. A certain solution of mercuric chloride was found to be sufficiently strong to destroy them. A woman in childbed had her vagina and cervix continually douched with this solution of ample germicidal strength, and in spite of this there formed in that vagina a typical diphtheritic membrane. This membrane was a perfect cast of the canal from which it came. Here is one negative experience with no chance for error, and it demonstrates conclusively that the characteristic microbe is not the causative element in the formation of this membrane or of this disease. In a question of this kind, one negative experience, if without error, is logically as effective a refutation of a theory as are thousands.†

*The reader is urgently requested to bear in mind the *exact* meaning conveyed by the definition.

*Technology of Bacteria Investigation, 1886.

†This conclusion has been objected to because it was alleged the bichloride solution would coagulate the albuminous constituents on the surface of the vaginal mucus and protect the remainder underneath from any further action of the fluid. The same individual accounted for the success of the hot douche employed by Dr. Varich, of Jersey City, and others, by its power of killing germs. When confronted with the two statements, he explained that the hot water's action extended deeper than that of the bichloride. Now

The well authenticated fact that some septic and other so-called infectious diseases diminish in proportion as higher altitudes are attained, and at the same time a proportionate decrease of germs is also observed, has led to the claim that the diminution in the frequency of the disease was due to the lesser amount of germs. It is, however, equally as rational, in fact more so in our present state of knowledge, to assume that one and the same cause lessens both the disease and the microbes. They do not bear to each other the relation of cause and effect, but are rather both the effects of a third etiological factor.

To enumerate the many failures of perfect antiseptic precautions in preventing so-called septic fever is not necessary. Very likely every man present has had personal experience of such failures. Many have been reported from all parts of the world where antiseptic surgery is practised, and that too by the most ardent disciples of Lister. In fact, Lister has himself reported such failures, and at the International Congress that met in London, he confessed that it was his conviction that patients under his care had been poisoned to death by the rigid application of his principles. When the impetus a new and striking idea receives is sufficient to cause the death of the ones committed to the care of those who support and apply these principles, it may be safely called an extremism—a dangerous extremism. It is this wholesale running away with men's minds that I would contend against this evening. Whoever has witnessed without bias an operation under rigid antisepticism, and has carefully observed the mental attitude of the principal surgeon and his assistant staff, could not help being impressed with the singleness of purpose and the narrowness of view of this same chief operator during the operation, although otherwise a man of superior mind. This warping of better minds is dangerous.

Having noted in a brief manner that perfect antisepticism frequently is ineffectual in preventing the conditions supposed to be produced by the germs that it is intended to cut off from entrance to the wound, it is proper to turn to that class of cases which make typical recoveries without any so-called antiseptic precautions. I will cite a few striking instances as examples.

Five puerperal cases of Dr. Josephine A. Dufré are instructive. The first, third and fifth died with high temperature, and all the accompanying symptoms of septic infection, although every possible precaution was taken against sepsis, such as baths, change of cloths, and the non-attendance of contagious or infectious diseases. The second and fourth recovered with a clear history, although no precautions whatever had been taken to avert sepsis, and the doctor was even in daily attendance on a case of erysipelas. These facts go without comment.

Dr. E. H. Bartley informs me of the case of a pregnant woman daily expecting the birth of an offspring, who was in constant attendance upon one of her children very sick with scarlatinal diphtheria. In the midst of her nursing of this child, she took to bed and was delivered by Dr. Bartley, who treated her and the scarlatinal child together without the mother developing a bad symptom, and this without any antiseptic prophylaxis. This case, too, goes without comment.

Another instance I would mention is one that occurred in the practice of Dr. W. J. Brandt. He was attending a case of malignant erysipelas, of whose malignancy there could have been no doubt, as the patient died. While handling and dressing the erysipelatous part, he was hastily summoned to a case of abortion, in which he delivered with the same hand that had been employed on the previous case; and although he had in his hurry forgotten to wash or even rinse his hands, the abortion patient recovered without a bad symptom. This case, also, goes without comment.

Dr. Chas. Jewett's case of diphtheritic vaginal cast at the Long Island College Hospital has already been alluded to, and does not require reiteration or comment.

Our President, Dr. Benj. F. Westbrook, who, during the first eight years of his practice, did a great deal of work as a practical pathologist and anatomist, and without taking anything like the present extraordinary precautions against infection, attended a large number of obstetric cases, and of all these does not recall a single instance of septic fever—so-called. Since dropping his anatomical and pathological work for the purpose of giving all his attention to the heart and organs of respiration, he attended some more confinements, and from among this number he does recall several with marked hyper-pyrexia. Comment is not required.

Dr. A. Warner Shepard, who for the last

the bichloride in a sol. of 1-1000 or 1-2000 will make no appreciable difference in the albuminous constituents of vaginal mucus. Its effect in the vagina as regards the secretion is like water, *i. e.*, it dilutes and washes out the mucus, leaving the membrane freely exposed and rough to the touch. So that it is proven by the above-mentioned case and other similar ones that a diphtheritic membrane forms without the agency of germs.

twenty years has *constantly* been making very many post-mortem examinations on all kinds of cases, and who *never* employed antiseptics in either his obstetrical or surgical practice, both of which have been very extensive, hardly recalls a failure of primary union or more than a slight reactionary fever, except perhaps when such results were epidemic and also occurred under antisepsis.

My former associate, Dr. H. T. Halleck, in a series of minor surgical operations, all without antisepsis, had uniformly successful results as regards the healing by primary union and the absence of fever.

In my own practice (hospital, dispensary, and private), in a period extending over four years and a half, every surgical case, with only four or five exceptions, was so treated as to carefully avoid anything that might be construed as antiseptic. Yet in all these cases, I have still to note my first failure to obtain primary union when it was attempted. The list comprises a number of injuries and operations, from a simple incised wound or amputated prepuce to an excision of the left upper jaw and part of the adjacent bones. I have purposely refrained from detailing any of my cases or tabulating the whole list, because these experiences are very common, and especially so among men who combine post-mortem work with operative surgery. It was the rule in my own cases to operate shortly after having made a post-mortem examination, or after the handling of anatomical material in various states of preservation. Soap and water was the only material employed to cleanse the hands, which, however, did not prevent the usual post-mortem aroma.*

I may here parenthetically remark that the cleansing of the hands from the odor from autopsies is more satisfactorily accomplished by constant rubbing and rinsing in a stream of running water alone than with the additional use of soap. This I suppose to be due to the adherence of the odor being due to its incorporation with the fat of the cadaver, and the difficulty of removing this when additional fat (soap) is added. The plain water seems to float the grease off the hand, and with it the odor. The cleansing is as complete as it can be when the hands feel rough whenever they are rubbed together.

In the service of Dr. Joel W. Hyde, at St. Mary's Female Hospital, it was the custom to give each obstetric patient one or more antiseptic vaginal injections per day after confinement. During this time it was the rule to have a higher and more lasting fever than could be called reactionary. It was peremptorily ordered that all injections should be discontinued, and from that time until the present, while no kind of vaginal injection has been practiced, it has been exceptional to meet fever in the maternity wards. This experience extends over too long a time, and embraces too many cases, to be considered a coincidence. Dr. Bartley also has made the same observation in his private practice—fever with injections, and no fever without injections.*

Lawson Tait, formerly one of the most pronounced advocates of antisepticism, had his (up to that time) wonderful successes triumphantly pointed to as demonstrating the immense advantage of antiseptic surgery. Now, however, after having wholly discarded all antiseptic practices, he exceeds his former successes with an unbroken list of one hundred and twelve unselected cases of ovariotomy and oöphorectomy without a single death. He simply observes cleanliness during the operation besides developing the resisting power of the patient before the strain and maintaining it in the most careful manner afterward until recovery ensues. This is accomplished through the nervous, muscular, and vascular systems and the nutritive apparatus. So important does he consider the condition of the nervous system that the personal acceptability of the nurse to the patient shall be as complete and pleasant as possible. I have elsewhere already insisted upon the necessity of having the nurse acceptable to the patient.† Whatever contributes to the ease, comfort, and pleasure of the patient at the expense of what is hard,

* Absorption must almost of necessity be as easy from a simple incised wound having, say, an extent of surface equal to one or two square inches, as one ten or twenty times as large. If germs cause fever, they should be practically as effective on a small surface as on a large one. They are capable of multiplying. The question is one of absorption and a struggle between cells and germs. Now whether the surface be large or small, the proportion of germs active in a given area remains the same. The trouble at first is purely local between the germs and cells. If the cells cannot overcome the germs, the latter are supposed to overcome the former, and it is only after winning in this local battle that the dread microbes can enter the system to spread havoc. This is the platform of the microbist. It is not irrational. It is the intermediate and conciliatory view. This all being accepted, the question of great interest is, why should minor surgical cases and small wounds not give rise to septic trouble and refuse to heal promptly, as do a larger proportion of major cases? Germs do not explain it. The condition of the patient does. Major cases are more devitalizing, and diminish more the resisting power and leave less for local tonicity.

* I would in this connection call attention to a paper by Dr. Hiram Corson, of Pennsylvania, appearing in the *N. Y. Medical Journal* of May 15, 1886. Besides being written in a masterly manner, it contains the fifty years' experience of a venerable practitioner and writer, in the treatment of over three thousand cases of labor without antiseptics. He does not recall an instance of puerperal fever, and did not have a single death. The seductive manner in which the paper is written, and its insinuating tone, will hold the attention to the end of any one who begins its perusal.

† The Treatment of Scarlatina—Section II. Archives of Pediatrics, Nov., 1885.

uncomfortable, and disagreeable, adds to the general tonicity, adds to the vitality, and increases the resisting power of the patient to an appreciable extent, and just in proportion as what may be called the operative period of the patient is pleasanter and healthier than the preceding period: just in the same proportion is that patient's chance of perfect recovery increased, provided that care has been taken in the proper preparation of the patient.

As has already been stated, very little if any attention is given to the adequate preparation of a subject for operation. Granting that such preparation is made and is ample, it is often counterbalanced by comparative neglect after the operation. Hospital cases generally, do not fare as well as those that are privately treated. The mortality in general hospitals is higher than in private practice for the same procedures. This is claimed to be largely if not altogether a question of infection, but it is not a question of infection. Note the difference in the general run of hospital and private cases. The great majority of the former are such as have poor and defective homes, and are lacking in means to maintain an existence in average health, in spite of hard and persevering labor, or else they have neither home nor means. Privation and suffering is the rule for a great many hospital cases. It is otherwise with those in private practice. The great preponderance of this class have sufficient means to pay for the attendance of the surgeon, the operation, the assistance of others, and for medicine, special diet, and experienced nursing. These people live better. They are better prepared to meet the strain. They receive the greatest attention from their visiting surgeon, who does not hurry with these patients, but hurriedly passes from bed to bed in the hospital wards, relying largely on the resident physician, upon whom the responsibility does not entirely belong, and where it is not assumed. Even resident physicians depend largely upon nurses and they upon one another. I speak now of general hospitals. In special hospitals some things are better than in private practice, while others are not as good. But it is more expensive to get into a special hospital, as a rule, than it is to be treated at home. Only a few if any charity cases are admitted, and even here the distinction is maintained between the patient who pays and the one who does not.

Another point illustrative of the defects in hospital treatment as compared with that in private practice is, that nearly all are fed alike. Take one hundred surgical cases in an hospital. Give each the same kind and quantity of food. More especially is this so in military hospitals on or near the field. One out of this hundred has a stomach that will extract everything available out of the food presented. Another will prove the antithesis of the one just mentioned, and gastro-intestinal irritability, lack of nutrition, loss of strength, and of resisting power will result. Reaction becomes impossible. General and local tonicity, which may have existed at the beginning, gives way to flaccidity, anæmia, hyper-pyrexia, pyogenesis, general disintegration, and death. This is not a question of infection. Bad food is the fundamental causative factor in bringing about such a result.

The old saying that "It never rains but it pours," is exemplified by this illustration, when we bear in mind that most general hospital fare, especially that given to no-pay patients, is not as good as that which even the poorer people provide for themselves. A young salesman or saleswoman from any of our stores, earning enough money to board in a house that is well furnished and provided with good table board, becomes ill or is injured and must be taken to the hospital, and as their slender income is at an end, they are classed as charity patients. Their environments have suddenly, and at the worst possible time, undergone a notable retrogressive change. Will any one refuse to admit the potency of this change in its effect on recovery from any illness, injury, or operation? Add to the poorer environment a diet decidedly inferior, both as regards nutritive value, quantity, and palatability, and we have at once a very depressing factor added to what the patient is already battling against in its tendency to pull down the whole organism. Yet this is a factor that is either not at all considered, or passed over as of no consequence.

(To be continued.)

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

The Vice-President, Dr. Daniel Longaker, in the chair.

Injury—Abscesses—Syphilis—Amputation.

Dr. Henry Beates reported the following case: The patient is 29 years of age, by occupation a fresco-painter. He has been perfectly healthy until the present trouble was acquired. Eight years ago he fell from a

scaffolding, fracturing the right thigh and severely contusing the hip. Three years later, after exposure to wet and cold, he suffered from a severe right sciatica, accompanied by marked muscular atrophy, which lasted eleven weeks. The muscles soon acquired their natural size, and after a few months the slight resulting lameness entirely disappeared. About one year from this a swelling appeared in the affected limb just below the gluteo-femoral crease, which spontaneously opened and discharged pus, and two or three small fragments of bone. This was neglected for two years, when occlusion of sinus occurred, resulting from lodgment of an osseous fragment, followed by accumulation of pus, with subjective symptoms. The fragment was removed, with the result of complete healing of the part. He remained well until late in the spring of '85, when he contracted a specific chancre. The constitutional phenomena manifested themselves about six weeks later, in the usual form of angina, fever, mucous patches, and roseola. At the same time an excruciating pain, unaccompanied by redness, swelling, and heat, developed in the right tibial head. This was most severe, and for its relief necessitated large doses of opium. After one week the knee-joint became swollen; this rapidly increased, and involved the leg, the calf soon becoming tense. Free incision through the gastrocnemius evacuated about half a pint of pus, which is presumed to have burrowed way down behind the posterior tibial surface from the orifice in the ligamentum postium. Notwithstanding this free drainage various openings established themselves about the articulation; and it became very evident that the limb was doomed. The patient refused radical measures until spontaneous luxation occurred, and the profound hectic and paroxysms of exhaustion convinced him that death was near. For several weeks the temperature range was between 100° and 102°. There were pronounced chills with profuse sweatings, and the pulse-rate continuously above 120. A huge abscess that fluctuated on the right side of spine, about the junction of upper and middle thirds of thoracic vertebræ, and extending down behind the pelvic fascia into the gluteal region, existed on the opposite side. That this was one large cavity was proven by the fact that pressure upon either the gluteal or spinal prominence occasioned bulging at the other. In September, assisted by Drs. G. Davis, G. Faught, C. Dock, and Mr. Morris, I amputated the limb at the junction of the middle and lower third of femur. The operation was followed by profound shock, from which, after considerable difficulty, reaction was established. The after-treatment occupied several weeks, and embraced, in addition to the anti-syphilitic measures, evacuation of the enormous abscess. This completely healed, and the patient is now apparently well and stouter than ever before. Examining the specimen, we find that the internal and external vasti muscles have been separated from the femur by pus; that on the inner aspect extended along the femur quite a distance. At the time of operation it was thoroughly scraped, and gave no subsequent trouble. The knee-joint is seen to be completely restored. The semi-lunar fibro-cartilages are gone, and even the anterior and posterior crucials. The capsular and lateral ligaments are eroded and perforated in many places, while the transverse and coronary are not seen. Sawing through the femur, joint, and tibia, we find the patella bound down to the condyloid surface of the femur and the tibia greatly diseased. Its head is rarefied and crumbling; slight pressure breaks it down. The process involves the superior tibio-fibular articulation, which also is destroyed.

The medullary cavity of tibia is the seat of purulent deposits throughout its entire length, while externally at the middle of the crest is a ridge of granulation tissue.

A microscopical study of sections prepared by Dr. Henry Formad discloses every evidence of an intense inflammation. The Harveian systems are completely disintegrated in many areas, and in the place of lamellæ with lacunæ and canaliculi, are wide spaces which, in some places, are occupied by leucocytes and blood corpuscles. Complete absorption of Harveian systems is common, while in some areas where osseous structure can still be recognized, the osteoblasts are distended and the canaliculi correspondingly filled. Areas occupied by inflammatory exudate and product manifest a decided tendency toward fusiform connective tissue cell development, which is especially conspicuous about the arteries. These show a pronounced proliferation of connective tissue about their external coat and between the internal and muscular layers. Longitudinal section of the Harveian canals discloses them to be dilated and filled with cells, and where some anastomose there is a marked tendency to absorption of bone tissue.

Extra-Uterine Pregnancy—Rupture of Sac—Death.

The report of the following case, with specimen, was sent to Dr. Smith, of Millville, N. J.

"Mrs. ——, æt. 40, one daughter æt. 19, several miscarriages since, about three months pregnant, with no unusual symptoms, was taken with a sudden pain in the uterus, supposed to be uterine colic, to which she had been subject, vomiting a good deal. Had had considerable vomiting of pregnancy. I was called and gave a a hypodermic of morphia; administered bismuth and oxalate of cerium. There was nothing to arouse my suspicion of special mischief. She was lying on the lounge dressed, so I did not examine the abdomen externally. The next day carbolic acid and cardamom relieved the vomiting; bowels not acting, small doses of calomel, followed by enema, produced relief. Entire recovery followed quickly. Twelve days later I was called in haste, at noon. The patient had been sewing all morning, when suddenly she had a spasm of severe pain in the abdomen. She was carried to bed, where I found her almost in collapse; pulse scarcely perceptible, face blanched. Upon stimulation she rallied, and after a careful abdominal examination extra-uterine pregnancy was diagnosticated. She improved during the afternoon, rested quietly in the evening, and died suddenly at five o'clock the next morning.

Autopsy thirty-three hours after death. On opening the abdominal cavity we found everything afloat in blood, which being removed, we found the diagnosis verified to the letter. A three months' fœtus developed in left tube, sac ruptured, save the amnion, which is intact. Beyond this the uterus has several fibroid intra-mural tumors."

Dr. Daniel Longaker then reported a case of

Icterus Neonatorum,

in which death occurred on the ninth day.

"L., white, was born in my ward, in Philadelphia Lying-in-Charity, after a normal labor. Male sex, and weighed seven pounds at birth. The mother had some milk at the time of delivery, and the secretion soon became abundant. During the first four or five days the child nursed, but at the expiration of that time it did so very imperfectly, and a day or two after it was entirely unable to draw the milk from the over-distended glands. Icterus had, by this time, become general, the entire surface was of a deep yellow hue, as well as the conjunctivæ. The urine was scanty, dark-colored, staining the napkin. The child was constipated, but it had small stools, which retained during this time traces of the meconium. At this time, also, it was observed to have oscillation of the eyeballs with convergent squint. There was also occasional rigidity of the muscles of the back and of the extremities. The fontanelles were all depressed, and the cranial sutures could easily be seen.

The child being unable to nurse was fed upon peptonized milk; stimulants and small doses of calomel were administered. There no difficulty in swallowing. It slept but little.

The case was regarded, from the first, as of more serious nature than an ordinary case of jaundice in the new-born. Death on the ninth day.

Autopsy ten hours after death. Rigor mortis. The entire surface was of a deep yellow color. No evidence of peritonitis. Nothing abnormal in the fœtal vessels. The vicinity of the duodenal orifice of the common duct had no mark of bile. An attempt to inflate it was unsuccessful, but later, with some perseverance, I succeeded in passing a small bristle from the duodenum through the common into the hepatic duct. The gall bladder was apparently distended."

Mary Willits, M. D.,
1527 *Green St.* *Reporting Sec.*

NEW YORK NEUROLOGICAL SOCIETY.

Meeting of May 4, 1886.

C. L. Dana, M. D., President-elect, in the chair.

Address of the Retiring President.

The address of the retiring President, Dr. W. R. Birdsall, absent through sickness, was read by the Secretary, Dr. Geo. W. Jacoby. Dr. Birdsall reviewed the work of the society for the year, and expressed satisfaction at the number and quality of the scientific contributions and the interest which they had awakened, at the increased attendance on the meetings, and at the harmony which had prevailed in their counsels. He had not shared the fears of those who had believed that the organization of a section in neurology in the New York Academy of Medicine would have a detrimental effect upon the activities of this society. The year's work had shown that such fears were not well founded; that this city could support two societies in neurological research without the one detracting from the merits of the other. Both societies had thrived, and the one over which he had had the honor to preside had been able to receive only one-half the number of papers offered. Dr. Birdsall thanked the society for the honor which it had conferred upon him, and expressed regrets that unavoidable absence

deprived him of the pleasure of introducing the President-elect.

Inaugural Address.

Dr. C. L. Dana, the President-elect, recommended to the society that it consider the question of abolishing the custom of having either a retiring or a formal inaugural address, unless these be made the means of presenting some scientific question. The suggestion might also be made whether it would not be wise to limit the membership of the society, or else to establish some qualifications for membership. Dr. Dana said he would call the attention of the members to a large gap which existed in our knowledge of the etiology of nervous diseases, and to the need of closer examination into this branch of that specialty. At present, our knowledge of the etiology of nervous diseases (leaving out poisons) might almost be summed up in three words: heredity, syphilis, and rheumatism. Was it not possible that neurologists had neglected to apply the ideas with regard to micro-organisms and infection which were now dominating in pathology? It was true, however, that Leyden had found a micro-organism in cerebro-spinal meningitis, Resenbach the bacillus of tetanus, and Strumpell had urged the view that acute anterior polio-myelitis was an infectious disease, etc.; yet these points were not solidly established, and the relation of infectious poisons or parasites to nervous diseases deserved closer study. It had seemed to him that many cases of the chorea of Sydenham were really infectious in origin. He would also call attention to the possibility of a parasite being at the root of some of the neuro-degenerative disorders, such as ophthalmoplegia externa, bulbar paralysis, and progressive muscular atrophy. The necrobrotic process which took place in these disorders was often so steadily and frightfully progressive, so nearly malignant in its fatal course as to suggest some active agency behind it.

History of a Case of Primary Labio-glosso-pharyngeal Paralysis.

Dr. E. D. Fisher presented a patient whose history was as follows: Mrs. H., æt. 43, has always enjoyed good health up to July, 1885. At this time she lost her eldest son, who was accidentally drowned. She was much affected by the loss, and was constantly crying and calling for her son. The following September she first noticed some difficulty of speech and inability to move her tongue freely, with also some difficulty in swallowing. Dr. Fisher saw the patient for the first time in February. She then presented the following symptoms: Inability to protrude the tongue beyond the teeth, to form the lips so as to whistle or blow, the lower lip being down, and the saliva ran freely from her mouth. The lower part of her face was expressionless. No loss of power of the upper muscles of the face. The patient was unable to pronounce linguals or labials, and also, as the palate was partially paralyzed, was unable to pronounce the explosives: all her tones were decidedly nasal. Her food had to be pushed with her hand to the back of her mouth, when with difficulty it was swallowed. There was no tendency for liquids to return through the nose, but they would come out of the mouth. There was no loss of sensation or taste.

The faradic current was somewhat decreased in reaction, but there was no reaction of degeneration to the galvanic current.

These symptoms have all increased since first seeing the patient, and she has lost about twenty pounds in weight. There are no signs of paralysis of the upper extremities; the disease is located entirely in the bulbar nuclei.

The interest of the case lies in the fact that the cause can be clearly traced to the excessive grief at her loss.

Dr. Fisher suggested that in the discussion of the case by the society, recognizing the lesion as seated in the fourth ventricle, involving the hypoglossal, facial, vagus, and glosso-pharyngeal, the question of the situation of the facial muscles be taken up. Clarke has mentioned that the facial has a lower nucleus for the orbicularis oris, and Gowen thinks that fibres for this muscle are given off from the hypoglossal nucleus. Either of these theories would explain the escape of the upper muscles of the face, as is usual in this disease.

DISCUSSION ON DR. FISHER'S PAPER.

The President said there were several obscure points for discussion which Dr. Fisher's case had suggested, among others the question of the etiology of labio-glosso-laryngeal paralysis, some features in its symptomatology and its treatment. Regarding the etiology, it was once claimed, he believed that the disease was always of specific origin. He had had three cases under observation the past two years, and of those only one gave a pretty clear specific history; in the other two no such influence could be detected at all. In the one, although the patient gave some some evidence of having had specific disease, yet it was simply assumption that this was the cause of the bulbar affection. In his opinion we could only

place specific disease among the predisposing causes.

Dr. Putnam Jacobi asked whether the patient had heart disease.

Dr. Fisher replied that the heart had been examined, and no evidence of cardiac disease could be discovered.

Dr. B. Sachs thought the case was one of great interest to all. Bulbar paralysis, he thought, was more common in Europe than in this country; there was scarcely a clinic at which one or more cases did not present themselves during the year. He had seen a number at the clinic for nerve diseases at Strasbourg, under Prof. Kussmaul. The etiological factor which Dr. Fisher had mentioned, particularly in his own case, deserved consideration. It was further interesting, from the fact that the central lesion in this disease and in diabetes was near the same region, and he had known of a number of cases of diabetes in which the etiological factor was intense emotion.

Dr. Sachs thought it was difficult to explain why an affection like that from which Dr. Fisher's patient was suffering, in which the pathology was similar to that of progressive muscular atrophy and polio-myelitis anterior, consisting of an affection of the nerve nuclei, there was not the reaction of degeneration in the muscles supplied by the affected nerve nuclei. But it was possible the reaction of degeneration would appear later.

Dr. Putnam-Jacobi thought the suggestion made by Dr. Sachs, as to the analogy between bulbar paralysis and diabetes as far as their possible origin in emotional influences was concerned, was worthy of consideration; and the question had arisen in her mind whether such emotional influence may not have first influenced the cardiac center in the medulla oblongata and secondarily contiguous centres. Dr. Jacobi spoke of certain anatomical considerations in connection with bulbar paralysis, and referred to several cases reported by Eisenlohr. It seemed to her that exemption of the upper branches of the facial nerve in typical bulbar paralysis was an extraordinary circumstance, and one which she would be glad to have explained. It seemed remarkable that in Dr. Fisher's case the symptoms should have remained so limited for so long a time.

The president had examined the urine for sugar in two cases of bulbar paralysis, but with negative results. With regard to the affection of taste, it was well known that that sense was not usually involved in bulbar paralysis. He had thought that the glosso-pharyngeal nerve at its nucleus was purely a sensory nerve, and that it received its motor fibres from the spinal accessory; that it supplied taste to the posterior, and perhaps to the anterior part of the tongue. The question as to whether it supplied general sensation to the fauces or posterior part of the tongue it seemed to him was involved in considerable obscurity. The cases which he had seen had given no positive evidence that the glosso-pharyngeal nucleus was involved, except in one in which there was disturbance of the sense of taste, and there had been two other cases reported in which this sense was involved. With regard to the seventh nerve, and involvement of its nuclei, he thought that in some cases the branches of that nerve were involved. In one of his cases the upper portion of the face was not wrinkled, the eyelids could scarcely be approximated, showing that the facial nuclei were becoming involved. Regarding the reaction of degeneration, it was never present except in the later stages. There might be partial reaction of degeneration at an earlier date. The explanation which he had given was that the trophic centres of the nerve were involved, causing atrophy, to which the paralysis was due.

As to treatment, he thought he should adopt a radically different form from what he had hitherto employed. It seemed to him that the cases improved for awhile under electrical treatment, and then such treatment seemed to make them worse. He would give the affected muscles complete rest if possible, and confine the electrical treatment to the stable galvanic current.

Dr. Sachs remarked that the phenomena of the reaction of degeneration might be present at first only to a limited extent, developing more completely as the case progressed.

Fracture of the Humerus; Paralysis of Sensation and Motion in the Forearm.

Dr. W. M. Leszinsky presented a man, aged 33 years, whom he first saw April 13th, when he gave the following history: Ten weeks before, he fell and fractured the left humerus at about the middle third, the bone, he stated, being completely divided without producing a perceptible injury of the soft parts. After the injury he found the fingers numb, there was difficulty in moving the hand, and the wrist had dropped. He received surgical treatment. When Dr. Leszynsky saw the patient his left upper extremity hung loosely by his side. All voluntary motion was abolished below the seat of the fracture. The shoulder muscles were not

affected. There was marked wrist-drop, and the arm was kept in the position of pronation. The elbow-joint was anchylosed in extension. There was but slight flexion, but a greater amount of supination obtained upon passive motion. There was decided swelling over the external condyle, and a large amount of callus over the seat of fracture, which had become firmly united. There was some atrophy of the intrinsic muscles of the hand, and probably of the muscles of the forearm. The skin was cold, blue, and mottled, and the hair and nails seemed to have grown less than on the other extremity. There was complete anæsthesia below a line encircling the limb three inches above the olecranon, tactile, temperature, pain and muscular sense being abolished.

Dr. Leszinsky then gave the result of the electrical examination when he first saw the patient and during the progress of the treatment, which showed that the condition of the limb was improving. He was of opinion that the nerves were injured at the time of the fracture, and not by the development of callus. The case showed the importance of an electrical examination in making a prognosis.

Dr. M. A. Starr thought that in Dr. Leszinsky's case, as in several which had come under his observation, an electrical examination at different periods was the best basis for a prognosis, and he should use the milliampere for exactitude. He had seen several similar cases in which the trophic changes were more marked than in the one related by Dr. Leszinsky.

THE CLINICAL SOCIETY OF MARYLAND.

Stated meeting held May 21, 1886.

Under the head of reading papers, Dr. George H. Rohé read a paper on

The Present State of the Doctrine of Parasiticism in Dermatology.

He reviewed the clinical and experimental evidence on the question, and concluded that the following skin diseases are demonstrably of parasitic origin: Favus, ringworm, chloasma, erysipelas, leprosy, and glanders. Other diseases that are sometimes considered as due to parasites, but in which the etiological relations of parasitic fungi or bacteria must be regarded as unproven, are boils, carbuncles, impetigo contagiosa, rhinoscleroma, pityriasis capitis, alopecia areata, psoriasis, lichen ruber, mal de los pintos, mycetoma, lupus and verrugas. Dr. Rohé thinks that although in the latter the proof is not complete, an affirmative demonstration is probable.

Dr. I. E. Atkinson wishes to disclaim any credit for the work upon the bacillus of leprosy referred to by Dr. Rohé. The work was the result of Dr. Berman's labors, and Dr. Atkinson simply demonstrated the specimens *for* Dr. Berman, who was unable to attend the meeting of the American Dermatological Association held at Newport. He was very much interested in Dr. Rohé's paper. He considers mycosis fungoid as beyond a doubt proved to be the result of the presence of a streptococcus. As to lupus the evidence varies; some observers claim to find the bacilli in small numbers, while others fail to find them at all. Don't think the evidence sufficient to justify us in classing it as a disease due to the presence of the tubercle bacillus. He referred to a certain wart formation recently described and grouped with the infectious granulomata under the name of verucca necrogenica, as being claimed to result from the local deposition of the tubercle bacilli. They occur usually at the point of wounds received while dissecting the bodies of patients dead of tuberculosis. He thinks it singularly at variance the one with the other, that if the localized deposit of tubercle bacilli should in one case produce lupus, it should in another instance give rise to a wart. As to the late work of Lustgarten on syphilitic new-formations, while he don't think it proven, yet he thinks the probabilities are in favor of its correctness. At all events, it presents many interesting propositions.

Dr. G. M. Sternberg said as to the local expression of tuberculosis, we commonly see tuberculous joint troubles in children, from which they make complete recovery. Cold abscesses he considers another example. Thinks the etiological value of micrococci in pus proven.

Dr. E. G. Waters read a paper entitled

At what Point in the Intestinal Canal do its Contents become Feculent?

DISCUSSION.

Dr. J. H. Branham don't think a Peyer's patch a secreting body, but rather an absorbing gland, and takes it to be a member of the lymphatic system.

Dr. N. G. Keirle thinks it difficult to say at an autopsy at what point in the canal the contents become feces, either by their odor or by their appearance.

Tuberculosis of the Retro-peritoneal Glands.

Dr. Keirle exhibited a specimen that he finally decided to be a tuberculosis of the

mesenteric glands. His opinion had wavered between a syphilitic adenitis and a sarcomatous process and a tuberculosis.

Dr. I. E. Atkinson, referring to the enormous glandular enlargements seen in primary syphilis in negroes, said that he took it to be rather a peri-adenitis than a proliferation of the gland elements themselves.

Dr. J. H. Branham asked if in scrofulous negroes suffering from syphilis, the tubercle bacilli were always found in the enlarged and caseous lymphatic glands.

Dr. A. C. Abbott replied that while it was generally admitted that the glandular enlargements with the caseations seen in scrofulous subjects whre the result of a tubercular process, yet it could not be said that microscopic examination always revealed the tubercle bacilli. The reason for this rests in the fact that they are here most probably in the spore stage, and as we have no staining re-agents that will satisfactorily demonstrate spores, we must resort to cultivation and inoculation experiments for their positive demonstration.

Death following Fracture of the Cranium.

Dr. N. G. Keirle related a case of a man who, after having fallen upon the back of his head, went about for eight days, when he died. At times he was more or less irrational. Autopsy revealed fracture of the orbital plate on the right side, and another fracture in the occipito-temporal region on the left side. These fractures were not continuous with one another.

Dr. L. McLane Tiffany said the fracture of the orbital plate was probably the result of counter-stroke. He cited the case of President Lincoln, who was shot in the back of the head on the left side, and sustained a counter-stroke fracture of the orbital plate on the right side. He demonstrated the physical principles involved in fracture by counter-stroke. He said that fracture of the orbital plate is most often the result of counter-stroke.

Dr. W. D. Booker related the case of a colored boy who had been kicked in the face by a horse. There was fracture of the frontal bone. A bit of the outer table was driven into the frontal fossa. On the following day a bit of bone was removed that looked like orbital plate, and a week later another portion came away. The left eye was enormously bulged out, and there was blood behind the conjunctiva. The eye was removed, the wound healed, and the boy is now doing well.

CHICAGO MEDICAL SOCIETY.

Stated meeting, June 7, 1886, the president, E. J. Doering, M. D., in the chair.

Dr. A. Reeves Jackson read a paper entitled

The Intra-Uterine Stem in the Treatment of Flexions,

exhibiting the stems used.

The essayist began treating uterine flexions with the stem pessary in 1870. Prior to that time the only methods he had employed were gradual dilatation and incisions. The results were so unsatisfactory that he sought for a safer and more successful method. Having received the impression that the use of the stem pessary was more hazardous than either the dilating or cutting plans, he commenced its employment with misgiving, and did not rely wholly upon it, but preceded it with either gradual stretching or slight incisions. In two cases this mixed method was followed by pelvic abscess, a sequence which he had never observed when the stem alone had been used. All cases of uterine flexion are not accompanied by dysmenorrhœa or sterility, yet when there exists a relationship between these symptoms and an existing flexion, the latter must be looked upon as a mischievous factor, and one that should be removed. He had never treated any case of flexion in which dysmenorrhœa was not present, although coexistent barrenness has been frequently an additional incentive to the patient to undergo efforts at cure.

He preferred Chambers's bifurcated vulcanite instrument, although the divergence of the branches *below* the internal os uteri was a radical defect in the instrument, as ordinarily used. Frequently the branches should be closed, so that the stem might be practically single in that portion which traverses the cervix. His method is as follows: A flexion and its direction being diagnosticated, a flexible bougie is passed through the bent portion of the canal and quite to the fundus. The depth of the canal being carefully noted, a pliable stem, consisting of the distal portion of the same, or a similar bougie one-third of an inch shorter than the ascertained depth of the canal, is selected for introduction. A flange or bulb is formed upon the outer end of the stem by rolling upon it a section of rubber tubing. The woman being placed on the back in Simon's position and the os uteri exposed with a speculum, the stem either grasped with a dressing forceps or mounted upon the end of a piece of pointed wire, is passed entirely into the uterus. A large tampon of cotton moistened with slightly alumized glycerine

is pressed against the bulb of the stem, and allowed to remain one or two days. The tampon is removed and replaced at suitable intervals until the tendency of the stem to leave its position disappears. After this yielding stem has remained from one to three weeks, according to the degree of tolerance manifested by the uterus, it is removed and a thicker one put in its place. This likewise is permitted to remain a week or two, and is then replaced by a Chambers stem. While not very much, or, indeed, any change of shape is to be expected in consequence of the use of the flexible stem, yet, in several instances, a very considerable alteration took place within a few weeks, or even a few days, and in a few cases it was found unnecessary to resort to a rigid instrument at all. Usually, however, it had been necessary to use an inflexible instrument for from three months to a year—not continuously, but for periods of three or four months, with an interval of a week or two, during which the stem was removed in order to test the degree and permanence of the improvement. The feature of this treatment which is essential to its safety and success is its slow and gradual conduct, and the non-observance of this necessity has been the cause of dangerous results and failures to cure.

The drawbacks attending this method of treatment were:

1. Difficulty in retaining the instrument in position.
2. Pain.
3. Hemorrhage.
4. Pelvic inflammation—all except the first being common to all other methods treatment.

A table comprising the details of sixty-four cases treated by the intra-uterine stem alone was given, showing the ages and social conditions of the patients, the direction of the flexion, and the result of the treatment. Of the entire number 42 occurred in married and 22 in single women. Of the former 8 had borne children; the other 34 were sterile. Of the latter 8 subsequently bore children. A cure of the flexion followed in 40; of the remaining 24 four were improved and relieved of dysmenorrhœa. In 20 the result was unknown. The ages of the patients ranged from 19 to 39 years. The uterus was anteflexed in 50 and retroflexed in 14.

In conclusion the author said: "I believe the principle of the intra-uterine stem in the treatment of flexions to be correct; and it need not be dangerous—at least, no more dangerous than any other effective method. I further believe that by its use more cases of uterine flexion can be cured than by any other means at present in vogue. The conditions of both safety and success are watchfulness, patience, and slow progress."

(*To be continued.*)

Editorial Department.

Periscope.

Illustrations of Exceptional Symptoms and Examples of Rare Forms of Disease.

Mr. Jonathan Hutchinson reports these cases in the *Brit. Med. Jour.*, June 12:

Brachioplegia after Injury to the Head, with Fracture of Skull.

In the case of a little boy, whom I saw at the Poplar Hospital, and who was a patient of Mr. Corner's, the symptom of brachioplegia was of much interest. He was an intelligent little fellow, 7 years old. Riding behind a carriage, his head had become engaged in the spokes of the wheel, and much battered. When taken into the hospital, he was quite sensible. There was bleeding from his right ear, and considerable bruising of the scalp, especially on the right side, where there seemed to be some irregularity of the bone. He complained that he could not use his arms well, especially the right. During the next few days, large ecchymoses appeared on the conjunctiva of each eyeball, and the weakness of the arms increased. The accident occurred on October 16th. A fortnight after it, Mr. Archibald Andrews, the house-surgeon in charge, in writing to ask me to come and see the patient, stated that both arms were quite helpless, lying in a semi-flexed condition. The action of the biceps, he added, was perfect. It was more than three weeks after the accident, and a week after Mr. Andrews' note, when I saw the boy. He had been carefully kept in bed the whole time, and not allowed to try to stand. There had never been any retention or incontinence of urine, and it was recorded that his pupils had always acted well. It was believed that he had perfect use of his lower extremities from the first; but, it is to be ob-

served, he had never been allowed to try to stand. There had not been, from first to last, any mental symptoms whatever. At the time of my visit, he was intelligent and clear in his answers. His left arm had, when I saw him, considerably recovered. He could move it in all directions, and could grasp with the fingers, though not with natural power. The fingers of the right hand he could only move very feebly, and he could not grasp with them at all. By means of the biceps, he could bend the arm at the elbow, but, once bent, he had not the slightest power of extending it again. He appeared to have scarcely any power in any muscle excepting the biceps, and perhaps the brachialis anticus. We made him stand up in bed; he did not manage his legs well, but it was difficult to say whether this was more than might be expected after three weeks' absolute rest. When lying on his back in bed, he could kick freely. His pupils acted well, and no irregularity could be detected in the spines of his cervical vertebræ.

I came to the conclusion that the paralysis must be cerebral. There did not appear to be any defect of sensation in either of the arms, nor had had any disturbance of nutrition resulted. Muscular weakness and wasting was the one symptom, and this was unaccompanied by any indications of injury to the spinal cord. There was an irregularity down the right side of the skull, just over the ear, which clearly denoted fracture. It is very remarkable that there should have been no head-symptoms in the first instance, especially as both arms were involved. It must not be assumed as certain that the lower extremities had wholly escaped, since it is difficult, in so young a child, to estimate degrees of power without setting him to walk. It is quite certain that there was not, even at the first, any defect of the sphincters.

I heard, two or three weeks later, that the boy was up, and could walk well, and was regaining the use of his arms.

Simulation by Muscular Action of Dupuytren's Contraction of Palmar Fascia.

I saw, in the morning of July 11th, a curious example, in its early stage, of a tendency to contraction of the ring and little fingers into the palm; the contraction being due, not to bands of fascia, but clearly to the small muscles. The patient was a gentleman (Dr. S.), of a somewhat gouty family, but who had never himself had gout. His age was 62; and, excepting the trouble named, he was in good health. In the afternoon of the same day, it was my good fortune to see, in consultation with Mr. Freeman, of Onslow Gardens, a lady in whom the same condition had become much further developed. She was between 60 and 70 years of age, like Dr. S., of gouty family, but, like him, having never herself suffered a definite attack. She had been long liable to indigestion, eczema, and chronic glaucoma. When I first saw her hands (Miss A. T.), I thought that she was the subject of rheumatic gout, with great nodosities; but, on examination of the hand, I found that these appearances were simply due to partial dislocation of the joints, especially those of the knuckles. All the fingers were bent down into the palm, and carried over to the ulnar side. That there was no material contraction of fascia, was proved by the fact that they could be pressed back almost into the straight position. The hands were extremely emaciated, and the right hand was affected to a far greater degree than the left. Miss A. T. was crippled in her lower limbs by rheumatic gout, and always walked with a stick. I had no opportunity of examining as to their precise condition. She told me that the deflection of her fingers had commenced with her little and ring digits, and subsequently involved the others.

I will now return to Dr. S.'s case. He is a very healthy-looking man, and has lived temperately, always, however, drinking a little beer. One of his sisters is, he says, much crippled by rheumatic gout, and has had true gout. He himself has never had any arthritic affection; but, some years ago, I cured one of his sons of an eczema, which had long been chronic. On cursory inspection, there is nothing whatever to be noticed amiss with Dr. S.'s hands. He can, by effort, straighten his fingers perfectly, but there is a very decided tendency in the right hand, especially for the ring and little fingers, to be bent down into the palm. It is about a year since he first noticed this. At first, it was chiefly observable in the morning, after sleep, when the ring-finger would be so much contracted that he was obliged to use the other hand to straighten it. There is, perhaps, a very slight contraction of the palmar fascia; but that this is not the chief cause of the deformity, is proved by the fact that he can place the palm of his hand upon the table, and, by bearing weight on it, almost completely straighten the fingers. His chief inconvenience is in using his tooth-brush, and in carving; in these acts, the deflection is sometimes painful, otherwise it has not caused him discomfort.

It would take me too far to attempt to discuss here the precise shares taken by the different muscles in the production of these deflections of the digits. The reader will find much information on the subject in Dr. Vivian Poore's edition of Duchenne's works, published by the New Sydenham Society, and in the writings of Charcot and others on paralysis. My object in recording these cases here is to draw attention to the fact that the displacement began in the ulnar digits, and closely simulated, on the one hand, Dupuytren's disease, and, on the other, the common distortions of rheumatic gout. It is important to note that, in the latter malady, we not unfrequently meet with distortions which are of muscular rather than of joint origin. It is sometimes, indeed, difficult to say whether the conditions are due to arthritis or paralysis. I saw recently, in consultation with Dr. Hughlings Jackson, a case of this kind which was very puzzling. In these, the employment of galvanism for diagnosis is of much importance.

CONTRACTION OF THE LITTLE FINGERS IN A YOUNG LADY, WITH REPEATED ATTACKS OF SCLEROTITIS: INHERITANCE OF GOUT.

Mary P., aged 26, a governess, is of fair complexion. Her history of rheumatism is that, six years ago, she had an attack of rheumatism in her left knee, and for three months was carried about, not being allowed to walk. She had a little pain, but not much, in the other knee. There had been no injury or sprain. She quite recovered, and can now walk easily. She has never had rheumatism in her wrists, elbows, ankles, shoulders, etc. Her two little fingers are both contracted at the first phalangeal joint, the bones being at right angles. The last phalanx is not contracted, and can be straightened easily. It is doubtful whether the contraction is due to fascia, or to muscle.

In the right eye, she had several attacks of "rheumatism." The last has been the most severe attack. It began on November 2d, and she came to me on the 24th. There was then no evidence of iritis. She had at first much pain.

Her parents are both living. Her father has had a single bad attack of gout, in the great toe, about two years ago. Two paternal uncles have also had gout, and her paternal grandfather. One of her sisters has had rheumatism in one knee. She is very susceptible to the influence of east wind, as her hands become painful. She is myopic—16, possibly astigmatic. The vision of the right eye is not so good as the left. The patient is the fifth child; nine are living; none have had rheumatic fever. Her mother has not had rheumatism, but one of her sisters has "rheumatic gout." Her parents were first cousins.

The above notes are copied from some made many years ago.

The Treatment of Chronic Gastritis.

The treatment was thus laid down by Dr. Francis Delafield before the Association of American Physicians in Washington:

I. CLIMATE AND MODE OF LIFE.

These I believe to offer the most certain means of curing chronic gastritis. It is unnecessary to lay down rules as to the sort of climate, that can be regulated by the tastes of the patient. The two points of importance are: First, the locality selected must be one where the patient can lead an out-of-door life. Second, the patient must live in this climate either for several years, or for a considerable part of each year.

Excellent as this method of treatment is, it is evident that it can be carried out only by a limited number of persons.

II. THE DIET.

The regulation of the diet is a matter which demands consideration in every case of chronic gastritis. In trying to ascertain the best way of feeding these patients, I have found only one satisfactory method, and that is to feed them experimentally with different articles of food, and then after an interval of several hours wash out the stomach, and see how thoroughly these articles of food have been digested and removed from the stomach. After pursuing this course for a number of years, I have arrived at the following conclusions:

It is necessary that the patient should be well fed; a starvation diet never answers.

The stomach does not require any rest from the performance of stomach digestion; on the contrary, it is all the better for being called on to perform its natural functions.

The patient's own ideas as to what food agrees with them are usually erroneous. They are apt either to starve themselves or to select the least nutritious articles of food.

The use of artificially digested foods, or of substances such as pepsine to assist stomach digestion, is unnecessary.

The starches, oatmeal, corn meal, bread, the cereals, the health foods, are as a rule bad. Portions of them remain undigested in the stomach for many hours.

Milk in adults is an uncertain article. It

answers very well for some persons, not at all for others.

Meat is usually readily and well digested, but there are occasional exceptions to this rule.

Vegetables and fruits can be eaten, but the particular varieties must be selected experimentally for each patient.

I do not believe that any case of chronic gastritis is to be cured by diet alone. Even the exclusive milk diet, while it often relieves symptoms, is as a rule only temporary in its effect, so that the patient simply loses a certain amount of time by employing this instead of more efficacious plans of treatment.

III. The Administration of Drugs.

The advantageous use of drugs belongs to the earlier stages of chronic gastritis. At that time they often palliate symptoms and sometimes even seem to cure the inflammation. In the latter stages of the disease their use becomes more and more unavailing. The reliable drugs for this purpose are not numerous; the preparations of soda, potash, and bismuth, the mineral acids, glycerine, sometimes carbolic acid, sometimes iodoform, sometimes the bitter infusions. If none of these answer, it is hardly worth while to look any further. If we can combine with the administration of drugs, the regulation of the diet and of the mode of life of the patient, then of course our chances of success are much greater.

IV. The Use of Local Applications Made Directly to the Mucous Membrane of the Stomach.

This I regard as the most efficacious plan of treatment for those patients who are not able to leave home and seek a proper climate, but ask to be relieved without interruption to their ordinary pursuits. The local applications are readily made by the introduction of a soft rubber tube through the œsophagus into the stomach.

Liquid applications are the best. They should be made in such quantities as to come thoroughly into contact with the entire surface of the mucous membrane, although the pyloric end of the stomach is the region where the inflammation is principally situated. They should be made at a time long enough after eating for the stomach to be as nearly empty as possible.

For many cases warm water alone in considerable quantities is the only local application needed. In some, however, there is an advantage in medicating the water, and for this purpose I employ a variety of substances.

The alkalies, the mineral acids, bismuth, carbolic acid, the salicylates, iodoform, belladonna, ipecac, gelseminum, may each one be employed according to the particular case.

For the first week it is often necessary to put the patient on a milk diet, and this can be done even with those patients who under ordinary circumstances cannot take milk at all.

Then, after a time, to the milk we add one solid meal composed of meat alone. Next, this single meal is increased by the gradual addition of fruits, vegetables, and bread. Then comes the giving of two solid meals a day, instead of one, then three solid meals, and now we get rid of the milk in part or altogether.

For the first week of this treatment it is wise not to expect any special improvement. Indeed, even a longer time than this may try the perseverance of the physician and the confidence of the patient.

Sooner or later, however, the expected improvement begins: the nausea and vomiting cease; the constipation or diarrhœa is improved; the flatulence is no longer troublesome; the headache becomes less frequent; and of more real value than these, the improvement in the general condition of the patient becomes evident. The color, the weight, the appetite, the sleep, the spirits of the patient, all show a change for the better. Of all the symptoms, the pain is the one which is apt to persist the longest.

For two or three months, the patient has to be kept under observation, and the applications to the stomach made by the physician. After this, the patient is dismissed, but continues the treatment himself, first every other day, then twice a week, then once a week for several months. The regular relapses of the disease are managed in the same way, but are much more quickly relieved.

An Impromptu Pump for Stomach Irrigation.

Dr. Sara E. Post, of New York, sends the following to the *Med. Record*, July 24th: Having recently a case requiring a stomach irrigation, I tried the funnel with the tube arranged as a siphon, in the manner usually recommended. The end of the tube with the funnel was elevated when pouring the water in, and depressed to induce its escape. The conditions were as perfect as possible, the portion of the tube outside of the body being

longer than that lying within. When the tube was first depressed the water ran out freely, but it was found that, as a rule, the stomach was not completely evacuated by means of it. After the flow had ceased, manipulation of the epigastrium would cause it to recommence. Apparently the tube, either by not being introduced far enough, or by being introduced at too great length, and curling upon itself, would fail to reach the most dependent part; and as it is difficult to calculate the depth of the dilated stomach, this objection could not be overcome. As a weak solution of the bicarbonate of soda was used for the injection, the washing would be followed by several watery evacuations, apparently due to the cathartic action of the retained salt. Also, the water removed by the siphon would be almost clear, while from the history of the case it was expected that mucus would be withdrawn.

Some kind of a force-pump seemed necessary to accomplish the desired purpose, and having a stop-cock with two outlets, a rubber piston syringe, a stomach-tube, and some additional tubing, a suitable apparatus was readily arranged. The three arms of the limb containing the stop-cock were provided with tubing, the inlet was connected with the syringe, one of the outlets attached to the stomach-tube by a short intervening glass, and the other connected with the weight from the receiving tube of a Davidson's syringe, and sunk in the receptacle containing the fluid to be injected. It will readily be seen that by manipulating the stop-cock water could be withdrawn from the receptacle and injected into the stomach, or withdrawn from the stomach and injected into the receptacle. Compared with the siphon this method was most successful. The water withdrawn during the first washings was gray, from its admixture with mucus. The washings were no longer followed by diarrhœa, and relief of the symptoms was early obtained. After six washings mucus is no longer returned in the water, a localized tenderness of several years' standing has disappeared, discomfort so great as to interfere with sleep and to make the patient dread food has been lost, and digestion has apparently been re-established. The patient eats three meals per day, and is commencing to have a healthy desire for food. It might be added that the patient had previously been under the care of good physicians, and presumbly had obtained all of the benefit which medication could give.

The washings are done three times a week, the patient taking no solids for six hours previously. Food could, however, be withdrawn by means of this apparatus, if the bore of the syringe and of the limb containing the stop-cock were sufficiently large. One quart of fluid is first injected and then withdrawn, the injection being repeated two or three times at each sitting. The introduction of the stomach-tube occupies but a few seconds. It seems better to force it down quickly, without much attention to efforts at regurgitation, as, when in position, the patient is comfortable, and breathes and talks with complete ease.

Previous spraying of the fauces with a four per cent. solution of cocaine facilitates the introduction of the tube.

This apparatus is, of course, not new. Its principle is exactly that of the ordinary stomach-pump. It is presented simply because while answering the same purpose it can be more cheaply gotten up.

Traumatic Tetanus Treated by Rest.

Dr. De Renzi states in the *Revista Clinica*, that by treating patients with traumatic tetanus by means of perfect rest he has been able to restore four out of five to health; whereas when treated in other ways these patients usually die in two or three days. He places the case in a special room where absolute silence reigns. Even in the passages leading to it and in the neighboring wards, care is taken to lay down carpets so that no sound shall penetrate the tetanus ward. The door to the latter is of course well oiled, so as to open and shut noiselessly, and the patient's ears are stuffed with cotton-wool, he himself being strictly enjoined not to make the slightest noise. He must, of course, be fed. This has generally been considered impossible, the teeth being clenched and the spasmodic contraction being increased by attempts to masticate. The obstacle may, however, be easily overcome by parting the jaws and introducing liquid food through a curved sound; swallowing is accomplished without difficulty. This method of treating traumatic tetanus has been tried with success by several Italian practitioners—Drs. Pisani, Maragliano, Ria, etc. The only disadvantage is that the affection is sometimes prolonged for two months. It seems to increase in duration as it diminishes in force.

—Two female medical students at Paris, the one French and the other American, had a dispute over the relative merits of French and American female physicians. This led to a duel with swords. The American received a slight flesh wound, when both were satisfied.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Dudley S. Reynolds, of Louisville, has returned to the journalistic field with a monthly called *Progress*. He has a good table of contents, and we hope will meet with gratifying success. The price is $2.00 a year.

——The *Annals of Hygiene* has been resumed by Dr. Joseph F. Edwards, and the number for July gives promise of excellent and abundant material during the coming year. The price is $2.00 a year, and subscriptions may be sent to 224 South 16th street, Philadelphia.

——The causes and prevention of zymotic diseases are discussed in a pamphlet before us by Dr. R. French Stone, of Indianapolis.

——We have received the "Initial Prospectus of the Pittsburgh and Western Pennsylvania Female Hospital." We are well pleased with its objects as set forth; but are not pleased to note that not a single woman physician is named on its schedule of officers. We had hoped that the day when a hospital for women should be organized without a female physician on its roster had passed.

——Miss Emma Garrett sends us a summary of the work done in the Oral School for Deaf Mutes at Scranton, Pa. It furnishes striking evidence of the excellence of the Oral System.

——Dr. Burt G. Wilder, of Cornell University, details in a reprint before us the facts he has noted relating to what he designates the "Paroccipital Fissural Integer."

——Dr. Charles J. Lundy, of Ann Arbor, has issued as a reprint his address before the Alumni Association on "The Relations of the State and the Medical Profession."

——The value of Brücke's method in urine analysis is set forth in a reprint from the *American Chemical Journal* by Dr. E. M. Green, of Easton, Pa.

BOOK NOTICES.

Bright's Disease and Allied Affections of the Kidneys. By Charles W. Purdy, M. D., Queen's University. 8vo., 288 pages, with 18 Illustrations. Cloth, $2. Philadelphia, Lea Brothers & Co., 1886.

That comprehensive term "Bright's Disease" is now taken to include so much, that there is no difficulty in writing a volume about it. That before us includes albuminuria, uræmia, acute and chronic scarlatinal and puerperal nephritis, and cirrhosis, lardaceous degeneration and cyanotic induration of the kidneys. The author gives a systematic description of these diseases, together with their pathology and treatment, as set forth by the most recent studies in this branch. The text is illustrated with a number of engravings from original drawings, chiefly representing the morbid anatomy of the kidneys. The type is clear, and an excellent index is added. We regard this as one of the best monographs which have appeared on the subject.

A Manual of Dietetics. By J. Milner Fothergill, M. D., Edin. 8vo., cloth. 255 pages. Price, $2.50. New York, William Wood & Company.

Dr. Fothergill is always a pleasant writer, and knows how to give a great deal of instruction without fatiguing his reader. All his wonderful powers are shown in the book before us. It is divided into two parts, the first discussing the various forms of foods, the second the special foods suitable to various periods of life and diseased conditions. We are surprised that he has not also added chapters on the food suitable in different climates and at different seasons—highly important points, which he omits. The author adopts in a general way Liebig's classification of "fuel foods" and "tissue foods," and collates the opinions of a large number of the best authorities. His own views are temperate and free from hobbiness.

A Guide to the Examination of the Nose, with Remarks on the Diagnosis of Diseases of the Nasal Cavities. By R. Cresswell Baber, M. D. Illustrated. Cloth. Pp. 163. New York: J. H. Vail & Co., 1886.

Diseases of the nasal cavity are so numerous, and have of late years excited so much attention that they are commencing to be a specialty in themselves. This is illustrated by the work before us, where the author finds material enough to fill nearly two hundred pages in describing the instrumental and other means of diagnosis applicable to this organ alone. After a short explanation of the anatomy and physiology of the nose, and laying down the symptomatology of its general diseases, the author takes up anterior and posterior rhinoscopy, palpation, etc. Wood-cuts of numerous instruments are inserted, and the volume is very carefully indexed.

THE

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ISSUED EVERY SATURDAY.

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THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the ***QUARTERLY COMPENDIUM,*** which we publish.

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ILLEGAL PRACTITIONERS OF MEDICINE.

During the past six months the Philadelphia County Medical Society has been steadily and successfully ridding this city of the great horde of illegal practitioners who have, for years, been so boldly and so impudently trifling with the *real* ills, magnifying the imaginary ailments and growing rich, in many instances, upon the gullibility of a credulous public.

That the profession has undertaken this work, has contributed money to its prosecution, and has, in every way, aided the committee who have the work in charge, is but another evidence of the glorious nature of our profession, of the magnanimity of spirit, of the disinterestedness, of the catholic love of mankind and interest in its welfare, that seems to become so characteristic of the man who has a vocation for our profession.

Those who have suffered from these ignorant and audacious pretenders; those who have suffered both in body and in pocket are not the physicians; far from it, for so long as medical frauds flourish, so long will the consulting room of the intelligent physician be filled by those wrecks of humanity who have been landed upon the shoals of permanent ill health by the ignorant and consequently misdirected ministrations of the impostor and the charlatan.

As the incompetent plumber, employed to do the plumbing of a house in course of erection only makes more work for some good plumber who must needs be called in to remedy his inferior work, so the incompetent medical man only makes more work for the reputable and intelligent physician, who inevitably must, in the course of time, be appealed to for relief from the deplorable condition into which criminal ignorance has plunged its unhappy, but willing victim.

Therefore we again say that viewed from a pecuniary and selfish standpoint, the *quack* is the very best friend of the regular physician. This is no specious argument, intended to glorify our profession; it is the plain, unvarnished statement of a fact, that is amply substantiated by the experience of the majority of those who have, for a while, been beguiled by the flaming advertisements, and catching rascality and cunning of the quack.

But recently we heard of a man in this city, who was suffering from hernia. He read the advertisement of one of these frauds who promised a cure. He called upon him and was assured that he could be absolutely cured in four months; in fact, he was given

a written guarantee of cure, *prepared on a printed blank*, thus evidencing the habit of this wonderful leech to give guarantees. He was to pay eight dollars a month. To make a long story short, he visited his would-be executioner for three months, and paid him twenty-four dollars. About this time his hernia became strangulated, and he sought the services of a regular physician just in time to save his life. Upon recovery he called upon the leech and demanded the return of his money, as the *guaranteed* cure had not been accomplished. The reply was characteristic. "Not one cent will you get from me; all I want is your money; the world is full of just such fools as you;" and so it is unfortunately. This action, therefore, on the part of physicians, is an action directly opposed to their own financial interests, and is a philanthropic effort on their part to protect the gullible public from the evil consequences of their own gullibility, which they are doing at a sacrifice of their own interests, an example that we venture to say will find but few imitators in any other profession.

MEDICAL SOCIETIES.

The season is drawing near when the various medical societies throughout this country will be commencing their campaign for the fall and winter, and a word of suggestion may not be out of place. As a rule, the various county medical societies embrace in their lists of membership the great majority of the reputable physicians of the county, but it is an equally general rule that their meetings are attended only by a handful of the members.

A discussion on the International Medical Congress, or an attack on the American Medical Association, will pack the meetings to suffocation; but the ordinary scientific gatherings are disheartening, gloomy, and funereal affairs.

Why? Because the intellectual feast prepared is not sufficiently attractive to magnetize the members. Who, of late years, for instance, has heard the voice of Agnew in the hall of the Philadelphia County Medical Society? In former years, when he was comparatively obscure and unknown, he was ready enough to talk; but now, when *all* would flock to hear the pearls of wisdom that would drop from the lips of his mature experience, he is noted only by his absence. We pen these few words to remind our *distinguished* men that they owe a duty to the profession that they do not fulfil.

Notes and Comments.

Electrolysis for the Removal of Hairs.

Several very successful cases are reported in the *American Practitioner and News* by Dr. Samuel E. Woody, who says that the number of hairs to return and demand a second removal, will decrease with the skill of the operator and the thoroughness of the operation. He usually expects the return of about five per cent., but when these are in turn removed the cure is complete. It is always best to leave the finer or lanugo hairs, otherwise the face will have a bald, glistening appearance.

The essential instruments are a galvanic battery and a fine needle. The number of cells to be employed depends upon their strength, the delicacy of the patient's skin, and the distance between the poles when applied to the body. He formerly used from four to six zinc-carbon elements, but now employs twice that number of Leclanché (telephone) cells. These are placed in a closet, and connected by wires with the operating-table. More than a year ago they were charged with fifty cents' worth of sal ammoniac; and though furnishing electricity for door and signal bells about his office and residence, they are apparently as strong now as then.

For a long time he used the finest cambric needles, gold-plated, and has done some good work with them. Of late he has been using a very fine wire of iridium and platinum, which, being more pliable, follows the hair better, and is less likely to perforate the follicle. An ordinary surgical needle-holder, insulated by being covered with a piece of rubber tubing, may be used; but where much work is done, it is best to get one specially made of hard rubber, with a little strong button for breaking or closing the circuit. You should have the patient come only on bright days, for good light is necessary. She should be seated near a window, preferably in an operating or reclining chair, so that her face is nearly upon a level with the operator's eyes. A moistened sponge-holder connected with the positive pole of the battery is held in the patient's hand, while the needle-holder is attached to the negative pole.

The needle is now introduced for about one-eighth of an inch into the follicle down beside the hair. To do this accurately a sharp eye is necessary; and if the hairs are very small, he wears a jeweler's eye-glass. But most important is a steady hand and a

delicate touch. Possessing these, the operator can tell by the resistance encountered when the needle is piercing the dense skin or dropping into the follicle.

At the first sitting he has the patient close the circuit by grasping the sponge electrode, and thus avoiding the slight shock by making the connection more gradual than would be possible if he used the little spring button in the needle-holder.

Some Observations on the Theory of Bronchial Asthma, Viewed in the Light of the Pathology of Hay Fever.

Hay fever occurs in winter or spring; sometimes it occurs at sea or in the heart of a great city; sometimes when no pollen can be found in the air, it arises after a full meal, or in the middle of the night; sometimes it appears almost instantaneously under the influence of intense light, the heat of a great fire, the odors emanating from certain localities, plants, and animals; some particular place or position occupied in driving; or from emotions and vivid ideas. In an able and suggestive paper in the January number of *The American Journal of the Medical Sciences,* Sir Andrew Clark points out that in these and in all like cases there are clearly two main factors at work, a certain local or constitutional predisposition, and some immediately acting exciting cause. That some such predisposition exists is plainly proved from the fact that the exciting agents which produce the malady in one class of persons entirely fail to produce it in another; and that these exciting agents, in their relations to the persons acted upon by them, are in a remarkable manner specialized seems also proved by the circumstances that the emanations from a stable which in one person provoke a severe attack, produce in another, liable to hay fever, no sensible effect. And of the persons subject to this disease, it must be said that they are not always affected in the same manner by the same agent; for sudden intense light which may bring on an attack at one time will quite fail at another; and so we are compelled to conclude that the organism, or some particular part of it, varies so much in its conditions, that its relations to its environments are capable, without sensible structural alteration, of becoming completely changed.

When we inquire into the family and personal history of an individual subject to hay fever, we shall discover as the prominent point in it that the patient and his people are more or less "neurotic." There may be found among members of the patient's family the disease of which he is himself the subject, gout, such skin troubles as urticaria and eczema, migraine, neuralgia, epilepsy, and no inconsiderable sprinkling of pulmonary disease. But that which will be found the most widely, and will connect them all, will be a sensitive, an irritable, and an unstable nervous system.

In a series of propositions Sir Andrew sets forth what he regards as the teaching of a study of hay fever concerning the pathology of bronchial asthma, holding that it is a neuro-vascular trophic disease, and has its roots in a special vulnerability of the respiratory mucous membrane, of the respiratory nerve centres, and of certain portions of the sympathetic.

The Influence of Drugs on Nurslings when Administered to their Nurses.

The Paris correspondent of the *Brit. Med. Jour.,* says that Fehling has recently, by experiment, studied the effects on nurslings of certain drugs given to the women who suckled them. When doses varying from two to three grammes of salicylate of soda were administered to the nurse, every time that a child was suckled within an hour after the administration of the dose, the salicylate appeared in its urine. After an interval of twenty-four hours there remained no trace of the drug. When the child was suckled too soon after the medicine had been taken, the salicylate could not be found in its urine. Elimination was completed at the same time in the mother and the child. With iodide of potassium the results were the same. The milk, when analyzed, gave the characteristic reaction. In the infant, elimination lasted twenty-two hours; in the mother, forty-four. After twenty-four hours, the milk still contained iodide of potassium. With ferrocyanide of potassium, reaction was very pronounced in the maternal urine, but absent in the child's. Prolonged applications of iodoform upon vaginal and vulvar wounds of women in parturition, after prolonged use, generally resulted in iodine being found in the milk and urine of the mother, but not always in the urine of the infant. The child was never indisposed, even when iodoform was used, to dry up the umbilical cord. There was only a small quantity of mercury transmitted through the milk of a nursing mother, and its presence was not constant. It appeared that the food of wet nurses—even acid fruit-juices and vinegar—

had no influence on their nurslings. Thornhill had stated that he observed prolonged sleep occur to children after administering to their wet nurse such narcotics as tincture of opium in doses of from 20 to 25 drops. Fehling observed neither prolonged sleep nor constipation in the children. Hydrochlorate of morphine or chloral, in tolerably strong doses, did not affect the sucklings.

Renal Irritation from Pure Terebene.

A correspondent writes to the *Brit. Med. Jour.* to ask his professional brethren whether they have ever noticed severe nephralgia and other evidences of renal irritation follow the use of "pure terebene." He has lately had under his care a case of bronchiectasis, in which he tried all the stock remedies, such as creasote, eucalyptol, iodine, phenol, iodoform, tar, sandal-wood oil, and, lastly, "pure terebene," to try and diminish the secretion and lessen the almost gangrenous odor of the sputa. He thinks he may safely say that they all practically failed to accomplish what he intended, even though the doses were pushed. "Pure terebene" was the last experimented with, and when his patient was taking from twenty to twenty-five minims four or five times during the twenty-four hours, he suddenly developed most intense nephralgia, and the urine became scanty, high-colored, and distinctly albuminous. There had been traces of albumen before, but it was distinctly increased at this time. There was no reason to suspect renal "colic" due to other causes. The terebene was omitted, and gradually the symptoms subsided. After the lapse of three weeks, "pure terebene" was again begun to be taken, and, as the doses were increased to the same quantity as before, a repetition of the nephralgic symptoms occurred, but less marked than before, and gradually a tolerance was established. Ordinary turpentine, it is well known, will produce symptoms of renal irritation; may it not be possible that its isomeric brother, "pure terebene," also will occasionally produce somewhat similar symptoms?

"Hot Eye" in Association with Gout.

Mr. Jonathan Hutchinson, in a note on this subject in the *Brit. Med. Jour.*, says:

The following item of evidence is, I think, valuable in reference to the connection of certain diseases of the eye with gout. A gentleman named W. consulted me on account of attacks of irritability, first of one eye and then of the other. The eye would become a little red, and feel as if he had sand in it. The attacks would usually last from two to four days, but they recurred very frequently, and were a source of much annoyance. He had made his own diagnosis before coming to me, and remarked, "I never knew what they meant until a year ago I had an attack of gout in the great toe." He was of dark complexion. He had, of late, been very careful in his habits, but he inherited gout strongly on both sides. Having noticed the identity of names, I asked him if he was a relative of a certain Dr. W. "Yes," he said, "I am his first cousin, and there is the same inheritance in both of us." In the latter case the patient, then a young man, lost one eye from recurrent attacks of iritis, and had much damage to the other. His case is given in the series which I have published, illustrating the peculiar form of destructive iritis which goes with hereditary gout. Thus the two cases support each other, and afford strong evidence, firstly, as to the connection with inheritance of gout tendencies, of the destructive form of iritis; and, secondly, with personal proclivity to gout of the "hot eye."

Potassium Chloride.

Speaking of this drug before the last meeting of the American Medical Association, Dr. Asa F. Pattee, of Boston, said that exudations after inflammation with effusion of lymph, particularly pelvic cellulitis, have quickly disappeared under its use. In glandular enlargements, in his hands, it has been of more benefit than calcium chloride or the iodine compounds. In stomatitis of pregnant women, or from mercury, it is equal to the chlorate. In ovarian neuralgia, with nervousness and menstrual headache, accompanied with wakefulness, this salt has given better results than the bromide or ammonium chloride. When combined with corrosive sublimate it is one of the best preparations for syphilis. He usually gives it as follows:

R.	Potassii chloridi,	ʒ ij.
	Hydrargyri chlor. corros.,	gr. j.
	Aquæ.,	ʒ iv.

M. S.—10 to 20 drops every two hours in wine glass of water.

This preparation he has used almost exclusively in the treatment of syphilis in both its acute and chronic stages, and the result has been most satisfactory. The tincture ferri chloridi is much improved in its therapeutic action when given with potassium chloride.

It is his desire that those of our profession who have not used the potassium chloride may investigate its therapeutic action, of which he can assure them it will verify his statement. The dose will range from 20 grains to 2 drachms in twenty-four hours, well diluted with water.

Digitalis in Bright's Disease.

In the course of a paper on the "Cardiac Complications of Bright's Disease" in the *Med. News* (July 31), by Dr. James Whittaker, the following occurs:

"It is indeed a fatal mistake to administer digitalis while the heart is still adequate to the work of compensation. Neither uræmia nor albuminuria, of necessity, calls for digitalis. Dropsy is, in general, the best indication, because dropsy indicates inadequate compensation on the part of the heart, which is also, and often in the absence of dropsy, manifest in the condition of the pulse. Other symptoms of Bright's disease are infinitely better treated by appeal to the skin, wherein prolonged hot baths outrank all other remedies.

"When the heart has fully responded to digitalis, and its further administration is contraindicated by the state of the pulse, tonic effects are best sustained by arsenic and iron; and when, finally, the heart no longer responds to digitalis, resort must be had for relief of symptoms to alcohol and morphia. But this day may be long delayed by a vigilant supervision of the heart, which, next to the secretion directly from the kidneys, most distinctly gauges the stage of the disease."

Cocaine in Mercurial Stomatitis.

In the *Monatsch. f. pr. Dermat.*, 1886, No. 6, Dr. Max Rockhart recommended cocaine against the painful swelling of the gums, the tongue, and the parotis and neighborhood, all signs that frequently accompany salivation and greatly disturb nutrition.

B. employed with decided success a 10 to 20 per cent. solution of cocaine, which is applied with a camel's hair brush a few minutes before a meal. In mild cases a 5 per cent. solution seemed to suffice. In all cases the improvement was very rapid, and the patients felt much better and could swallow easier.

Immediately after the application the brush must be disinfected in diluted carbolic acid, as the bacteria contained in the buccal cavity greatly reduce the usefulness of the cocaine solution, which is decomposed.

Should further observations prove the reliability of cocaine in these cases, it would be a boon to all patients who have to undergo a thorough mercurial treatment on account of constitutional lues.

A Fungus Developed in the Human Saliva.

M. Galippe made known the following facts at a recent meeting of the Paris Academy of Medicine. After having purified saliva by means of Pasteur's filter, M. Galippe observed, at the lower extremity of the filter, which was not in contact with the fluid, a fungus composed of tubes and spores of mycelium. Following the advice of Professor Cornu, M. Galippe cultivated this fungus in the cells of Van Tieghem, and observed that the fungus was neither an *Aspergillus* nor a *Penicillium*. This fungus, which had neither been described nor represented, belongs to the Moniliæ family. M. Galippe proposed to give it the name of *Moniliæ sputicola*. M. Charcot repeated these statements at the Academy of Sciences, in the name of M. Galippe.

Drunkard's Epilepsy.

The *Med. News* (July 31) tells us that in view of Magnin's assertion that in France the frequent cases of epilepsy occurring in drunkards are due, not to alcohol but to absinthe, Moeli has reviewed the German statistics of the subject, which may be thus summarized:

In Germany, 36 to 40 per cent. of the subjects of delirium tremens are also victims of epileptic attacks. An attempt to determine whether the occurrence of such attacks was correlated with the abuse of any special kind of distilled liquor was unsuccessful, but it was found that in twenty-six almost exclusively beer and wine drunkards only one was epileptic.

Corrosive Sublimate in Surgery.

In concluding a paper in *The Fort Wayne Journal of Med. Sci.*, Dr. J. G. Buchanan formulates as follows: 1st, that extreme caution should be observed if sublimate solutions are used on granulating surfaces, particularly cavities, the peritoneal surface and the parturient canal; 2d, that when large surfaces are to be irrigated, the strength be not greater than 1 to 4000 or 5000; 3d, that, in all important cases, to secure perfect solution, the sublimate be first dissolved in alcohol, and this diluted with water, or, when this is not practicable, to have the solution

strained; 4th, it should be added that it has been noticed that nephritis and anæmia predispose patients to poisoning by corrosive sublimate.

Exudative Retinitis in Bright's Disease.

Dr. E. Gruening, of New York, told a recent meeting of the Ophthalmological Society that he had collected over one hundred cases of this affection, and he found that none of them had lived over two years after the diagnosis of retinitis albuminurica had been made. In this class of cases he has included only those in which the typical stellate changes were seen in the maculæ of both eyes. He lately had seen this appearance in the macula of one eye in a patient who presents no evidence of Bright's disease. This was the first time he had seen this exquisite change without signs of renal disease.

Correspondence.

A Case of Disease.

(*Concluded from page* 187.)

For a moment I was carried away by these thoughts. Salicylic acid, carbolic acid, corrosive sublimate (an old acquaintance), and a host of new, partially tested remedies, pressed their claims for employment; not because of proved utility, but that "they are much used in the hospitals," that "they are all the rage in Philadelphia," that "Dr. Koch has proved that all diseases are caused by germs, and therefore all remedies should be germicides." Then, too, "blood-poison," that term so convenient to give as a cause of death, when we have been groping in the dark, wholly ignorant of the disease we have failed to cure, presented itself, and I was the nearest thing possible to being led astray by these fine phrases, so often seen in medical journals and heard from the lips of my young friends, who keep me "posted" on the changes which follow each other so rapidly now, when a shriek from my patient brought me again to a consideration of her situation and to a conviction that I was confronted with a disease of the brain or its membranes—I certainly did not know which, for I have never yet heard of any symptom by which in the early stage the one is distinguished from the other. Nor did I care, so far as treatment was concerned; not that the case was a light one, for it was to me one of the most severe I had ever seen in one so young. The responsibility weighed heavily upon me, because I was not confident of the proper course to pursue, and because fifty years ago I had a case much resembling this, but being young in practice, relied on *medicine* for the arrest of the disease, and my patient died as speedily as did Dr. Wilson's.

As the preponderance of symptoms seemed to point to brain disease, the question arose, how shall I treat it? When asked by parents, in such a case, "What is the matter?" it is easy to say it is an "affection of the brain," while, at the same time, we fail to see clearly what is going on there, and what further will take place if its progress be not arrested. We ought to know exactly what is meant by inflammation of the brain, or of its membranes, and be prompt to use the proper means to check the disordered process, or we shall prescribe in vain. We all know what large vessels carry blood to the brain, and that the pia mater seems but a mesh of small blood vessels. From some cause a congestion has taken place, the blood in the arteries is driven up against the congested part, but being unable to clear the passage, more and more of the small arteries become blocked, and thus the congestion spreads to more and more of the brain, or its membranes, and this congestion results in inflammation. Is not every inflammation produced in that way?

My patient had been ill twenty-two hours; it had been seventeen hours since I was called; my practice had been trifling; apparently useless, but not careless or indifferent. The impulse was to give sulph. morph. to allay the severe pain, but I feared to do this lest it might afterward be difficult to distinguish its effects from the dullness produced by the disease. There she lay before me, pale as death, her eyes closed against the light, moaning and occasionally crying aloud; her pulse disturbed and apparently weak, with but little increase in frequency. The operations inside the skull then seemed clear to me. The area of distended and obstructed vessels was increasing, and the irritation in the parts first obstructed becoming more intense, and no *medicine* in our almost endless catalogue which can with certainty unload the blocked vessels. It was to me a moment of supreme anxiety. My determination was taken, and her arm "tied up" without resistance from her, indeed without her noticing it, and eight ounces of blood were drawn, when the pulse became still more indistinct, and on calling her, she was evidently duller than before. The parents thought they saw a change for the worse, and we had bustle, confusion and crying, up

stairs and down. How intensely anxious I was, and how needful it was to exhibit composure, need not be told. The precaution had been taken to elevate her head by pillows before bleeding her; the removal of them and sprinkling her face with cold water revived her. In an hour she was better than before the bleeding. A bladder of ice and water was placed on the pillow for the upper part of the neck and the back part of the head to lie upon, while another was placed on the top of the head. Saw her again at 9 a. m.; pulse a little firmer than before she was bled. Ice to be continued; lemonade to be given as drink, if any can be retained; for, until she was bled, she had not been able to retain any fluid for a single minute, and this was the principal reason of my doubt as to the seat of the primary affection, whether in the brain or stomach. Saw her next day at 8 a. m. Those about her thought her "a little better." Pulse 80, and more distinct, and the face red, though, until she was bled, it had been very pale. Since the bleeding she has taken drink freely without vomiting, though before, from the onset of the disease until six o'clock p. m. yesterday, when bled, she had vomited every spoonful of water or whatever else had been given her. This fact made the case plain to me. I then knew that the cause of the disorder of stomach was in the brain, and that the bleeding had partially relieved the latter organ; enough, indeed, to allow proper innervation to the stomach: but the pain was, still present in the forehead to a degree that caused her to say—after the ice had been removed for only a short time—"put on the ice, or I shall go crazy." The ice was applied, and 5 grs. calomel given, to be followed by epsom salts in lemonade. A messenger was sent to Norristown for a leecher, and with directions to ask my nephew, Dr. E. M. Corson, to be with me at 2 p. m. I longed for some one to whom I might talk about the case, to advise me, even if I should not be willing to act on his counsel. We were there at the time fixed; the bowels had been moved, she answered questions better, the face was slightly red, pulse discouraging to my consultant because of its apparent weakness, but yet he seemed willing to bear part of the responsibility of drawing blood by leeches. It was due to him that I should give reasons for drawing more blood from one whose pulse was apparently so weak and whose face was so pale. I said, "Two days ago this child was well, now she has pain in the head because of congestion and commencing inflammation inside of the skull—it is hard for me to say whether in the brain substance or in the meninges; most likely the latter." He smiled affably at this confession of ignorance, of which a graduate of yesterday would be ashamed. I resumed, "Professor George B. Wood, whose graphic and accurate descriptions of the symptoms of diseases have furnished to authors on 'Medical Diagnosis' nearly their whole stock in trade, and which they have appropriated without acknowledgment in speaking of cerebritis, says: 'From meningitis, the disease, as already described, is distinguished by a very uncertain line.' . . . . . 'Very frequently the symptoms are so intermingled that a positive decision is impossible, and the physician must be guided by probabilities alone in the forming of his opinion.'" I added, while it was doubtful to me at first whether the primary affection was in the stomach or in the brain, I now *know* that it was in the latter, because since the bloodletting and the ice partially relieved the brain, the stomach rejects nothing. Many physicians in cases of cholera infantum have labored in vain to arrest vomiting by remedies applied to the stomach, but when applications of ice, or ice water by affusion, or leeches, or blisters, were made to the head, the vomiting and even the diarrhœa sometimes soon ceased. So now, as I know this is a congestion somewhere in the head—for practical purposes it makes little difference where—which will pass rapidly into inflammation if not arrested; and as I have no fear of debility, and know with Dr. Wood that, "if the pulse were the sole guide, so little excited and so weak is it in many instances that stimulants rather than depletion might be deemed necessary," I therefore disregard this weak pulse, and the leeches must go on. Three large Italian leeches were applied at each temple. They drew blood copiously. The wounds bled freely for an hour, then pressure was applied to stop the flow. Visit at 6 p. m., two of the wounds have oozed freely since 4 p. m. The cloths on that side of the neck are very bloody. Her face is paler than before the leeching, but she has less pain in the head; at least she is a little brighter. Directed ½ gr. sulph. morph. and 5 grs. bro. pot. every 3 hours through the night if needed to procure rest, and a bladder of ice and water laid under the head and one on the top of the head.

14th, 9 a. m. Pulse 80, soft, and more distinct; child pretty comfortable, but the pain in the forehead still pretty bad; has slept some, has had no food at all thus far; applied a blister plaster to the whole forehead;

morph. and bro. pot. continued if needed; urinates freely.

15th, 9 a. m. Blister acted well. Pain in forehead much better. Omit medicine, continue ice; pulse 88; more heat of skin. Bro. pot. and morph. resumed, to relieve restlessness.

16th. 9 a. m. Pulse 84; appears comfortable. Here let me call attention to the fact that until now—a period of 104 hours—she has had no food. We offered her none. Why? We were combating an acute inflammatory disease of the brain, we believed the stomach was rejecting even water. We were not, as is now very common, stuffing the patient with food, *in the early stage*, in order that it might be made strong to bear the more advanced stages, but were so acting as to cut short the disease in its first stage, so as to avert the fatal advanced stage. This same mode of forcing food on pneumonia patients is in high repute with those who trust to the "new medicines" in that disease. They stuff the patient from the beginning, so that he may be strengthened to bear the last stage—a stage which he escapes by dying before it arrives. To a patient suffering with *any* severe inflammation, food is nauseous for many days—never needed—always useless, if not positively injurious. After the first few days it can be tolerated, even if not craved; then I allow it. So now in her fourth day of illness I direct milk to be taken occasionally. She went right on to improve; convalesced rapidly without stimulants; and on the 27th I left her well and happy, with no advanced stage confronting her.

HIRAM CORSON, M. D.
Conshohocken, Pa.

NEWS AND MISCELLANY.

American Dermatological Association.

The tenth annual meeting will be held at the Indian Harbor Hotel, Greenwich, Ct., August 25, 26, and 27.

PROGRAMME.

First Day, August 25.

Business meeting (with closed doors) at 9:30 a. m.

Report of Council.

Appointment of Nominating and Auditing Committees.

Proposals for Active and Honorary Membership.

Miscellaneous Business.

Morning Session at 10 *A. M.*

Address by the President, Dr. Edward Wigglesworth.

1. Report of a Case of Lymphadenoma (Mycosis fongoide) and Autopsy, by Dr. G. H. Fox.

2. Note relative to the Bullous Eruption Occurring after Ingestion of Iodine Compounds, by Dr. J. N. Hyde.

3. Erythanthema Syphiliticum, by Dr. E. B. Bronson.

4. "Rötheln," by Dr. I. E. Atkinson.

Adjournment at 1:30 p. m.

Evening Session at 8 *P. M.*

5. Precocious Gummata, by Dr. R. W. Taylor.

6. Clinical Notes on Scabies, by Dr. F. B. Greenough.

7. Clinical Observations regarding the Value of Resorcin, Icthyol, and Lanolin in Cutaneous Diseases, by Dr. H. W. Stelwagon.

8. Trophoneurosis of the Skin, by Dr. G. H. Tilden.

Adjournment at 10 p. m.

Second Day, August 26.

Business meeting (with closed doors) at 9:30 a. m.

Report of the Treasurer and Auditing Committee.

Report of the Nominating Committee and Election of Officers.

Election of Active and Honorary Members.

Selection of time and place of next meeting.

Miscellaneous Business.

Morning Session at 10:30 *A. M.*

Report of the Committee on Statistics.

9. Native Plants Injurious to the Skin, by Dr. J. C. White.

10. Report of Two Cases of Dermatitis Herpetiformis, by Dr. A. Van Harlingen.

11. A Few Additional Notes on Psoriasis, by Dr. F. B. Greenough.

12. Report of a Case of Exfoliative Dermatitis, by Dr. W. A. Hardaway.

Adjournment at 1:30 p. m.

Evening Session at 8 *P. M.*

13. A Clinical Study of Scleroderma, by Dr. J. E. Graham.

14. A Case of Carcinoma Cutis, by Dr. L. N. Denslow.

15. Keratosis Follicularis, by Dr. P. A. Morrow.

16. Surgical and Obstetrical Scarlatina, by Dr. I. E. Atkinson.

Adjournment at 10 p. m.

Third Day, August 27, Morning Session at 10 A. M.

17. Notes on Drugs, by Dr. H. G. Piffard.

18. Cartilaginous Tumors of the Skin, by Dr. A. R. Robinson.

19. Remarks and Queries on and as to Relative Frequency of Moles and their Pathological Changes on the Head and Face, by Dr. S. Sherwell.

20. An Unusual Form of Tuberculosis of the Skin, by Dr. G. H. Tilden.

Retirement of old and induction of newly elected officers.

Adjournment at 1 p. m.

P. O. address of the place of meeting: Indian Harbor Hotel, Greenwich, Ct. Trains leave New York for Greenwich, Grand Central Station, 42d St., at 9:17, 10:05 a. m., 12:00 m., 3:02 [4:00, 4:45, 5:40] p. m.

The trains in brackets are express trains.

American Otological Society.

At the nineteeth annual meeting of this society, held at New London, Conn., July 20, 1886, the following papers were read: "Acute and Chronic Purulent Inflammation of the Middle Ear Tract, and their Complications," by Dr. S. Sexton, of New York. "A new Operation for the Radical Cure of Chronic Purulent Inflammation of the Middle Ear Tract," by Dr. S. Sexton, of New York. "Painless and only Slightly Painful Ulceration of the Membrana Tympani, Probably of a Tubercular Nature," by Dr. A. H. Buck, of New York. "Certain Technical Details Relating to Operations on the Mastoid Process," by Dr. A. H. Buck, of New York. "Fatal Termination of a Case of Sclerosing Mastoiditis after Chiselling of the Bone," by Dr. H. Knapp, of New York. "A Case of Abscess of the Mastoid Cells in which the Chief Indication for Operation was Elevation of Temperature," by Dr. O. D. Pomeroy, of New York. "On two Cases of Chronic Purulent Inflammation of the Attic of the Tympanum, with Perforation of the Membrana Flaccida, Treated with Peroxide of Hydrogen," by Dr. Charles H. Burnett, of Philadelphia. "In the Physiology of Hearing is there an Overlapping of each Auditory Field the Same as in Binocular Vision," by Dr. William S. Little, of Philadelphia. "Two Cases of Ear Disease due to Traumatism," by Dr. Gorham Bacon, of New York.

The following were elected

OFFICERS FOR THE ENSUING YEAR:

President.—Dr. J. S. Prout, of Brooklyn.

Vice-President.—Dr. Samuel Sexton, of New York.

Secretary and Treasurer.—Dr. J. J. B. Vermyne, of New Bedford, Mass.

Committee on Membership.—Drs. Gorham Bacon, W. S. Little, and E. W. Bartlett.

American Ophthalmological Society.

At the twenty-second annual meeting of this society, held at New London, Conn., July 21st and 22d, the following papers were read: "Pyogenic Micro-organisms, with Demonstrations and Experiments," by Dr. H. Knapp, of New York. "An Analysis of One Hundred Cases of Exudative Retinitis Occurring in the Course of Bright's Disease," by Dr. C. S. Bull, of New York. "Thrombosis and Perivasculitis of the Retinal Vessels," by Dr. George C. Harlan, of Philadelphia. "A New Test Type," by Dr. William S. Dennett, of New York. "The Possible Retardation of Retinitis Pigmentosa in the Young," by Dr. Hasket Derby, Boston. "The Equivalence of Cylindrical and Sphero-cylindrical Lenses," by Dr. Edward Jackson, of Philadelphia. "263 Cases of Cataract Extraction with Particular Reference to the After-treatment," by Dr. George Strawbridge, of Philadelphia. "Cataract Extraction without Iridectomy," by Dr. H. Knapp, of New York. "Report of Fifty Cases of Cataract Extraction," by Dr. David Webster, of New York. "Death of a Patient on the Fifth Day after the Extraction of a Hard Cataract," by Dr. Henry D. Noyes, of New York. "Some Medico-Legal Cases," by Dr. B. Joy Jeffries, of Boston. "A New Series of Loose Wools for the Scientific Detection of Subnormal Color-perception (Color-blindness)," by Dr. Charles A. Oliver, of Philadelphia.

Inoculation for Yellow Fever.

The *Brit. Med. Jour.* says that the modern expedient for settling knotty points in science is to appoint a commission; success, it is true, has not uniformly attended this method, and the reports, if not polemical, are generally colorless. Yellow fever is the disease which is now to be investigated in this way. A few years ago Dr. Domingos Freire announced that he had prepared a vaccine which preserved the vaccinated from yellow fever; his method of experimenting, however, did not commend itself to the bacteriologists; and M. Rebourgeon, who had been trained in M. Pasteur's laboratory, was sent out to Rio de Janeiro to guide Dr. Freire into the right way. The papers since

published by these two experimenters confirmed the earlier claims, and M. Rebourgeon has returned to Paris to convince the skeptics; he informed the Société de Biologie at its meeting on May 22, that, during the recent epidemic, 6,000 persons had been inoculated, of whom not one suffered from the disease: and that, in seven cases where patients were inoculated while suffering from the disease, recovery took place in every instance. The Society appointed a commission of five, including MM. Brown-Sequard and Cornil, to study the method. In the United States, moreover, the demand for a commission has been backed by the American Medical Association.

Utilizing the Mosquito in Vaccination.

A curious sort of vaccination has been invented by Dr. Charles Finlay, of Havana, for protection against yellow fever. It has long been supposed that the poison of yellow fever might be conveyed by inoculation, although no one appears to have wished to have the experiment tried on himself; but Dr. Finlay has applied to nature for a lancet more delicate than any human tools, and seems to have succeeded in this way in proproducing a mild form of yellow fever by inoculation directly from a yellew fever patient. The process itself is simple enough. A mosquito is persuaded to bite a person suffering from ordinary yellow fever, and is soon after brought to a healthy person, whom, when his appetite returns, he bites without that previous wiping at the mouth which would be thought desirable in polite society. Without dwelling upon particulars, it is sufficient to say that the yellow fever contagion was found, in six cases out of eleven, to be communicated to the healthy person, who, after the period of incubation had passed, became affected with various symptoms characteristic of yellow fever in a mild form. According to the *Lancet*, Dr. Finlay believes that this mode of inducing a prophylactic variety of yellow fever may be found very valuable in practice.

How Far Can One See?

The *Popular Science News* says that a discussion is going on in Europe concerning the distance at which large objects on the earth's surface may be visible. Emil Metzger mentions that he once saw, with some difficulty, Keizerspickt, in Sumatra, when distant 110 English miles; and he also made out Gug Merapi, in Java, when 180 miles away. From the Piz Muraum, near Dissentis, E. Hill has seen Mont Blanc, the intervening space measuring about 110 miles. J. Starkie Gardner states that Mont Blanc is visible from the Piz Langard, though distant about three degrees. In Greenland, Mr. Whymper beheld a mountain from which he was separated by 150 miles; and from Marseilles, Zuch saw Mount Canigon at a distance of 158 miles. The whole range of the Swiss Alps has been looked upon by J. Hippisley while 200 miles away, while Sir W. Jones has affirmed that the Himalayas have appeared to view from the distance of 224 miles.

Electric Light for Laboratory Investigation.

M. de Lacaze-Duthiers uses, in his Sorbonne laboratory and in his zoölogical stations at Roscoff and Banyuls, an electric lamp constructed by Trouvé, which would also be useful in much chemical, botanical, and mineralogical work. It is composed of a cylindrical glass vessel, beneath which is a mirror of silvered glass. There is a silvered parabolic covering, in the centre of which is suspended an incandescent lamp. The vessel is filled with sea-water containing corals, polyps, sea-worms, and other objects which can be examined by the aid of magnifying glasses, the whole mass being thoroughly illuminated, as in the brilliant experiment of the illuminated fountain. The apparatus can be readily modified for the study of fermentation, and for dissecting, with great ease, nervous filaments of the greatest delicacy, which are hardly visible in the broad light of day. The generator of electricity is Jamin's universal automatic battery, weighing less than three kilogrammes.

Media Medical Club.

The Media (Delaware county) Medical Club held its regular semi-monthly meeting on Friday evening, August 6, at the residence of Dr. H. Stelwagon. Fifteen gentlemen were present, the president, Dr. Stelwagon, in the chair. The subject for special discussion was "The Detection of Oleomargarine from Butter." A sample of oleomargarine and two samples of different grades of butter were passed around and tested by each gentleman present, whose verdict was recorded. There was some diversity of opinion, though the majority were able to properly differentiate the products. It was then suggested that the accuracy of the sense of smell should be tested, and this proved to be the best means of detecting the oleomargarine, for only one of those present failed in

making a correct diagnosis. The genuine butter had a "buttery" smell, while the oleomargarine was devoid of odor, or at the best, had a smell of "grease." After a musical entertainment by Dr. Dickerson, the club adjourned.

Purity of Drinking Water.

The *Chemist and Druggist* says it is often required to give a quick indication of the freedom, or otherwise, of water from organic products. The rough and ready permanganate test cannot be relied upon. Most organic bodies, that is those containing nitrogen, are converted into ammonia, which is ultimately oxidized into nitrous and nitric acids. The detection of nitrous acid, therefore, is important, since its presence is sufficient to condemn any water for domestic purposes. Mr. C. C. Howard has suggested a ready test, which is as follows: Into a test-glass place some of the water (not more than 50 c.c. or ℥iss.), and add a drop of hydrochloric acid, then a drop of sulphuric acid, and one of a solution of naphthylamine hydrochloride. If the water does not contain more than 1 in 100,000,000, after standing for ten minutes it should not show more than the faintest tint of pink color.

Wild Beasts and Snakes in India.

During the past year, wild beasts and snakes have been unusually destructive to human life in the central provinces of India, there having been an increase of 262 in the number of persons killed, as compared with the preceding year. Of wild beasts, tigers, of course, were the most destructive, their victims numbering 110, against 98 in 1884, while the number of tigers killed was only 221, against 260. The deaths from snake-bite last year amounted to 1,066, against 797 in 1884, while only 1,997 snakes were killed, as compared with 2,378. In an official note on the subject, it is observed that there has been a "satisfactory increase" in the number of wild animals destroyed; but this increase is due to the larger number of bears, wolves, and hyenas destroyed.

Thinking and Working.

The *Popular Science News* tells us that in our present system of education—now happily passing away for a better one—we want one man to be always thinking, and another to be always working; and we call the one a gentleman and the other an operative; whereas the workman ought often to be thinking, and the thinker often to be working, and both should be gentlemen in the best sense. As it is, we make both ungentle, the one envying, the other despising, the other; and the mass of society is made up of morbid unhealthy thinkers and miserable workers. It is only by labor that thought can be made happy; and the professions should be liberal, and there should be less pride felt in peculiarity of employment, and more in the excellence of achievement.

Danger from Umbrellas at Sea.

In these days of electric lighting, one is often in the neighborhood of dynamos, and, however short the time of exposure to their influence, pocket knives, and the steel in watches and umbrella frames, may become powerfully magnetized. On board the *Princess Beatrice*, the helmsman lately observed that the compass was agitated. On examination, he found that the needle was affected by the magnetized steel mounting of a parasol in the hands of a lady who was walking upon the bridge. If the lady had been at rest, so that nothing would have shown the abnormal deviation, the ship might easily have been steered out of its course, and thus been exposed to dangerous accidents.

Where Male Nurses are Best.

In concluding a lecture on Rectal Fistulæ and Hemorrhoids, in the *Brit. Med. Jour.* (July 24), Dr. Richard Davy says: "Let me give you my own opinion on the very great value of male attendants as nurses in these cases of hemorrhoids in men, or in any case of operation on or near the generative or perineal portion of a man's body. Surgeons are not sufficiently explicit on this point; for such cases need constant cleansing and occasional lifting; and, excellent as women nurses may be as subalterns in easy forms of general surgery, or in cases of their own sex or children, yet commend me to the trained and disciplined service of a male attendant as my non-commissioned officer, in operations such as I have now brought before you.

Lemonade Tablets.

The following is a German formula:

℞.	Powdered white sugar,	800 grammes.
	Bicarbonate of sodium,	100 "
	Tartaric acid,	100 "

To be intimately mixed, flavored with five drops oil of lemon, and made into a mass with two hundred grammes alcohol. The mass is now pressed into any convenient

mould (previously well oiled with melted cacao butter), and dried well in a drying closet. The lozenges must weigh about twenty grammes, which will be sufficient for a tumbler of water. Other flavors may be obtained by substituting the above-mentioned quantity of oil of lemon with two drops of oil neroli, or five drops oil of sweet orange, or two drops attar of rose.

A Fool Defined.

Erasmus Darwin defined a fool as "a man who never tried an experiment in his life." There is no escape from a definition like this, as there is from such a saying as J. S. Mill's, "Every fool is a conservative." Mill could logically say it did not follow that "every conservative is a fool,"—which, let us hope, gave great comfort to the conservative mind. We cannot, however, say that Erasmus Darwin's definition leaves even one out who never tried an experiment; for a true definition does not err either in excess or in defect. This definition, therefore, asserts that every man who has tried no experiment in his life is a fool, as certainly as it asserts that no fool ever tried an experiment.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED JULY 31, 1886.

Long, W. H., surgeon. Granted leave of absence for fifteen days, July 30, 1886.

Sawtelle, H. W., surgeon. To proceed to Portland, Oregon, and Port Townsend, W. T., as inspector, July 29, 1886.

Devan, S. C., passed assistant surgeon. Granted leave of absence for ten days, July 26, 1886.

Fattic, J. B., assistant surgeon. Granted leave of absence for twenty-nine days, July 26, 1886.

Lead Pencils.

Even as late as the sixteenth century chiefly pencils made from lead and tin were used for marking or writing, and deserving more properly the appellation of "lead" pencils than what we now call so. Conrad Gessner called attention in 1565 to the use of black-lead for writing purposes, but still in 1667 black-lead was so little known that it did not even have a Latin name, until Merret proposed to call it *Nigrica fabrilis*. Already in 1683 the black-lead pencils were encased in cedar or pine wood.

The Sequel of Two Great Operations.

At a recent meeting of the Basle Medical Society, Professor Socin, of Basle, showed the stomach from a woman in whom he had performed first, resection of the pylorus, and, subsequently, a year later, gastro-enterostomy. The patient died, from return of malignant disease, eighteen months after the second operation.

Items.

—A cigar contains acetic, carbolic, formic, butyric, valeric, prussic, and propionic acids, also creasote, ammonia, sulphuretted hydrogen, pyridine, viridine, picoline, and rubidene, to say nothing of cabbagine and burdockic acid. That's why you can't get a good one for less than five cents.

—"I say, Gov'ner, how do yer sell ammunition?" "What's up, then? Are you going to enlist as a soldier?" "No; that's what my girl told me to get for the baby; it is sold in boxes." "Is it fuller's earth or violet powder? How are you going to use it?" "If you give me the world I couldn't tell you." "Was it magnesia?" "Hi, that's it; I am glad you thought of that. Well, there is no difference, is there? Give us a penn'orth."

—An explosion of nitro-glycerine occurred recently in the mixing house of a dynamite factory in New Jersey, whereby ten men lost their lives. Only little bits of their bodies were afterward found. The woodwork of the house was mostly reduced to fine powder, and small craters in the earth marked points where most of the nitro-glycerine is supposed to have been. The explosive force of this compound seems almost incredible to those who have never witnessed its effects.

OBITUARY NOTICE.

ELI E. BATEMAN, M. D.

At Cedarville, N. J., on Friday, July 23, Dr. Eli E. Bateman died, aged 80 years and 9 months. All of Dr. Bateman's life was passed in the place where he died, except the period occupied in obtaining his education. He was graduated M. D. from the University of Pennsylvania in the class of 1832. Commencing practice immediately in his native place, he encountered the Asiatic cholera, as it then prevailed. In all the years that followed, he was held in high esteem as a skilful practitioner and a courteous Christian gentleman. He was interred in the grounds of the First Presbyterian Church, with which he had long been connected.

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Communications.

ON THE PATHOLOGY OF SURGICAL INFECTION, AND THE VALUE OF ANTISEPSIS.

BY A. H. P. LEUF, M. D.,

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(*Concluded.*)

To return for a moment to the question of predisposition and immunity. I know a young physician who had never been vaccinated, who had never had variola, and who was exposed for periods of days at a time to a small-pox atmosphere because of his attendance on such cases in a small-pox hospital. He even then did not get this disease. His was a case of decided immunity from this affection. There are many more. Others escape the contagium because of vaccination. Many succumb to it in spite of vaccination. Some are even vaccinated at short intervals of a few months, almost always successfully, and not only become infected with variola, but die with it. These latter are cases of predisposition. Again, given a case of scarlatina, diphtheria, rubeola, or any other acknowledged contagious disease, and given ten people, all in apparently the same condition, who never had any sickness, and one will get the disease to which he has been exposed and die, another will get it and not die, still another will get it so as to be barely perceptible, and another will escape without the slightest disagreeable experience. The remainder will distribute themselves among those mentioned. Here we have once more an illustration of immunity and of predisposition. How much depends upon the contagium, so-called, we have not always the means of judging. A strange fact in this connection is that physicians are, as a class, constantly being exposed to contagious and infectious diseases, and without protection, not even always in fair health, and how comparatively few are the instances where any of them are affected. Surely, as a class, they cannot be said to have a peculiar immunity *altogether* due to constant exposure, thus becoming accustomed to the poisons, for the exposure at the beginning is immediate and abundant, not gradual and slight. The fact is that contagium, as a rule, may be said to be of not much consequence without predisposition, and that predisposition without contagium is more to be feared as tending to the development of the disease to which the patient is predisposed than is the contagium without the predisposition.

The question now arises, what is the value of antisepticism?

When Lister introduced his dressing and gave his reasons, it was not long before he was rewarded with general credence of his views. He recalled the surgeons of the day to the care in handling and dressing wounds that had been in vogue with so much success not a great while before. He taught them to take care in operations; not to roughly handle wounded or injured tissues; to be slow and sure, rather than quick and uncertain; scrupulous cleanliness; rest, both local and general, as nearly absolute as it could be attained; and the stimulation of the wounded tissues with solutions and other preparations having the avowed object of destroying or intercepting micro-organisms, which he believed to be the special pathogenic cause of the vari-

ous symptoms often complicating, or preventing recovery from operations and injuries.* He was right in treatment, and therefore successful. That Listerism has made accessible to the surgeon's knife almost any part of our bodies, cannot for an instant be denied. How it did so admits of two interpretations, if we choose to particularize. Surgeons operating by his methods were very successful. They were stimulated by these successes to new undertakings that previously no one dared attempt. The same kind of blind fanaticism, though milder in degree, that pervaded Europe during the Crusades, the Reformation, and the mental epidemics portrayed by Ecker, also dominated the surgeons of the whole world, and antiseptics were their charm that insured final success, as was the cross that of the Crusaders.†

Lister gave the impetus that brought about these grand results, and for this merits and has received undying fame. The essentials of the methods he reinstated will probably and with good cause always prevail, but not so his theory of germs and their effects. The antiseptic rage has done incalculable good, but also a great deal of harm. Its advent was timely, else it would never have spread. Its practice with the idea of killing micro-organisms is on the wane. Its former advocates are undergoing a mental reversion. The reaction is approaching, and all should guard against its reaching the opposite extreme.

Now, what are the disadvantages of antisepticism?

The spray is abolished because its objections were too evident to long escape attention. The routine antiseptic vaginal douche is meeting a similar and equally deserved fate. Constant douching of a wound during an operation will also soon have to give way to a more rational and beneficial method. Pathologists and microscopists carefully preserve microscopical material from contact with water, because of its disorganizing effect upon the tissues. It ruins them for microscopical investigation. The effect of water is observed on the fingers if long immersed, giving rise to the so-called washerwoman's finger. It loses tonicity. It debilitates and enervates. The hot water immersion treatment of wounds does good by toning down the excessive inflammatory process; so do all hot moist applications, as poultices for instance, but if too long continued, they give rise to a sodden condition of the wound, and make matters worse instead of better. Carbolic acid solutions have the same effect, but in a shorter time, also benumbing the terminal nerve-filaments in the wound and the surgeon's fingers, whose tactile sensibility it is of prime importance to preserve at its best. More laparotomy cases have, in all probability, died of carbolic acid peritonitis than any of us suppose or would like to admit. I would in this connection formulate another rule—one that requires no further comment.

A local traumatic peritonitis has no tendency to spread unless it is preceded by the extension of some irritant matter from the original site of inflammation, and then the inflammatory process will follow this cause and only become general if preceded by it.

Lister's dressing and its derivatives prevent the inspection of the wound at will, and therefore are objectionable, because the surgeon should be able to inspect the wounded parts readily, and without disturbing the patient. A wound hermetically sealed, especially before glazing is completed, is objectionable in that it may give rise to bad symptoms in a feeble patient, and be followed by disastrous results, because of pent-up secretions. It is also objectionable because of the impossibility of an early detection of recurring or secondary hemorrhage. These objections have a practical side, and the dangers expressed have repeatedly happened. All the objec-

* How hard it is for the bacteriologist to prove that the good effects of antiseptics are due to germ-killing properties, may be seen from the fact that it is extremely difficult, if not impossible, to separate this germicidal property of antiseptics from their stimulating power, or to get a liquid that originally does not combine both.

† While the advance made by surgery during the last two decades, or more, is to be almost wholly ascribed to Lister's innovation, it must not be inferred that success crowned every effort because of the new way. Surgeons were taught better practical surgery entirely aside from antisepsis, and to this better surgery will eventually be ascribed the success of the more recent operators, instead of to germicidal fluids and powders because of such properties. The favorable comparison between the results attained from the practical application of the new surgery, as compared with the old, led to the performance of untried operations; these succeeding, led on to others, until, like a rolling ball of snow, slightly broken records of success accumulated so as to form the enormous, bold, and complex surgery of to-day. The misinterpretation at the beginning, as to the real cause of the improved results, the bacterial theory, grew in the same, or even greater, ratio. This sole idea of germs took possession of every unguarded professional mind, to which it has adhered, and where it has developed to the stupendous proportions of to-day. The investigations of certain bacteriologists, as for instance Pasteur and Klebs and Koch of Europe, and Salmon of this country, while justifying many inferences and establishing many minor and very few major facts, are largely the cause of the present exaggerated estimation of the germ theory in its application to surgery. The men who least understand the value of the facts and seeming facts now established in this field of research, are the ones who overburden the literature on the subject, and compel a forced postponement of a mature judgment on the results of original work in this department. Unfortunately, very few surgeons are pathologists of the practical kind, and *vice versa*. The same may be said with as much truth of surgeons being bacteriologists, and the contrary. But how seldom, if ever, do we see combined in one man the practical pathologist, the surgeon, and the bacteriologist? Sad, but too true, is the fact that in most instances each man has to theorize in two of these departments while he practices the other. This is one of those instances where science would be greatly benefited by the adoption of the co-operative plan.

tions to antisepticism contained in this paper have been demonstrated more than once in this city. So much is this so that it is useless to specify cases.

In brief, the principal points that it is the object of this paper to impress are as follows:

1. There are essentially but two kinds of union—primary and secondary.

2. All living tissues have common and special powers of reaction.

3. The common reactions are those of mere vitality, and the special reactions are the result of the performance of duties not necessary to life.

4. It is by their common reaction that cells overcome disturbances.

5. Repair in all structures is essentially the same, and only the manifestations are different.

6. Connection and support is the special duty of the connective tissue cell, and it is its sole and special duty to repair all breaches of continuity, and it does this without the aid of other cells.

7. Of all structures involved in the inflammatory process, the lower tissues, embraced by the term connective tissue group, undergo additional growth and development, while the higher tissues, embracing all that do not belong to the preceding group, become atrophied or are destroyed.

8. The repair of an open wound may be divided into three stages, extending in regular order up to the glazing of the surface, the formation of granulations and pus, and the end of repair.

9. There is transudation of blood, plasma, and serum, until glazing is complete, and of pus from the time granulations are formed until the end of repair.

10. There is no transudation from the wound from the time glazing is completed till granulations and pus are formed, but the wound's surface is protected with a coagulated albuminous layer.

11. So long as there is transudation from a wound there is no danger of absorption by that wound.

12. The possibility of absorption during the intermediate state just mentioned may be called an open question.

13. I do not believe absorption takes place, as a rule, even at this stage, if the albuminous envelope, the glazing, is perfect.

14. This intermediate stage lasts three or four days.

15. Admitting that absorption is possible at this time, and that antiseptics should be employed, they would only be indicated for three or four days.

16. Sealed dressings to remain so for weeks are not required for antiseptic purposes, and do good almost entirely by insuring greater rest to the injured part.

17. I believe that primary union is prevented principally by local and constitutional causes, and not alone by pathogenic micro-organisms.

18. Anæsthesia retards glazing, and indirectly prevents primary union because of the premature coaptation of the surfaces of the wound.

19. A local traumatic peritonitis has no tendency to spread unless it is preceded by the extension of some irritant matter from the original site of inflammation, and then the inflammatory process will follow this cause and only become general if preceded by it.

20. Surgical infection is a term too carelessly employed, and in most instances a misnomer.

21. Most often the symptoms ascribed to surgical infection are due to reactions of the whole system and of the wound against new conditions and irritations.

22. These reactions depend upon the predisposition of the patient, altered environment, and other defective conditions of life, for their characteristic manifestations.

23. The causes of most so-called infectious disorders are intrinsic and not extrinsic.

24. The absence of predisposition may here be said to constitute immunity.

25. Predisposition may be hereditary or acquired.

26. It may be gradually or quickly acquired.

27. It is not always evident, nor always possible of detection.

28. Hyperpyrexia is as normal in some pathological conditions as is the standard in health.

29. Excessive reaction is followed by temperature elevation.

30. Various affections have thermic elevations peculiar and normal to themselves.

31. If germs have any causative relation to surgical complications, they are impotent on a wound's surface unless the patient is predisposed.

32. Hyperpyrexia is produced by long-continued excessive action of any organ of the body or part of the body.

33. Local irritations, if long continued, if sufficiently strong, or if affecting a sufficiently sensitive structure, also cause a rise of body heat, and this whether or not the irritation is appreciated by the mind, although its recognition by the brain increases the effect.

34. Those tissues which have the richest nerve supply and densest consistence, as a rule, give rise to the most marked constitutional disturbances when congested or inflamed.

35. The more perfect, absolute, and continuous the rest of an injured part, the more favorable are the conditions of repair and the greater certainty is there of complete, rapid, and satisfactory recovery.

36. Conjoined with this, the most nourishing and most easily assimilable food, sustaining medication, with good hygiene and agreeable environments, constitute the best treatment of surgical cases.

37. Antisepsis is the prevention of contact between open tissues and living disease germs.

38. In a question of this kind, one negative experience, if without error, is logically as effective a refutation of a theory as are thousands.

39. One such negative experience has occurred in our midst in Dr. Jewett's case of diphtheritic cast of the vagina, and this is by no means a lone instance, as there are many others equally as conclusive.

40. Antisepticism, as above defined, is demonstrated to be a fallacy, and therefore can have no rational existence.

41. As good results are obtained by careful surgeons who do not employ antiseptics as is obtained by those who do.

42. I deny the causative relation of most so-called pathogenic microbes, because they are the results or concomitants, and not the cause of the diseases with which they are identified.

43. Lawson Tait, without the use of antiseptics, has exceeded all preceding records of success.

44. The greater success in the treatment of private patients, or patients in special hospitals over those in general hospitals, is not due to superior antiseptic facilities, but principally to greater attention on the part of the surgeon, healthier and pleasanter environments, and a superior and constantly appropriate diet.

45. Practical antisepticism, or Listerism, has its advantages and its disadvantages.

46. It does good by having revived and improved upon well recognized and highly valued older methods.

47. It has unconsciously furnished a means of overcoming the local tonicity of wounds, and it did so at a most opportune time.

48. This is accomplished by the stimulating effect upon the tissues of the so-called antiseptic preparations in moderate strength and for a limited time.

49. It has done good by instigating daring surgery, and leading to the achievement of the most brilliant, undreamt-of, and hoped-for results.

50. It is seductive, and causes men to adopt and follow it, who would be neither clean, gentle, nor careful without it.

51. Listerism may be designated a "God-send" to patients who have to put themselves under the surgical care of a large proportion of our fellow-practitioners, both in the city and country.

52. This is so because it controls them as religion controls the masses.

53. It has done harm by instituting new and pernicious methods, often at the expense of those that were older and beneficial.

54. It has poisoned many patients.

55. It has killed many other patients by increasing inflammatory action, especially of the peritoneum.

56. Its almost indiscriminate advocacy of sealed dressings is, and has in innumerable instances proven to be a source of interference with proper healing, and even an element of danger in preventing the early detection of deviations from the normal process of repair.

57. It also delays the recognition of recurring and secondary hemorrhage.

58. Its good is done under a cloak of irrationality, because its good effects are claimed to be due to the killing or inhibition of germs, whereas its benefits are wholly and unqualifiedly due to the rigid enforcement of the best surgical principles, fully recognized before the advent of the fallacy of antisepticism.

THE SOURCE OF THE URATES, AND THE PROPER MEANS OF THEIR REMOVAL WHEN IN EXCESS.

BY T. C. SMITH, M. D.,

Of Aurora, Indiana.

The terms urate and lithate are synonymous, but the former being more frequently used, will be employed in this brief discussion. "Urate is a generic name for salts, formed by the combination of uric or lithic acid with different bases." (Dunglison.) The urate of soda is the salt commonly the most found, perhaps, in urinary concretions, though of course we know other urinary salts enter into their make-up.

The source of the urates will not require a long discussion. Physiology teaches, and daily observation bears out, the fact that uric

acid, urea and urates are "found within the body by the metamorphosis of nitrogenous organic substances." They are "most abundant under the use of animal food, and diminished by a vegetable diet, and are reduced to a minimum during complete abstinence" (Dalton), though not disappearing altogether. Thus it is at once seen that the diet has much to do with the quantity of the urates found in the urine of our patients. The amount of tissue waste that goes on in the body is also another factor that determines the quantity. This latter factor is greatly influenced by rest, exercise, mental labor or worry.

"The most important fact known with regard to the origin of urea"—and of the urates—"is, that it is not formed in the kidneys, but pre-exists in the blood in small proportion, and is drained away from the circulating fluid during its passage through the renal vessels. * * * * It has not been found, however, in the solid tissues in sufficient quantity to indicate the immediate source of its production. It is either formed in the blood itself, by the transformation of some previous nitrogenous combination, or it is absorbed by the blood too rapidly to be detected as an ingredient of the solid tissues." (Dalton.) Such is the language of one of our best physiologists, used about ten years ago.

Holding in our minds the undisputed fact that urea and all its salts result from tissue waste in the body, or from the nitrogenous food ingested, we have a practical point from which to start in ascertaining their primary origin in the system.

If a nitrogenous diet increases the urates in the urine, and a vegetable diet causes, or is followed by, their diminution, then we may know for all practical purposes that organic nitrogenous food is related in some way to their production, and more especially to their excess.

If we look to the proteid compounds we will find that their free use has a decided influence over the quantity of urates in the urine. The proteids are not affected by being passed through the saliva in mastication. Gastric juice dissolves them. Upon these proteids pepsin and the gastric juice produce decided effects.

"Before digestion, an albuminoid is termed a 'proteid,' the digested proteids are termed 'peptones.' As peptones, albuminoids readily pass through the walls of the digestive canal into the blood, the change is caused by adding a molecule of water." (Fothergill.) The fat of our foods is also absorbed by the lacteal glands, after being reduced to an emulsion by the action of bile and of the pancreatic juice.

We may thus see that the peptones and the fats are thrown into the circulation, to be carried, by some means, to a higher state of preparation for tissue building as the system may demand. That these cannot be assimilated by the tissues of the body, in the state in which they are absorbed, will be readily admitted. They must be carried a step higher in the process. Where then can they be further prepared? Does the blood prepare them for such appropriation? Do the tissues themselves work the needed change? Do the nerves effect it? I trow not.

There is one great, active, industrious, much-abused gland upon which the weight of this further preparation falls almost entirely, *i. e.*, the liver. The liver is, indeed, a very important organ in the digestive process, and the term "liver digestion" is as appropriate as that of "gastric digestion." All, or quite all, of the nutrient material that the absorbents take up must needs pass through this great digestive gland, and be prepared for use or for assimilation by the tissues, and in the rapidity of the circulation and the vast blood supply of the liver, much of the nutrient material will pass through that organ and be subjected to its action many times in the period required for the complete preparation of proteids and fats for tissue building in repairing the waste natural to the system.

In the process of liver digestion, the urea and its salts have their origin, and this seems to be their source. From here they enter the circulation, from which they are filtered by the renal organs. The kidneys do not secrete these, they simply filter them out of the blood.

The liver, like the stomach, can do a normal amount of work well, and can for a time do excessive work and remain quite normal in condition. But like the stomach, when pressed long and hard by an excess of work, especially by the too free ingestion of nitrogenous compounds, it is compelled to pass much of the nutrient material on into the blood only half prepared for assimilation. From this there soon results an excess of the urates in the renal discharge. This leads me to say that under such a condition of the digestive and assimilative process, the appearance of an excess of urates in the urine stands as a clinical evidence of an overworked liver for the time being at least.

Such an overworked condition may result from the ingestion of an excess of nitrogen-

ous food, or from the partial failure of stomach and intestinal digestion, which thus throws double work on the liver. In either case the liver is not able to perform all the work required of it. As a result, part of the nutrient material submitted to its action is but partially acted upon, and it becomes waste material in the blood, which soon acts as a poison to the system. This brings on what is often called a bilious attack, a storm of sick headache, a neuralgia if complicated with malaria, a rheumatic or gouty attack. Often, however, it stops short of this, producing simply a feeling of heaviness of body, mental hebetude, and crossness of temper.

As to the hepatic origin of these salts, let another speak. Mr. Foster says (Fothergill on Indigestion and Biliousness, p. 57): "Uric acid . . . like urea is a normal constituent of the urine, and like urea has been found in the blood and in the liver and spleen. By oxidation a molecule of uric acid can be split up into two molecules of urea, and a molecule of mesoxalic acid. It may, therefore, be spoken of as a less oxidized form of a proteid metabolite than urea; but there is no evidence whatever to show that the former is a necessary antecedent of the latter; on the contrary, all the facts known go to show that the appearance of uric acid is the result of metabolism slightly diverging from that leading to urea." To this statement Fothergill adds: "It must then be regarded as the product of perverted metabolism in the liver. Prout held uric acid to have another source than urea, to be formed largely from gelatinous forms of our albuminoid food, while urea was held to be derived from ordinary albuminoid matters. This view was soon abandoned, and it was thought that uric acid was a normal product, viz., a sort of nitrogenized waste preceding urea and converted into urea by further oxidation, or by a splitting up into urea and oxalic acid. Now we regard it as a product of perverted metabolism in the liver. The appearance of lithates in abundance in the urine about the time when the liver is actively engaged in the digestive process, renders it highly probable that certain peptones, instead of undergoing further elaboration are turned aside and broken up prematurely into lithic acid and lithates. These lithates do not represent tissue waste, for they have never been tissue." That is, they have at such a time been carried to elimination before having been thoroughly elaborated to a condition fit for tissue building. Thus an excess of water may appear in the urine from an overtaxed liver. Such an overtax may result from ingesting excessively of nitrogenous foods or from imperfect gastric digestion. In either case the metabolism of the proteids is not perfectly performed, and the process of elaboration falls short of completion, thus leaving the urea and urates to be cast into the circulation in a half-prepared state, only to be eliminated by the renal organs, As Fothergill by way of illustration says: "They stand in the same relation to the tissues that a stillborn child bears to an estate that it would have inherited had it been born viable. So the material which forms the uric acid might have been tissue under more favorable circumstances"—that is, if the "liver digestion" had been carried a step further in the elaborative process.

Dr. Murchison, a high authority, in his Croonian Lectures before the Royal College of Physicians, said: "I need not remind an audience such as that which I have the honor to address, that deposits in the urine of lithic acids or lithates, are not due to any morbid condition of the kidneys; what I wish to insist on is, that the frequent occurrence of these deposits in the urine ought always to be regarded as a sign of functional derangement of the liver, arising from causes temporary and sometimes more or less permanent."

In this decided expression by an able authority, there is no uncertain sound. Fothergill endorses this opinion, and further adds: "These deposits in the urine, then, are significant of disordered fuctions in the liver. They belong to indigestion proper."

Heretofore they have been held as signs of deranged renal functions, and the pathology was referred to the kidneys. Gravel was a kidney disease, etc. Now we know we must look farther for the cause of lithates in the urine, and of renal and vesical concretions. We may then fairly know that the source of the urates is imperfect "liver digestion" when too much nitrogenous food is ingested, or when there is gastric dyspepsia that causes too much work to be thrown on the liver, and also that the lithates result from and normally represent the tissue waste of the body.

How to get rid of their excess when present, is a question of practical importance to us, for we meet with patients almost daily, who have made themselves sick by pleasing their palates at the expense of their digestive powers. It is astonishing how many ills this form of indiscretion will originate.

Under the old idea that lithic salts in the urine indicated renal disease, it was common

to give the alkaline potassa salts. For present relief, this was good practice, because of the affinity of the potassa salts for the uric acid; thus it dissolved the urates out of the blood and gave prompt relief. Yet this practice was based on a mistaken pathology.

It is well to remove the excess of urates, but to prevent a reaccumulation we should cut off all excess of animal food, and reduce the amylaceous articles of diet to the real needs of the system. This done, the excess of lithates soon disappears.

If we find a case—as we will now and then—where there does not seem to be an excess of proteids taken, where digestion is good, and yet the lithates are in excess, the urine with an ammoniacal odor, etc., I know of nothing better than the free use of hydrochloric acid abundantly diluted and sweetened to the taste.

To say that this matter of excess of the urates in the renal discharge is a small affair in a practical sense, is to take a perverted or very limited view of its importance. Such an excess of the urates indicates the fact that there is floating in the blood-current much material that is really dead, decomposing matter that acts as animal poison to the whole system. If the urea and urates, as we have tried to show, result from a failure on the part of the liver to carry its digestive process up to full elaboration of all the organic nitrogenous ingesta submitted to its action, after it passes from the stomach and intestines, then these salts represent so much animal tissue that must of necessity become decomposed in the blood-current, and is thus constituted a deadly poison to the physical economy, unless it is promptly eliminated. Whether this excess of the urates results from a redundance of food taken, or from a too rapid waste of the tissues of the body, matters not as to its poisonous effects, though it does matter as to the prognosis of the case, the latter condition being the most serious.

These retained urates will poison the whole brain and nerve centres, so as to constitute true uremia and death. I well remember a hale, hearty, fleshy young man, of 22 years, who, without known cause, beyond free cramming of animal food, with much of a rich amylaceous quality, and a common "bad cold," was suddenly attacked with convulsions and furious pain in the head. His bowels were freely purged, head was kept cool, chloroform was resorted to for controlling the convulsions, the bromides freely used, and venesection was practiced. The urine was analyzed, inspected, found to be scant in quantity; a few drops of nitric acid would render it at once almost solid, thus showing the urates to be in great excess in the urine and in the blood. This patient died comatose in about thirty-six hours. Call it meningitis, cerebritis, cerebral congestion, or whatever you like; but I fully believe if we could have cleared him of the uremic poisons floating in his blood, by securing free diuresis, free sweating, etc., we could have prevented his death.

The same poison floating in the blood current will give rise to furious storms of sick headache, neuralgia, so-called biliousness, any of which are, under such conditions, promptly relieved by the free eliminative, systemic processes, or remedies. Hence nature sets up free eneuresis, catharsis, or emesis. At once the subject is made better. Hence also the profession have learned to promptly secure this elimination by one of nature's outlets. For this reason, the old practice of venesection, cholagogues, and emetics rendered prompt relief, and were generally practiced.

The biliary and renal concretions have their origin in the same source. When these effete elements become more abundant, then it is impossible for the bile or urine to keep them in solution, then deposits occur in the bile or urine, and concretions are formed. After awhile the patient has a furious attack of hepatic or nephritic colic. If the former, the concretion is carried off per rectum. If the latter, it is left in the bladder to constitute a case of vesical calculus, unless the patient is fortunate enough to pass it away per urethra, or the urine be rendered acid enough to dissolve it. To prevent all this trouble and painful affliction, or often death, the best plan is, if possible, to regulate the diet as above indicated. If the concretions are already formed, or if the salts are thick in the urine, then we should properly regulate the diet and use free eliminating agents, as potas. bicarb., sulphate of soda, epsom salts, colchicum, etc., etc. If this condition results from the too rapid retrograde metamorphosis of the tissues of the system, as it is liable to do in the overworked, the feeble, the pregnant, and the aged, then the use of the mineral acids with proper digestive agents will best remedy the pathological condition present. In either case the patient should keep the bowels fairly soluble, use but little animal food, and drink very abundantly of pure soft water. It is an excellent practice to flood the system with water in this class of cases. Water is one of our very best systemic renovators if we will flood the tissues

with it, and among the best mineral springs in the world will be found the cistern of good pure water at our own doors. Thousands of patients who are benefited at watering-places receive their improved health more from flooding the system with water, thus washing effete material out of the tissues, than from any real potency of the waters they so freely use at such places. The free use of pure cistern water will accomplish this as well as any in the country, but will not require the exhibition of as many silks, satins, trunks, etc.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

(*Continued from page* 207.)

Dr. D. T. Nelson in opening the discussion said: "Mr. President, I am glad to have heard the paper, and think it is a most valuable one. The cautions that it gives are certainly those that all of us should remember, to wit: the length of the instrument used compared with the length of the uterus, the slow and gradual dilatation of the uterus before using the inflexible stem, and removing it on the occurrence of bad symptoms. In recent years I have not been in the habit of using the stem pessary as much as my friend Dr. Jackson, but I think that with his present instructions, I shall try it again. Not that I have not tried gradual dilatation, and the gradual, slow, careful straightening of the uterus, but I have not by this particular means caused the pessary to be retained as constantly as he has. The vulcanite pessary, and the various other forms, including the Wright's or Chambers's modification, I have used, and with many of the difficulties the doctor has narrated. But with his modification it seems to me very likely we can use them with better success. The irritation produced by them has been a great drawback, and in recent years it has been my habit rather to use the form of pessary recommended by one of our members, Dr. W. H. Byford, the slippery elm bougie. It produces a gradual dilatation of the uterus, and often produces remarkable results in the treatment of the flexions, and I have had no bad results from its use. One point that the doctor did not emphasize sufficiently, is that the instrument should not be retained long if it produces pain, but it should be removed and the patient put to bed. I should have preferred to have him give directions for the patient to remove the instrument if the pain continued for a long time, for if it does the instrument ought to be removed; and if he should happen to be out of the city and the patient should be unwilling for any one else to see her, serious disease might commence before he returned and removed the instrument. For this reason it is, and always has been, my plan to have the instrument so arranged, by a string or something of that sort, that the patient can remove it herself. We should remember that the instrument should be less than the uterus by a third of an inch; that the uterus is to be put into its proper shape, in a splint, as it were, and then expected to grow right—that it is not cured when it is straightened—if it has been displaced for a considerable time there has been an atrophy of the uterine tissue on one side, and it may take weeks, or perhaps months, to alter the nutrition of the different parts of the organ, and until that change has taken place it is not likely that the patient is permanently cured, unless pregnancy has taken place, and altered the nutrition of the parts. As to pelvic inflammation, the author has been more fortunate than most of us in the use of stem instruments. One point I wish to add, viz., that when there is any possibility of gonorrhœal poison lurking in the genital passages of the female, greater care should be taken in the use of such instruments, or operative procedure of any sort, for that matter. I feel, when there is reason to suspect that this poison has once been implanted, that I hardly dare to introduce sound, pessary, or other instrument in the interior of the uterus, and believe that such an instrument should be used with the greatest caution in these cases."

Dr. E. C. Dudley said: "Mr. President: The marvelous freedom from dangerous inflammation following the treatment of uterine flexure by forcible dilatation and by the application of the intra-uterine stem, furnishes a striking illustration of the fact that the human uterus will sometimes endure an immense amount of abuse. My own preference is generally for the former method, as advocated by Goodell, Ellinger, and others, My experience has only tended to confirm me in the impression that forcible dilatation is reasonably satisfactory in its results, and that the results are reasonably permanent. I would seldom advocate the use of intra-uterine stem pessaries for retroflexion unless the flexure were of the so-called congenital variety, and therefore associated with atrophy of the uterus, a condition which is very rare. The essayist has, perhaps for reasons

of brevity, omitted to make the distinction between physiological and pathological anteflexion. This distinction within a few years has been quite clearly defined by Schultze, Fritsche, and others, and their teachings are now recognized as correct by many of the leading gynecologists throughout the world. In the light of their investigations the old diagram of Kolrausch, which for more than twenty years has generally formed the basis for the illustrations of the normal position of the uterus, is now quite generally discarded. The uterus has no absolutely fixed position, but it has a certain normal range of movements. The angle between the body and the cervix may vary according to the varying quantity of material in the rectum and bladder, from zero to at least 45°; Fritsche says 90°, and his observation is possibly within the physiological limits. When the bladder is full the uterus becomes straight and the angle of flexure disappears. When empty the angle may measure from 45° to 90°, and yet not be pathological. It is moreover probable that a flexure of much less than 45° when the bladder is empty, should be considered pathological. Furthermore, anteflexion, even within the defined limits, is always pathological if there be immobility at the angle of flexure; indeed, a displacement exists whenever the organ is restrained from its normal movements. In a word, anteflexion is pathological if the mobility at the angle of flexure be increased or decreased beyond the physiological limits, or absent. Want of a clear understanding of these simple facts has led to the invention of innumerable pessaries for straightening the anteflexed uterus, and they have been persistently employed, to the detriment of the patient, in cases of perfectly physiological anteflexion. Suppose a case: The uterus is shown by digital examination to be so low in the pelvis that when the bladder is empty its entire anterior wall is easily touched. The physiological flexure, which may be from 45° to 90°, is then perfectly apparent to the examining finger—the symptoms of vesical irritation are attributed to the flexure, and an anteflexion pessary is accordingly introduced, which produces pressure upon the anterior wall of the uterus. The symptoms disappear, and the conclusion is erroneously formed that the relief was dependent upon the straightening of the uterus, when in reality the pessary has, perhaps, produced no such effect, but has merely lifted the uterus to its health level, and thereby relieved the symptoms, which were due not to flexure but to descent. The same manner of treatment has often been followed by relief from similar symptoms attributed to anteversion, when in reality the pessary, by lifting the cervix to a higher level, has exaggerated rather than reduced the anteversion. For this reason all vaginal pessaries especiallydesigned for anterior displacements are in no respect superior to the ordinary Hodge pessary; indeed, they are objectionable, because in overcoming the descent they press upon the uterine wall and thereby cause irritation of the organ. Anteflexion is only a symptom which may result from any one of a variety of widely different causes, such as adhesions, uterine fibroid, parametritis posterior, or failure of the puerile uterus to develop at puberty. It would indeed be irrational to attempt the relief of a symptom due to such diverse causes by any single plan of treatment. The essayist would not attempt to do this, but he has neglected to specify the particular flexures for the relief of which he deems the stem applicable. Inasmuch as many of these flexures are dependent upon uterine or peri-uterine inflammation, and inasmuch as there is reason to conclude that dysmenorrhœa and other evils are more the result of the inflammatory state than of the flexure itself, I would advise that the stem be reserved for cases which are not relieved after the inflammation has been removed by safer methods. Such a plan would certainly restrict the use of the stem to a very small number of cases, because the symptoms for which it is to be employed would so often disappear upon the cure of the inflammation. It is indeed probable that the dysmenorrhœa for which the author has employed the intra-uterine stem may depend rather upon some faulty nutrition, or upon some disease of the uterus independent of the flexure, and that the stem therefore gives relief by some change which it produces in the nutrition of the organ. If this be true, it would then follow that anteflexion *per se* really furnishes no positive indication either in itself or in its results, but that the same treatment would be equally effective under similar conditions without the co-existing flexure. Congenital anteflexion of the puerile uterus is undoubtedly a condition for which the stem may be considered one of the legitimate means of treatment. Sterility, whether associated with pathological flexure or not, has been successfully treated by the stem. Winckel says that the presence of the instrument may give a better development to the menstrual decidua, and thereby make a better bed for the ovum. One objection to the stem, strongly urged by Schultze, is

that by its use the physiological flexure is overcome, and it therefore may be said to produce rather than to relieve displacement. But we should not permit theoretical considerations to bias our judgment in face of the author's carefully observed results. His contribution is certainly a valuable one, and shows that the instrument, at least in careful hands, is less dangerous than is ordinarily supposed. The author's freedom from inflammatory results is doubtless due to his judicious preparation of each case by means of the olive-tipped bougie. Undoubtedly the observations of Dr. Jackson and others must be considered as placing the intra-uterine stem among the useful and approved resources in the treatment of these troublesome cases, but even at the risk of prolixity I again protest against the indiscriminate treatment of purely physiological anteflexion by any means soever."

Dr. H. P. Merriman said: "I have very little to add to what has been said. The use of the various methods that have been proposed seem to me to aim at one given end, to change the nutrition of the uterus. Forcible dilatation does that to a certain extent; it is temporary, however, in its action. Incision produces an alterative effect, and accomplishes its purposes. It does not succeed a great many times, neither does the temporary action of dilatation. The use of the stem pessary, on the other hand, succeeds because it is keeping up a continuous pressure upon the parts. Now, I am decidedly in favor of this treatment by stem pessary; it strikes me that it is the only rational method of treating these flexions, which are pathological. After the cause of a flexion has been removed, that is, the inflammation of the uterus, or the pressure of a tumor, or pressure of heavy clothing, or whatsoever causes it, the uterus does not always return to its natural state, and then we need to introduce some method for restoring it to its normal condition, and I do not know any more rational method than this one. This paper strikes me as a very valuable one. The valuable part of this treatment seems to me not to be so much in the use of this stiff stem, as the earlier treatment by the flexible stem, where, by continuous pressure upon the parts, we are able to accomplish the same effect as passing a sound in chronic cases of gleet, producing a healthy action in a diseased organ and thus producing absorption of a pathological exudate. It strikes me that the doctor recognizes this condition, for often before using the stiff Chambers' stem when he has been using these bougies, in a great many instances he has found the treatment has nearly cured the disease, and if it had been continued longer I believe a cure would have been effected. The intra-uterine stem by continuous pressure induces an alterative action of the tissues, the absorption of exudates, and gradual return to the normal condition of the uterus, and a natural tendency toward a straightening of the uterine canal as the uterus becomes healthy."

Dr. Sarah H. Stevenson said: "I have listened to the paper with a great deal of interest, and also to the discussion. My methods are different; I have used the stem pessary a great deal in former years, but for the past two years I have discarded it entirely, as some of the results were unfortunate, although I think I have never had any serious results from the use of the stem. I now use, and have for the past two years, the galvanic current entirely, and it is applicable to all cases, especially in those in which the stenosis is so great as not to admit the passage of the bougie. I have never found a case in which I could not use this method with satisfactory results."

Dr. H. T. Byford said: "I quite agree with Dr. Dudley in his trite but very true remark, 'It is wonderful what an amount of abuse the uterus will stand,' and I congratulate Dr. Jackson that he has discarded incision and dilatation in treating flexions. I also congratulate him upon his good success. I believe the mortality from this treatment—the treatment by the intra-uterine stem—has been estimated to be from ½ to 1 per cent. by those who have investigated heretofore. Whether it is so now, I do not know. The present per cent. of inflammation of the cellular tissue varies from 2 to 5 per cent., as nearly as I can determine. There are an immense number of cases in which the stem caused inflammation which have never been published. It seems to me that in considering this subject the reason for this treatment should be made more apparent. There are some who use it as a splint or merely to straighten the uterus; others use it as a stimulant on account of its continuous pressure. There is no doubt it stimulates and temporarily straightens the uterus, but it is well known that in time, in a large proportion of these cases, the uterus again becomes flexed. The question arises, should we straighten the uterus? As Drs. Dudley and Schultze have said certain flexions are supposed to be physiological (which I don't believe), the uterus is supported in the neighborhood of the internal os, which may be said to have a fixed place in the pelvis. The elasticity of

the tissue will allow that part of the uterus to be pressed in nearly all directions, but it will come back. The fundus may bend forward or backward and remain in such position for some time, and the uterus still be in a normal position. During youth the child who sits too much, has a curved spine, etc., having a uterus pretty firmly fixed at the cervix, will often have the uterus pressed upon by the abdominal contents in the wrong direction. The normal resistance of the uterus to flexure will be gradually overcome (the uterus may even become atrophied), and a flexion results which, when slight, may be called a physiological flexion, and may exist without causing trouble; but it is pathological. The elasticity which the uterus of normally firm structure displays during the filling up and emptying of the rectum and bladder is hardly worthy of the name of flexure. Any considerable permanent flexure occurring in this way must be the result of want of firmness in the structure of the uterus. If we are going to use a supporter, we should use it when the flexure is forming, not after it has been produced. If we will use such treatment as will remove the improper pressure upon the uterus, viz., by straightening up the spine, using exercise, etc., etc., a stem will be seldom necessary, because whatever flexion has already been produced will usually not cause unpleasant symptoms. If it has gone to the degree of producing atrophy of the uterus, we may need to use a stem passary, but as a stimulant to the uterine tissue rather than a straightener of this organ. I have seen uteri bent almost like a horseshoe become impregnated and return almost to their former degree of flexion. The intra-uterine stem, in view of its slight action as a support and powerful action as a stimulant, and its notoriously bad record, should be the last resort. The frequency with which Winckel uses the stem is now about once in 218 cases, while formerly he used it about once in 50, and he is using it less all the time. In my experience and the experience of a great many others, if we cure the acute or subacute inflammation of the uterus and then apply stimulating measures, we nearly always accomplish the cure of the flexion by safer means. There are, of course, a few cases left in which the use of the uterine stem may be justifiable, but I think they are exceedingly rare. If those present, following Winckel, use them only once in 218 times, but few of us will live long enough to do a great deal of harm."

Dr. T. D. Fitch said: "Mr. President: I think a paper so commendatory of a measure as this, will perhaps lead many members of the profession to adopt it without proper precautions and without realizing the dangers which attend the use of the intra-uterine stem. I believe it is a very dangerous instrument to use. I am an advocate, as you all know, of pessaries, but I do think the intra-uterine stem a dangerous instrument, and that in less careful hands than Dr. Jackson's serious results will often follow. My own experience in the use of it has been limited, for the reason that I became alarmed from the bad reports of cases by Dr. Chambers himself, the inventor of this bifurcated instrument which Dr. Jackson has exhibited. If the same precautions are used that are advised by Dr. Jackson, I think as a rule it might be entirely harmless—no, I should hardly be able to say entirely harmless, or entirely free from danger—but I think the precautions which he has adopted are very ingenious, and would in the majority of cases prevent serious results from the intra-uterine stem. His use of the bougies preceding the use of the inelastic stem, accustoming the uterine mucous membrane, or the uterus itself, to the presence of a foreign body within its cavity, is very ingenious, and a thing I never should have thought of myself. Although I have tried these pessaries occasionally, my great difficulty is to keep them in the uterus; I might open them in any direction I pleased, spread the blades as widely as I pleased, and they would slip out—they caused so much uterine contraction that they would be expelled from the uterine cavity into the vagina, and I have always been disappointed in the results from their use. For several years while I was in active practice I had adopted the treatment of Peasley for flexion and stenosis, whether caused by exudation or spasmodic contraction of the os internum, that is by the use of his uterotome dividing the stricture at the internal os, and then gradually dilating the canal until I could introduce a No. 12 or 14 sound through the os internum. This was introduced every second day from one week to two weeks until it ceased to be followed by pain, and by hemorrhage after its introduction, showing that the os internum had been thoroughly dilated and the incision had healed sufficiently so that no blood followed the use of the sound. After the sound was introduced I used a large glycerine tampon for the purpose of depletion and relief from irritation and to support the uterus: if it was an inversion, it would hold the fundus up so as to assist in relieving the flexion to a certain

extent at least, and preventing the occurrence of inflammation. I have treated a great many cases in this way and with entire satisfaction, and never had a case of acute inflammation of any kind occur as the result. I believe, however, that a majority of cases of flexion are attended with versions more or less. I don't believe that flexions occur so frequently as is generally supposed, unaccompanied with version; the uterus is tipped over more or less in connection with the flexion, and in connection with the treatment which I have suggested I have always corrected the version, and used the ordinary support or pessary to keep the uterus in its proper place, thereby relieving any contraction or pressure which would keep up the flexion. I think the paper an admirable one, and the Doctor's precautions in the use of the instrument he has advised commendable."

Dr. H. C. Feeder said: "I would like to ask for information. In the report of these sixty cases of inversion and retroversion it has not been stated how many were accompanied by prolapsus, or what was the cause of flexion; whether in married women getting up too soon after confinement, or whether from acute inflammation. The paper does not go into the facts and state whether the uterus is lightened and thereby goes back of itself to a normal position, nor does it inform us if this could be assisted by giving medicine internally. Much depends upon the state of the patients at the time of treatment, whether they are in a healthy condition, or whether they have some specific blood disease in which medicine would assist in the treatment; and if the medicine has an alterative effect, how much benefit is received from the medicine and how much from the pessary."

Dr. Jackson said in concluding the discussion: "Mr. President, I feel that I ought to express my thanks for the courtesy with which this paper has been received. It is only a thirteen-minute paper, and there are a great many things in the domain of medicine that are not in it, and a great many questions might be asked on subjects growing out of and connected with it, which I could not answer if I were disposed to. The intention of the paper is simply to demonstrate the efficacy of a single remedy in correcting a single deformity. Questions as to whether the uterus was prolapsed, whether the patients had taken anti-bilious pills, or had cachexia, really do not enter into the consideration of the subject. I supposed that was perfectly plain from the fact that no mention was made of anything beyond the mere condition of deformity. I am very glad so many excellent ideas have been added to it. The suggestion of Dr. Nelson as to the patient being able to withdraw the pessary is excellent, and is never omitted. I never introduce a pessary that I do not attach to it a silken cord by means of which the patient can withdraw it in case of necessity. As a rule, every patient should be able to withdraw any instrument placed in the genital passages; the regular attendant may not be at hand when needed, there may be an aversion on the part of the patient to calling in another physician, and she should have the proper means at her disposal. The remarks of Dr. Dudley as regards the distinction that should be made between pathological and physiological conditions resulting in flexion, are quite proper, and I agree with him fully. We all know that the conditions preceding and accompanying these bent conditions of the uterus are very various; and in many cases no stem, incisions, or other means will have a beneficial effect, although they may for a time cause the uterus to be straight. But the mere straightening is not always the main element of cure. When the uterus has been chronically flexed there will be a thinning of the side towards the angle, showing local failure of nutrition, either as cause or effect of the bending. Straightening, therefore, is one element of cure in a uterus where there is insufficient nutrition, and I do not believe that any other means exclusive of this cures flexion. But it must not only be straightened, but its circulation must be fully restored, otherwise the organ will resume its bent condition. We cannot put a splint on the outside of the uterus, and the intra-uterine stem affords a means by which the uterus may be kept straight enough to allow of circulation on each side. The method of treating flexions by forcible and extensive dilatation does more than dilate. It straightens, also. A bend may be just as acute in a large tube as in a small one, and mere stretching will not suffice, and its results usually not be permanent. Gradual dilatation is much more promising, and next to the method by the stem I would prefer it. I have only treated cases of flexion in which dysmenorrhœa was present, a symptom that interferes with the patient's health, and the dysmenorrhœa was usually cured or relieved. I do not think this such wonderful success; only about two-thirds of the cases were cured, some were simply improved, and in some I do not know the result. Yet I think there is no other method that will do quite as well.

The suggestions made in the discussion accounting for the safety and success of the treatment are, I think, correctly attributed to the preliminary measures—the slowness of the straightening and the promptness with which any tendency to harm could be met. The object was to accustom the uterus to its tenant, so that by and by it would accommodate a larger one, and in this way the uterus has been made to receive and tolerate the presence of an inflexible instrument. In one case a Chambers' stem was retained twenty months, and I think if the patient had not returned and told me she was wearing it, it would be there yet. It produced no unfavorable symptoms."

Dr. A. R. Small reported

A Case of Pistol-shot Wound.

May 2, 1886, he was called to see F. R., aged 23, who, a few minutes previously, had received a shot from a No. 32 pistol. Patient was suffering from shock, difficult breathing, and excessive pain in the left leg below the knee. The ball had struck the right eighth rib about two inches external to the costal cartilage. Sensation was lost in the right leg below the knee. Motion was not impaired in the right leg, though the sensation was lost below the knee. The left leg was hyperæsthetic below the knee, and motion slightly impaired. A drainage-tube was inserted about two inches into the wound, and the wound dressed antiseptically. The patient complained of no pain except in left leg below the knee, where the pain was excessive. Morphia was given hypodermically in sufficient doses to control the pain. Nothing was allowed the patient the first twelve hours but ice, and occasionally water. About 10 p. m. there was evidence of internal hemorrhage, and the patient seemed to be sinking. Milk was then given in small quantities frequently. The morning of the 3d he had rallied somewhat.

The urine was drawn by the catheter every eight hours, and contained blood. Respiration was normal after the first two hours.

On the afternoon of the 3d patient became delirious, and continued so, with occasional lucid intervals, until death, which occurred at 4:20 p. m. of May 4.

Autopsy five hours after death. Rigor mortis well marked. Unfortunately, through a misunderstanding, the undertaker had preceded us, and injected his preserving fluid, so that we were unable to determine exactly the amount of blood in the right pleural cavity. It must have been quite large, however, as the right lung was entirely collapsed. The ball made a clean round hole through the centre of the eighth rib on the right side, about two inches from the costal cartilage, passed through the lower side of the right pleural cavity, without injuring the lung, passed through the diaphragm, right lobe of the liver, and superior portion of right kidney, and through the inter-vertebral foramen between the eleventh and twelfth dorsal vertebræ on the right side of the spine, and lodged against the posterior surface of the body of the eleventh dorsal vertebra, just within the spinal cord, where it was so firmly imbedded that it could not be returned without disarticulating the spine, which, for sufficient reasons, we did not do.

Though we found the right lung collapsed, respiration had been normal except the first two hours after the injury.

Dr. Alfred S. Houghton read a paper on

The Danger in Specialism.

He said that specialties greatly increased medical knowledge and skill, and had secured for many much reputation. Hence young practitioners grasp any excuse for becoming specialists. But man is not a machine, but a complicated organism, and disease is complex, one organ sympathizing with another; hence it is necessary to examine every portion of the body and treat all organs affected. Hence there is danger in a specialist limiting his sphere of action and usefulness to an unnecessary degree. Another danger is that specialists are apt to become egotistic, and give rise to utterances which they will afterwards regret.

Treatment of Post-Partum Hemorrhage.

No time is to be lost when the life-blood of the parturient woman is rushing with feverish haste from her rapidly exhausting body. It is an emergency for which the physician should be always prepared. If one remedy fails, he must quickly try another, for every moment is precious. We note that Dr. M. S. McMahan (*Denver Med. Times* for August), on finding the surface of the patient pale, the extremities cold, with profuse hemorrhage, at once injects hypodermically from ten to fifteen minims of Magendie's solution of sulphate of morphine. This will invariably, and within a few minutes, produce a flushed surface, warm extremities, and a stopped or much diminished flow. He adopts no other means—no stypties, no cold compresses, and no foolish "plugging." This method he claims to have practiced with success for fifteen years.

Editorial Department.

Periscope.

Illustrations of Exceptional Symptoms and Examples of Rare Forms of Disease.

Mr. Jonathan Hutchinson thus writes in the *Brit. Med. Jour.*, July 24th:

Coffee-Stain Patches on One Shin, Distinctly Lupoid in Character and Probably Syphilitic: on the Other Shin Similar Patches, but not Yellow.

A gentleman, whom I had treated for syphilis many years ago, consulted me, in February, 1885, for an ulcer on his tongue, which he supposed to be a reminder of his disease. I found, far back, a small epitheliomatous ulcer, which had apparently not been preceded by syphilitic changes. I inquired as to any other symptoms, and he assured me that he had never suffered anything since my treatment; but, after a little thought, added, "I have some yellow patches on my legs." I found, on the front of his left shin a group of yellow spots, covering a space half as large as the palm, and placed very near to each other. They were very conspicuous by their color, but scarcely raised, and only scaly in the slightest possible degree. On careful inspection with a lens, it was quite certain that the disease spread serpiginously, and left thin scars where it receded. It was, therefore, clearly a lupous process, and probably it was consequent on his syphilis, though located by bruising of the part. On the opposite leg he had a similar group of scars, leaving patches; but, curiously enough, they were not in the least yellow, but rather livid and dusky. Those on the left shin were almost a bright yellow, brighter than the common coffee-stain.

I use the term coffee-stain as applicable to certain yellow patches which are often seen on the legs. All observers must be familiar with them, but I am not aware that they have ever been described. Patients who have had syphilis often show them, and seek advice in consequence, but they may be seen also in those who have never had that disease. They differ in some cases in tint from lemon-yellow to deep brown. In some instances, mostly syphilitic, they leave exceedingly thin scars.

Case of Eczema-Erysipelas: Recurrent Attacks on Face.

Certainly one of the most important cases, as illustrating the relationships of this affection, which I have ever seen, was that of a gentleman, who was brought to me in 1885 by Dr. Macpherson, of Mildmay Park. Mr. D. G. P. was a collector, aged 42, a nervous man, liable to dyspepsia; but, by dint of his out-of-door occupations, maintaining usually fair health. Ten years ago he had a sharp attack of erysipelas of the face and head, caused, as he thought, by going through the Thames Subway when in a perspiration. After this, nothing occurred for six years, when he sprained an ankle, used arnica, and had an attack of erysipelas of his leg. A year later, he sprained the other ankle, avoided arnica, and yet had erysipelas. For this attack he was treated by steel, and "the steel caused eczema." He had a troublesome attack of eczema of the scrotum and thighs, which lasted for months, and which, indeed, had scarcely even yet quite left the groins and popliteal spaces. This persistence must, I think, be held to be conclusive as to the eczema kinship of this dermatitis, as the transitoriness of the others allied them with erysipelas. We now come to another phase of his ailments. He took to bicycling, and used to perspire profusely in his rides. In October, 1883, after a ride in a sharp wind, he had an attack of swelling of the face (erysipelas), which laid him up for a fortnight; and, ever since then, he had had attacks every six months or so. On one occasion, leaving a hot dinner-room, and going across the street in an east wind, brought it on. Several times, riding in a hansom cab had done it, and now and then, he thought, stomach disturbance from taking wine, etc., was the exciting cause. The attacks were ushered in by "a rushing to the head," and "feeling of fulness and flushing." "Then it seizes my eyes, and the lids are swollen up till I cannot see out." Dr. Macpherson, who had attended him through four or five attacks, told me there was not usually much redness, but chiefly great œdema.

The temperature was never materially increased. The eruption never showed any tendency to spread over the scalp, and usually began to subside after a few days, leaving the skin feeling stiff, and covered with branny desquamation. No vesicles had

ever been observed. The attacks always laid the patient up for a fortnight or three weeks, and of late his susceptibility had been such that he had scarcely been to business for two months.

As regards treatment, the prophylactic power of arsenic seemed to have been fairly tried. He had taken it for eighteen months, and the attacks had of late increased, both in severity and frequency. Formerly, the attacks had occurred in spring and autumn, and this was the first time that one had happened during winter.

Injury to Lower Epiphysis of Humerus: State of the Parts Twenty Months Afterwards.

A little girl, aged 4, a daughter of the Reverend G. P., of the Chinese Mission, was brought to me twenty months after her accident. It was not known precisely of what kind her violence had been, since it had occurred under the charge of a nurse-girl, who only admitted that she had fallen. The elbow was bruised and swollen for some time. She was treated by plaster-of-paris case, and subsequently by a hinged splint. When brought to me the elbow could not be bent quite to a right angle, nor could it be straightened. It admitted, however, of being flexed within a limited extent. Pronation and supination were quite free. The arm was strong, and the child could use it for almost anything, but could not get it to its mouth. It appeared probable that the injury had been complicated. The head of the radius projected strongly, as if almost, though not quite, free from the external condyle. The finger could be placed in the outer two-thirds of the cup of the radius; still it certainly had not wholly left the condyle. The distance between the ulna and radius was much increased, and, no doubt, the orbicular ligament was completely torn. The inner condyle was lost; the inner side of the ulna being on the same plane, or nearly so, as the inner edge of the humerus. Then there was some thickening on the front of the humerus in this position, making it seem possible that the epicondyle had been broken off and displaced forwards. The thickening in front of the lower part of the humerus was, however, not nearly so great as is usual in separation of the whole lower epiphysis. Under an anæsthetic, I bent the elbow up to an angle of 45°, and made it very nearly straight. I advised that we should trust to time and to systematic and vigorous movements of the joint, and have little doubt that, in the course of a few years, its use will be almost perfect.

In the case of a boy, aged 10, whom I saw at the College of Surgeons (1885), it was very remarkable how rapidly full freedom of all motion had been restored. It was, I think, only nine weeks since the accident, yet there was not the slightest swelling, and he could flex and extend almost perfectly, and pronation and supination were equally free. The external condyle, together with the trochlea for the radius, was visibly displaced, and was very conspicuous. Some who examined it thought that it was still movable. The internal condyle was almost, if not quite, in due relation with the olecranon; but there was some thickening of the humerus, and the olecranon did not appear to project so much as usual. My impression was that the end of the shaft was displaced a little backwards, but I had not an opportunity for forming a deliberate opinion. Every one agreed that there had been fracture and displacement of the external condyle, but, as to other details, there was much difference of views. The wonder was that there could be such displacement, with yet perfect motion.

Node on Tibia, Without Syphilis, and Without Pain.

Mr. Weller, of Wanstead, sent to me in October, 1883, a case of osseous node on the tibia, which appeared to be identical with the splint of horses. Nothing whatever as to specific antecedents could be made out, and the lump was absolutely painless. It had never given its possessor any annoyance; it had been present several years, but, unless he got it knocked, he should not, he said, have known it was there. The patient was a tall slender-boned man, and the node, which was as big as the vertical half of a small egg, was very hard. The patient, a Mr. S., aged 39, was engaged as a clerk in the docks, and was liable to have his shins knocked occasionally, but he did not remember any special accident. The node had been so conspicuous two years ago, that a surgeon, to whom he showed it, suggested that he must have had his leg broken; it was, however, still bigger now.

Morphœa, Taking the Arrangement of Zoster on Chest and Arm: Twenty Years' Duration: Recent Single Patch on Back.

Miss C. A., aged 36, consulted me on March 19, 1885, for an eruption which she had had for twenty years. She well remembered its beginning, she said, on the inner side of the right forearm, during her last

year at school. It prevented her from going without sleeves, and it also, she thought, was attended by muscular weakness, and spoiled her piano-playing. After it had been some years on the forearm, other patches appeared on the side of the right half of the chest, between the spine and the mamma, and above the latter. I found in the regions mentioned, large brown stains, and groups of stains, placed exactly like those of herpes, in a sloping line downwards and forwards on the chest, and another long group of stains down the inner side of the upper arm and forearm. The breast on that side was not so full as the other, and there was a little appearance of wasting in the ulnar muscles of the forearm. I could not, however, appreciate any definite wasting in the muscles of the hand supplied by the ulnar nerve. In the middle of some of the brown stains there was a white area. The affected skin was a little harsh and rough, but there was not now any material induration. None of these patches were, Miss A. believed, less than ten or fifteen years old. A new patch had, however, formed within the last eight months on her back. This was an oval patch, as big as a crown-piece, thick, white, and brawny in its middle, gradually fading off, and surrounded, at its extreme periphery, by a faint violet zone. This was most characteristic of the early stage of morphœa. It itched a little. Miss A. was in good health, but had a very feeble circulation. Her hands were a little puffy, and everywhere of a deep dull brick-red color, or almost livid.

The case illustrates, almost better than any other that I ever saw, the affinity of morphœa with herpes zoster. Probably, several of the intercostal nerves were affected; and, not only the intercosto-humeral, but some twigs of the internal cutaneous, possibly some of the ulnar. Neither herpes zoster nor morphœa usually keeps with exactitude to the known distribution of named nerves. It is interesting to note that, after so long an interval as twenty years, a fresh patch had formed on the back. The same happened in the case of M. This new patch was not on the same side of the trunk, but it was over the middle line to so small an extent, that it must be allowed to be possible that an erratic twig from the right supplied it. The conditions presented by the patches on the chest and arm suggested that they had all come out together—all were in the same advanced stage of retrogression. Miss A. was, however, confident in her statement, that those on the breast came five years after those on the arm.

It is very exceptional for morphœa to occur in the same person more than once. When it does so, the interval is almost always a long one, that is, several years. The second outbreak is usually on a very limited scale. I never saw a severe or extensive second attack, but I have seen three or four in which small patches appeared, as just said, after long intervals. As a rule, we may assure our patients that the deformities produced by the original outbreak will be the sum and end of their troubles, and that no recurrence is likely to happen. In the above case, three outbreaks, with long intervals, would appear to have occurred. In this feature of very exceptional recurrence we have another point in which morphœa and herpes have points in common.

Chloride of Sodium in Bright's Disease.

This is certainly a very simple remedy, yet Dr. Allard Memminger, of Charleston, S. C., highly lauds it in the *New York Med. Jour.*, July 31. He has only tried it, so far, in four cases, but his observations are of value, because it alone was used, to the exclusion of all other drugs. At first he orders ten-grain doses of the chloride, contained in gelatin capsules, three times a day, and, if the state of the case allows, by preference one hour after or before meals. He generally reverses each day the order of giving; thus, if one day the capsules are given before meals, the next they are prescribed after. If the patient complains of no nausea, he allows him to keep up; but at the slightest intimation of a sick stomach, he orders him immediately to assume the recumbent posture, and there remain for an hour or so, after which this temporary ill-feeling always subsides. The second day of treatment he increases the dose to two capsules three times a day, and every other day he increases by one capsule until the patient is taking five capsules three times a day. About this time the good effects of the treatment will be apparent, not only from the improved subjective and objective symptoms of the patient, but from the improved condition of his urine. Albumin will, of course, at this period be found still in abundance, that is, if the case is at all a grave one; even here, however, if you institute a gravimetric examination, you will find a decided improvement, not so much in the absolute as in the relative decrease in albumin.

At this juncture he orders the chloride to be diminished in quantity, and he has so far found that, after the system has thus been

brought fully under its influence, it requires but two capsules, three times a day, to keep up the desired effect. If at this stage of the case there is any decided nausea or disinclination to take the medicine, he stops the same, and during the interval gives one or two alterative pills, after which he proceeds again to a resumption of the chloride. Should albumin again increase in the urine, urea and chlorides diminishing, he immediately resorts to large doses, thus bringing the patient once more under the influence of the chloride, after which he again reduces.

The effects of this treatment are most marked. Headache, œdema, low spirits, general weakness, and anæmia, give way to just a reverse order of things, and the patient, who a few days before was most gloomy and desponding, is now full of life and hope.

Thus has it appeared to him in each of his four cases, and, if he has been led to express views that to many appear extreme, it is because his convictions are based upon clinical observations which, up to this time, he has never had the pleasure of recording with any other form of treatment. He would, therefore, urge a thorough trial of this therapeutical agent by the profession, on the following grounds:

1. It is harmless if properly administered.

2. Its effects are comparatively uniform, provided it is given for a sufficient time. That he has so far used it only in chronic cases of no long standing does not in his opinion militate against its beneficial effects; for, even should it not be found a cure for Bright's disease, may it not become an important article in our medical armamentarium—indeed, if only an ameliorator of man's sufferings and a prolonger of his life?

3. It may be employed as an adjunct to all recognized methods of treatment without detriment to the patient.

Thus, then, he asks the practitioner, teacher, and scholar, does not an array of such facts, coupled with the well-known physiological action of chloride of sodium, demand from each and every one of them a fair and honest trial in this most formidable of diseases?

The Treatment of Orchitis and Epididymitis.

Dr. Frederick W. Lowndes thus writes in the *Lancet*, July 24:

There is a sufficient diversity of opinion as to the best treatment of orchitis and epididymitis, the result of acute gonorrhœa, to induce me to give our experiences at the Liverpool Lock Hospital. When I first became surgeon, eleven years ago, I found that the practice adopted in all these cases was that which had been suggested by Mr. Furneaux Jordan in 1869, viz., by painting the affected testicle with a strong solution of nitrate of silver (two drachms to one ounce), at the same time enforcing strict rest in bed and supporting the inflamed organ upon a small pillow, so as to prevent it from hanging down. It had been adopted for some years previously by Messrs. Worthington and McCheane, who were the surgeons to the hospital at the time when Mr. Jordan suggested this mode of treatment; and also by Mr. Chauncy Puzey, who succeeded Mr. Worthington, during the two years of his surgeoncy. I have invariably pursued the same treatment now for eleven years, and so has my colleague, Dr. Armand Bernard, who succeeded Mr. McCheane in 1882, and has thus had four years' experience of the treatment.

At my request, the resident superintendent of the hospital, Mr. Serjeant, has given me the following statistics of all the cases of orchitis and epididymitis combined from June 1, 1875, to June 1, 1886, an interval of eleven years. The numbers are as follows:

Years.	Number.
1875 to 1876	32
1876 to 1877	15
1877 to 1878	22
1878 to 1879	28
1879 to 1880	30
1880 to 1881	16
1881 to 1882	31
1882 to 1883	28
1883 to 1884	24
1884 to 1885	18
1885 to 1886	25
Total	269

All these were patients admitted into the hospital; we have no out-patients.

I have always found the treatment I have mentioned most successful. The acute pain, often amounting to agony, is soon subdued, and in the majority of cases the testicle returns to its normal size in the course of a few days. Sometimes a second painting is necessary, but this suffices. In private practice I have always used the same application. When patients can be induced to take absolute rest in bed, the result is equally successful as in the hospital. When, however, patients are compelled to follow their usual occupations, the recovery must obviously be slower, as it is impossible by any suspensory bandages or by handkerchiefs, however skilfully applied, to ensure such

perfect rest for the testicle as when the patient is lying in bed. I have heard it argued that rest in bed is sufficient of itself to effect a cure, but a very few cases so treated with spirit lotion as an application has convinced me that it is not so. The immediate effects of the nitrate in allaying the pain are most marked, though for obvious reasons the nitrate must act more powerfully upon the testicle while in a state of quiescence than when constantly moved, however slightly.

Mr. Jordan has informed me that he still pursues the same treatment, having every reason to be satisfied with it. It seems to me to be only just to him to give this very satisfactory proof of the value of the treatment which he originally suggested.

A Piece of Percussion Cap, After Lying Quietly in an Eye for more than Ten Years, Sets up an Irritation which Necessitates Enucleation.

Dr. S. L. Ledbetter, thus writes in the *Alabama M. and S. Jour.* for August:

I was called to see Mr. McL———, four miles out from Springville. I had been previously consulted by his friends in reference to his condition, and had expressed an opinion as to the probability of an enucleation being necessary, so went prepared. The family physician and two other local physicians went out with me.

We found the patient in a closely-curtained room. He was very much emaciated and nervous; said he had no appetite, and was very much depressed; had been suffering almost constantly for the past five or six weeks with his eye. Nothing gave him any relief but morphia. He stated that about eleven years before, while shooting, a piece of gun-cap struck him on the eye; that his eye pained him a good deal for a week or two; but as soon as the immediate effects of the injury passed away, his eye was all right and caused him no uneasiness, save the impairment to vision. So he went along until the preceding fall, when he began to suffer from neuralgic attacks in that eye, which were very severe, and usually laid him up for a week or ten days each time. The attack from which he was then suffering had lasted longer and had given him more pain than former ones, and had so reduced him that he felt, unless something was done for his relief, he could not stand it much longer.

Upon examination I found the eye very sensitive to light, with considerable injection of conjunctiva and sub-conjunctival tissue, but could not make a very careful examination, as the eye was so very irritable. (I had not begun the use of cocaine then.)

There was also a line of corneal opacity passing from the inner margin of the cornea toward the pupil, a lenticular opacity and a posterior synechia, showing that the body had passed into the inner structure of the eye. There had been no sympathetic trouble in the other eye, but on account of the distance and inconvenience of getting to the patient, together with the amount of suffering the patient had endured, with very little prospect of recovery, I advised enucleation. The patient and his attending physician both agreed to the operation, which was done under ether.

Upon examination after the enucleation, it was found that the lenticular opacity was confined to the outer margin of the lens where the body passed, tearing off a portion of the lens, and setting up an irritation which resulted in synechia. After a very careful search the body was found lodged in the ciliary processes to the outer side of the eye. It was a small fragment of metal, no larger than a mustard seed.

The patient made a good recovery, and has had no further trouble. His general health improved very rapidly, and in a short while he was able to attend to his business as usual.

Lithotomy in Children.

The following statistics by Werewkin (*Centralblatt für Chirurgie Medicale, No.* 8,) are of much interest, as showing how suitable an operation lithotomy is for children:

"From July, 1876, to January, 1884, there were admitted to the Children's Hospital 221 cases of stone in the bladder; here are the statistics, with the ages of the patients:

						Per Cent.
From	1	to	2	years	17	(7.69)
"	2	"	3	"	44	(19.92)
"	3	"	4	"	46	(20.82)
"	4	"	5	"	47	(21.22)
"	5	"	6	"	21	(9.50)
"	6	"	7	"	9	(4.07)
"	7	"	8	"	10	(4.52)
"	8	"	9	"	11	(4.99)
"	9	"	10	"	10	(4.52)
"	10	"	11	"	8	(3.62)
"	11	"	12	"	7	(3.16)
"	12	"	13	"	8	(3.62)
"	13	"	14	"	2	(0.90)
"	14	"	15	"	1	(0.50)

210 of which were boys and 11 were girls. 13 only of the 221 cases were unsuited for operation. The lateral operation was done in 147 cases, the median in 16 cases, the 'high'

operation in 24 cases, by external incision of the urethra 17 cases.

"In the lateral operation on reaching the bladder the wound was enlarged by a scalpel, not the lithotome, the stone seized, and the wound washed out with an 8 per cent. solution of chloride of zinc, and then sprinkled with iodoform afterwards. A silver catheter was introduced into the bladder through the wound for drainage. The recovery usually occupied three to four weeks. The complications were few, ten failed, nine became erysipelatous, two got orchitis, and three died from accidental causes.

"Of the 135 cases which recovered, seven suffered from fistula, and two had incontinence of urine. Of the twenty-four 'high' operations seven died; in two of the cases active peritonitis occurred. Of the sixteen median operations there was one death, and one case of fistula; five cases were recut. The stones for the most number were unequally sided, round, or oval, from 1 to 3 c. in diameter, and in weight averaged about 10 grammes. The operations were carried out with antiseptic precautions, and unless the first day after the operation, there was no elevation of temperature."

The Value and Dangers of Antiseptic Methods.

Dr. A. R. Smart thus concludes a paper in the *American Lancet* for August:

In conclusion, we offer these propositions:

1. The precautions incident to the antiseptic treatment are of the greatest value independent of their connection with the germ theory, viz., drainage, cleanliness, and rest.

2. Antiseptic agents may accomplish as much by preventing decomposition in wounds, thus destroying a fertile field for the development of germs, as by the destruction of the spores themselves.

3. Antiseptic agents, especially corrosive sublimate and acid carbolic, are often used in too strong solutions, thereby inducing local irritation and rendering systemic poisoning possible.

4. Antiseptic surgery is not desirable in abdominal surgery, so far as concerns the local use of antiseptics, general antisepsis and perfect cleanliness giving the best results.

5. The use of antiseptics in obstetrical practice should be limited to abnormal labors, and when intra-uterine injections are used only the weaker solutions should be used, and they only with the greatest caution to insure their ready escape. Corrosive sublimate is to be regarded as the most dangerous of all agents thus used. In gynecological practice the same caution should be observed, several instances of salivation and death even having followed vaginal douches of corrosive sublimate.

We can but protest against the advice to leave from 90 grains upward of iodoform in either the vaginal or uterine cavities. In the routine treatment of cervical or vaginal diseases we would advise the use of milder antiseptics, especially the use of boro-glyceride.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The address of Dr. J. P. Thomas, of Pembroke, Ky., president of the Kentucky State Medical Society, has been printed in pamphlet form. The subject is "The Doctor as an Officer of the State." It is treated in a thoughtful manner.

——Dr. W. S. Whitwell, in a pamphlet before us, reports a case of successful transfusion in typhoid fever.

——M. Pasteur, and his method of treating hydrophobia, is the subject of an intelligent exposition by Dr. Thomas M. Dolan, of London, published by H. K. Lewis, 136 Gower street, London. Price, one shilling.

——In a pamphlet published by Cupples, Upham & Co., Boston, Dr. V. Y. Bowditch discusses the question of homœopathy from the homœpathist's standpoint.

——Dr. A. B. Judson, of New York city, in a reprint before us, reviews the treatment of white swelling of the knee, and gives his conclusions as to what constitutes the most efficient methods.

——Dr. Llewellyn Eliot, of Washington, reports in a reprint two unsuccessful cases of permanent drainage for ascites, the details of which should make practitioners cautious about this method.

——Dr. David Prince, of Jacksonville, Ills., has issued a second edition of his essay on Atmospheric Purification; and Dr. A. E. Prince, of the same city, sends an account of an improvement in the operation for pterygium.

——Several new medical ventures appeared on the first of July. The *Medical Missionary Record* is to be a monthly maga-

zine devoted to the interests of medical missions. Its editor and proprietor is Dr. G. D. Dowkontt, 118 East 45th street, New York, and its terms are $1.00 a year. Our own opinion on the aims of this journal may be very briefly put: that it is wise for missionaries to learn and practice medicine; and that it is unwise for medical men to do any theological teaching or talking.

BOOK NOTICES.

A Manual of Practical Therapeutics, Considered with Reference to Articles of the Materia Medica. By E. J. Waring, M. D., and D. W. Buxton, M. D. Fourth edition. 1 vol., pp. 666. P. Blakiston, Son & Co., 1886. Price, cloth, $3.00; sheep, $3.50.

Many years have elapsed since the first edition of this work appeared, and in that time great changes have taken place in the fashions of therapeutics. To meet these, and to present this important branch of medicine in its latest light, the authors have diligently revised the text of the previous editions, and present the volume now as an exponent of what is latest and soundest in therapeutical teaching.

The articles of the materia medica are arranged alphabetically throughout, and each is discussed chemically, medically, and therapeutically. Its physiological action is also touched upon, although this is considered subordinate to the strictly clinical aspect. Numerous formulæ are inserted in the text, suggesting favorable combinations of ingredients. Several very complete indexes are added to the volume, which greatly facilitate its use as a work of reference. In its present revised form, Waring's *Therapeutics* will long preserve the popularity which it has heretofore enjoyed.

Analysis of the Urine, with Special Reference to Diseases of the Genito-Urinary Organs. By K. B. Hoffmann and R. Ultzmann. Translated by T. B. Brune and H. H. Curtis. Second edition. Pp. 310. Price $2.00. New York, D. Appleton & Co., 1886.

The rapid advance which urinary analysis has made within the last three years, as well as the exhaustion of the first edition of this work, has called upon the translators to give the text a careful revision and to add a description of various tests and methods which have of late come into vogue. This they have done in a very complete and conscientious manner, rendering this treatise probably the most exhaustive one on the subject now in our language. They have also appended to the work a translation of Dr. Ultzmann's description of his saccharimeter, and a carefully-prepared index; a number of beautifully-executed photographic illustrations of crystals are also appended.

The Use of Electricity in the Removal of Superfluous Hair and the Treatment of Various Facial Blemishes. By George Henry Fox, M. D. Pp. 67.

The Modern Treatment of Ear Diseases. By Samuel Sexton, M. D. Pp. 95.

Inhalers, Inhalations, and Inhalants. By Beverly Robinson, M. D. Pp. 72.

New Medications. By Dujardin-Beaumetz, M. D. Translated by E. P. Hurd, M. D. 2 parts. Pp. 320.

The works whose titles are given above are portions of "The Physician's Leisure Library," published by George S. Davis, Detroit, Michigan. They are issued at the uniform price of 25 cents each, or a series of twelve for two dollars. The paper is good, the type clear, and the general high literary character of the selections is guaranteed by the names and standing of the writers. The subjects are those which have an immediately practical bearing, and upon which recent and trustworthy information will be welcome to the mass of readers. The volumes are placed at a price so reasonable that we cannot doubt they will meet with a sale equal to their merits and to the legitimate expectations of the publishers.

The Treatment of Hemorrhoids.

Various are the means suggested for the relief of this painful affliction. One surgeon prefers this, another that method; one patient will only submit to the ligature, while the next will not tolerate it. So it is, diversity of opinion, diversity of willingness on the part of the patient, and consequent doubt. So, Dr. Charles B. Kelsey, of New York (whom we all know to be a man of great experience), after devoting several pages to a discussion of this subject in the *Med. Record*, August 7, concludes thus:

"After all has been said, I can only add that the most satisfactory cases of hemorrhoids, of moderate or great severity, which come to my notice, are those in which the patient says at the outset, 'Cure me as you think best.' In them I use the clamp and cautery. They seldom cause a moment's uneasiness, and the result is always very gratifying."

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ETIOLOGY OF TYPHOID FEVER.

The bacillus of typhoid fever has long since been discovered, it has been artificially cultured, and its nature and specific properties have been investigated. Some writers still deny the existence of this pathogenic bacterium simply for the reason that they do not find it invariably present in the bodies of individuals having died with the disease, nor in the blood of patients suffering from it. But they forget that no pathogenic bacteria are always met with in the disease they cause, their presence mainly depending upon the stage of the malady. For instance, in relapsing fever the spirilli are found in the blood in numberless quantities during the febrile period, while in the interval no such bacteria are met with. In cholera the comma bacillus can easily be demonstrated in the intestinal canal of patients, recently sick with the disease, while later, when mortification has attacked the mucous membrane of the bowels another bacterium takes its place, and the specific bacillus is no longer found. Another point of importance is the seat of the pathogenic microbe; in cholera it would be useless to hunt for the bacillus in the blood, and in tuberculosis we would look in vain for its micro-organism in the brain when the lungs are alone affected.

Drs. E. Fraenkel and M. Simmonds have recently contributed an interesting article on the bacillus of typhoid fever, and published the same in the *Ctral. f. Klin. Med.*, 1886, No. 44. They obtained the following results, which well illustrates what we said above:

1. In 12 cases of typhoid fever the bacilli could be isolated and matured by pure culture of the germs taken from the spleen. In a thirteenth case, where the typhoid disease had ended and the patient had died with pulmonary gangrene, the bacillus could not be found.

2. In slices of the spleen the presence of the bacillus was demonstrated easier, if they were left for a few days under a cover-glass and with antiseptic precautions, and then hardened.

3. The blood of typhoid patients gave in six cases an absolutely negative result.

4. In the discharges from the bowels the bacilli were met with in only 3 of 7 cases.

5. Inoculation of 27 rabbits with typhoid cultures into the auricular vein was 15 times successful, from injections into the peritoneal cavity 1 of 14 rabbits died, from such into the duodenum none evinced any unfavorable result; of 20 gray mice, 14 died after intraperitoneal injection, and of 3 guinea-pigs 1.

6. Death ensued in these cases from within a few hours to at the most 3 days.

7. Animals that had not succumbed after the first injection, did also not die from repeated inoculations, with one single exception.

8. In the fatal cases swelling of the spleen, of the mesenteric glands, of those in the axillary and inguinal regions, and of Peyer's patches, was invariably met with. Almost invariably from slices of the spleen, and always from pure cultures, the same bacilli were over and over reproduced.

The bacillus of typhoid fever may serve, therefore, as a means to discover the cause of death in obscure epidemics, such as have recently occurred in small cities of our country. For this purpose bacteriological examinations should be made of the spleen of such individuals who died while still suffering from the acute stages of the disease, for after this has run its course or when complications have set in the specific bacillus can no longer been found.

FIBROID PULMONARY PHTHISIS.

Dr. A. Sokolowski has made a careful study of 40 cases of so-called fibroid lung phthisis (*Deutsch. Arch. f. Klin. Med.*, xxxvii., p. 433), *i. e.*, that form of consumption whose anatomical basis is characterized by extraordinary proliferation of the connective tissue, which generally develops either primarily or oftener secondarily after other acute diseasesof the lung or the pleura. This form is mainly characterized by its very chronic course, lasting years and decades, also by the absence of fever and by its inclination to transient standstills of the disease; later the symptoms of common phthisis set in, but possessing certain peculiarities.

From a clinical point of view, the following varieties had to be distinguished:

(*a*) The common fibroid phthisis (phthisis fibrosa simplex); and, (*b*) fibroid phthisis complicated with pulmonary emphysema (phthisis fibrosa ab emphysemate).

Regarding hereditary influences, fibroid phthisis is inherited far more rarely than common tubercular phthisis, and the malady generally develops in later age. Though the disease usually sets in after some acute lesion of the parenchyma of the lung, or of the pleura occasionally, hæmoptysis is to be looked upon as the causing element. S. believes that the fibroid phthisis differs only in so far from the common form as hereditary influence plays no part, and as the connective tissue is specially affected.

Concerning symptomatology, the patients usually look well; fever and night sweats are wanting. Cough and expectoration vary in the different stages; tubercular bacilli are always found in the sputa, but in small quantities. Dyspnœa is one of the most important signs; hæmoptysis is very constant, often habitual, and not accompanied by fever or any bad consequences. The physical signs also vary according to the stage. Morbid changes in other organs are met with but seldom, as laryngeal ulceration, or such in the intestines, or nephritis. As the course of the disease is very chronic, the prognosis quoad vitam is far more favorable than in the common phthisis.

Therapeutically, S. recommends in the first stage residence in mountainous regions, also cold douches; in the second stage with its cough and dyspnœa such residence is contraindicated, and that near the ocean recommended; also a milk or kumys cure, cod liver oil, glycerin, alcohol, and arsenic.

THE STATE BOARD OF HEALTH OF PENNSYLVANIA.

It is very gratifying when any man or body of men have labored earnestly and untiringly for the public good, to see their labors appreciated. For this and other reasons we think it well to give editorial publicity to the following remarks from the *Pittsburgh Times* of July 30. Under the editorial heading of "It Has Proved its Right to Be," this valuable paper says:

"The service rendered by the State Board of Health to the people of West Elizabeth in their affliction by the outbreak of fever, is an illustration close to home of the usefulness of that organization.

"In such cases people are likely to lose their heads, and to need above everything directions as to what they should do. They call meetings and discuss the perils, but disperse as undecided as when they assembled. The local doctors are usually busy with the sick, and have little time to give counsel as to sanitary arrangements. Besides that, they are pretty sure to differ as to the origin and nature of the pestilence, and as to the best means of suppressing it. The State Board stepping in with a system of rules concerning the closing of wells and preparation of hospital accommodations, is welcomed as a succorer, and its instructions are the means of restoring confidence and leading to intelligent treatment of the danger.

"The Board has hardly reached the end of the first year of its existence, but what it has done, as at Elizabeth, and at places still

nearer Pittsburgh, in abolishing nuisances perilous to health, is sufficient argument *for its right to be, and to be amply supported.*"

These italicised words should be well pondered, for of what use will be the most efficient Board, if it be not amply supported, both *morally and financially.*

SALT IN BRIGHT'S DISEASE.

We would call attention in an especial manner to the remarks of Dr. Memminger (~~page 240~~) on the beneficial influence of chloride of sodium in Bright's disease. This is truly a very simple remedy, and if it has any curative effect over this terrible malady we should at once establish the fact. We would strongly urge our readers to give this remedy a fair and full trial, and report the results.

NOTES AND COMMENTS.

Badly Made Trusses—Large Strangulated Femoral Hernia—Successful Herniotomy and Radical Cure.

How frequently is more harm than good done by the use of a badly-made truss. Therefore, we note that Mr. Vincent Jackson, in describing some improperly made trusses, in one of our English exchanges, narrates the following case: A woman, aged 44, stated that, when 23 years of age, whilst laughing heartily, she felt something come into her right groin. By degrees, a swelling appeared, and a truss was applied; but from this period, in spite of every kind of instrumental support, the hernia gradually increased until it reached very large proportions. As a rule, a night's rest had enabled her to return the hernia; but twenty hours before Mr. Jackson saw the patient, symptoms of strangulation commenced. The hernia was seen to be very large, occupying almost the upper half of the left thigh. It felt very tense, and seemed to contain fluid, intestine, and omentum, as was verified upon the operating-table. The tumor being freely laid open, much red serum flowed away, and the huge coils of congested small intestine were reduced, although the neck of the sac was freely incised, and stretched to its utmost extent. The omentum was carefully overhauled, but, as it was much changed in appearance, being puckered, thickened, and altered in color, the whole was first secured by tying it at various points with carbolized silk, and then cutting it away. The sponge which had been placed over the intestines being removed, the neck of the sac was stitched together. Poupart's ligament and the fascia forming the outer edge of the saphenous opening were carefully approximated. As much of the sac as possible having been cut and torn away, the edges of the wound were united with sutures and drainage-tubes; and the dressings having been applied, the patient was removed to bed. The lady made an excellent recovery, and, although a light truss was directed to be worn, the cure was complete. The piece of omentum removed weighed one pound and a half.

A Case of Ununited Fracture of the Humerus, and a Method of Treatment thereof by Metal Screw-taps.

These "ununited fractures" are frequently so troublesome that we are glad to note that before the Academy of Medicine in Ireland, Mr. Henry Fitzgibbon exhibited a brace fitted with drills and screw-taps for the fixation of the resected bones, and reported a case of ununited fracture of the humerus which he had successfully operated upon by this method. Mrs. T., admitted into the City of Dublin Hospital, 13th March, 1885, with comminuted fracture of humerus which refused union, was sent to seaside until November 14th, when she was readmitted with permanent non-union. Operated upon November 26th successfully by means of screw-taps and wire suture, which were removed on the 21st day after operation. The patient was exhibited to the Academy with firm union and a useful arm on April 16th. Mr. Fitzgibbon attributed the non-union to the pressure of the comminuted fragment being displaced upwards, so as to cause pressure upon the brachial vessels, depriving the lower fragment of sufficient blood-supply.

The details of the apparatus could be secured by addressing the author, care of the *London Medical Press*, in which journal the report appears.

Ligation of the Vertebral Arteries for Epilepsy.

A great fortune and imperishable fame awaits the man who will devise any means by which a radical impression can be made on *Simon-pure* epilepsy, that is to say, on epilepsy not dependent upon syphilis. The question of ligating the vertebral arteries has been more than once broached, and it is thus summed up in the *Neurological Review* for July by Dr. J. L. Gray, of Chicago:

1. Ligation of the vertebral arteries should take its place as a recognized procedure in the treatment of certain cases of epilepsy.

2. The operation should be confined to those cases in which the exciting causes of the attacks come from some region outside the brain.

3. The arteries should be tied as high up as practicable, and the ligature should include all the fibres of the sympathetic accompanying the vessel.

4. Where the side of the brain which is first invaded by the disease can be determined, the artery of that side should be ligated.

5. Where the invasion of the disease is apparently bilateral, both vertebrals should be ligated.

6. This operation should not be done as a substitute, but as an aid to other forms of treatment for the relief or cure of epilepsy.

Puerperal Tetanus.

Dr. W. Netzel mentions in the *Hygeia* a case of puerperal tetanus. The patient was a woman of twenty-five, a primipara, who was brought to the lying-in hospital by a midwife a day and a half after labor had commenced. The fœtus was dead, and its large head locked in the pelvis. The os uteri was 5 centim. in diameter, thick, and rigid. Perforation was resorted to. The fœtus and placenta were expelled spontaneously five hours later. The cavity of the uterus was washed out with a 3 per cent. solution of carbolic acid. The temperature rose on the fourth day, and the lochia became putrid. Intra-uterine injections of a 3 per cent. solution of carbolic acid were used, and the vagina was washed out with sublimate. On the eighth day trismus and stiffness of the neck appeared. The following day there was stiffness in the shoulder and spasmodic contractions of the facial muscles, with painful spasms. The temperature was 41° C.; pulse 140. The woman died at midday. Chloral had been given, and subcutaneous injections of morphia and curare. On making a post-mortem examination an ulcer was found in the cervix reaching through the uterine walls to the peritoneum. There was parenchymatous degeneration of several organs. Dr. Netzel considered the tetanus in this case to be a symptom of general septic infection.

Cure of Basedow's Disease by Operation.

The case which Prof. Hack reports in the *Deutsche medicinische Wochenschrift*, June 24, 1886, is a strange one. A girl of 17 was suffering from Basedow's disease, with well-marked symptoms. The mucous membrane of the nose happening to be so much swollen that she had to keep her mouth almost constantly open, she came to Prof. Hack for relief. He cauterized the smaller mucous membrane on the right inferior turbinated bone, and found next day, to his astonishment, that the exophthalmos on the side operated on had almost disappeared. He operated on the other side, and anxiously awaited the result, which was also favorable, but not such a brilliant success as the first attempt. Strangely enough, the other symptoms likewise improved, and the operation on the nose seems to have cured Basedow's disease itself. Prof. Hack's explanation of the result is that the disease, in this case at least, was purely reflex, and that as soon as the irritation in the nose ceased the disease vanished. The increased action, and even the increased size of the heart, he attributes to this same reflex action; the coronary arteries might be dilated, and thus give the organ an over-plentiful supply of blood. He further upholds his reflex-theory by giving parallel cases.

Cocaine Aided by Electricity to Act as a Local Anæsthetic.

O! thou glorious drug; what virtues dost thou not possess! Truthfully, after a time, it will be easier to enumerate the virtues wanting to, than those possessed by, cocaine. It is well known that the simple application of a cocaine solution upon the sound skin has no anæsthetic effect. This may, however, be brought about, according to Dr. Wagner, of Vienna, by combining an electric current with the cocaine. It is known that the electric current has the property of causing the forward movement of fluids which are contained in capillary tubes—this is called the cataphoric force or effect of the electric current. If the electrodes of a battery are moistened with a solution of cocaine, it has been found that the latter is propelled into the cellular tissue, causing the skin to become anæsthetic within a few minutes, so that it may be punctured with needles or cut with knives without causing any sensation or feeling of pain. Any desired amount of skin surface may in this manner be made anæsthetic. The anæsthesia lasts ten to fifteen minutes, but may be prolonged by applying an Esmarch bandage previous to the application of cocaine. This is a most pregnant suggestion, and we would be glad to publish any experiences that our readers may have in this line.

The Menopause and Diseases of the Ear.

The influence of the menopause on diseases of the ear has been the subject of a recent paper (*Annales des Maladies de l' Oreille et du Larynx*) by Dr. Ménière, and results from 140 carefully made observations are given.

The paper is divided into two very distinct parts: First, the influence of the menopause on disease of the ear already existing. Second, the diseases of the ear caused by the influence of the menopause.

On already existing ear disease the influence of the menopause is but slight, and amongst those so influenced the author includes chronic inflammation of the external meatus, perforation of the tympanum, eczema, vegetations, and polypi. Of the middle ear he includes catarrh of the eustachian tube, chronic catarrh of the tympanum, etc. In the second group he includes furunculi of the external meatus, eczema of the external meatus, of the middle ear, myringitis, acute pain, buzzing noise, vertigo, deafness, and Ménière's disease.

The pathology of these diseases is, according to Dr. Ménière (*La France Medicale*), readily explained by the great vascularity of the organ of hearing, and its hyperæmic conditions during the menopause.

Recovery from Severe White Swelling of Knee.

Before a recent meeting of the Medico-Chirurgical Society of Edinburgh, Mr. A. G. Miller showed a case demonstrating recovery from white swelling of the knee-joint of a severe type. The patient, a boy, had been under his care twice for this affection, and on each occasion had recovered. The treatment at first was the application of Scott's dressing and elastic pressure. On the last occasion on which he returned, the joint was so far gone and the ligaments affected to such an extent that amputation was recommended, but declined. In its place the actual cautery was applied. When the slough came away excessive hemorrhage occured, and continued for about a fortnight. It turned out that the boy was a bleeder, and it was therefore fortunate that amputation had not been performed. The recovery of the joint was as perfect as anything he had ever seen, all the movements being quite restored.

Ununited Fracture of Left Patella: Lister's Operation; Recovery.

About a year ago a powerful young man entered the Perth Infirmary for fracture of left patella. He had been treated in the usual way for three weeks; but when he was examined the fragments were found 1½ or 2 inches apart. As there was not the least attempt at union, and the fracture transverse, Dr. James P. Bramwell (who reports the case in the *Edinburgh Med. Jour.*) chloroformed him, laid open the joint very freely under antiseptic precautions, refreshed the surfaces, bored the fragments vertically in three different places, brought the surfaces into excellent position, and hammered in the wires after dividing them.

From first to last there was scarcely any appreciable constitutional disturbance, and the large wound healed by first intention. From his timidity, however, in using his leg, there persisted some stiffness in the joint, which gradually gets less by persistent exercise.

Congenital Malformation of the External Ear.

Dr. T. R. Williams, of Beechtree, Pa., writes thus to the *Med. News:* "Mrs. T——, of this place, gave birth a few days ago to a female child who had a deformity of the left external ear. The cartilaginous portion was entirely wanting, and the soft parts were in a very rudimentary condition, except the tragus, or what I took to be it, which seemed to have about its usual development. The external auditory meatus was completely obliterated, not even a trace of any opening showing. Whether this condition obtains throughout the entire canal I cannot say, as I made no operation to ascertain this. The child weighed about nine pounds, and was otherwise perfectly developed. I would add that not long since I delivered a member of this same family of a child with hare-lip. I closed the fissure by an operation, using the hydrochlorate of cocaine successfully as a local anæsthetic."

Echinococcus in the Arm.

Dr. Nolte describes, in a recent number of the *Allgemeine Med. Central. Zeitung*, the case of a woman who, in April last, consulted him on account of a swelling in the inner bicipital furrow of the left arm. It has been present three years; it was small and painless, and grew steadily, but until lately did not prevent her from performing hard field labor. She took no notice of it, and did not seek medical advice until it became troublesome. When seen, it had the size and shape of a goose's egg, and felt hard and distended; there was no fluctuation or

murmur; the tumor was quite painless. At the lower part was a small opening, from which fluid escaped. The arm having been carefully cleansed, an incision was made under strict antiseptic precautions, when there escaped about fifty echinococcus-cysts, varying in size from a pea to a walnut. The wound healed soon, and recovery was complete.

Hysterectomy and Nephrectomy.

La Gazzetta degli Ospitali (July 21) reports a successful operation by Professor Calderini, of Parma, for the removal of the entire uterus. The organ had been completely prolapsed for some time, and was the seat of multiple sub-peritoneal myomata. The temperature after the operation never exceeded 37.7° C. Of six vaginal hysterectomies four were successful in the hands of Professor d'Antona, of Naples. This operator has devoted much attention to renal surgery. He prefers lumbar to abdominal nephrectomy, and thus summarizes the statistical results of the two operations up to this date. In 111 lumbar nephrectomies the percentage of mortality has been 39.93, whereas the abdominal method practiced 120 times is said to have yielded a death-rate of 50.83 per cent.

Heart Disease following Over-exertion.

J. Seitz in Zurich, Corvisart, Hope, Kreysig, Allbutt, Peacock, and many others, have all maintained that heart disease is frequently due to over-exertion; but since Bouilland showed the close connection between heart disease and acute rheumatism, the over-exertion hypothesis has been pushed rather far to the background, and the object of a paper by Leyden (*Zeitschrift fur klinische Medicin*) is to restore it to its merited position. With this view he gives a short resumé of writings on the subject, pointing out the frequency of cardiac ailments among the harder worked classes and soldiers under the hardships of war. He refers particularly to Peacock, Myers, and Da Costa, and others who give both facts and opinions strongly in favor of the over-exertion theory.

Pruritus Ani.

"How will you relieve 'pruritus ani?'" is the cry of many a physician, who has been driven to his wit's end. Many means have been recommended, but few prove permanently effective. We now note from the *Moniteur Therapeutique* that M. Grellety recommends, for the simple form, frequent Sitz baths, ano-perineal douches, or bathing the parts several times daily with warm water, containing one part per hundred of boracic acid. During the night he uses a starch poultice, or an ointment of oxide of zinc and vaseline, one part to five. If these fail, he uses tents saturated with belladonna ointment, and then a five per cent. solution of cocaine introduced into the anus. The food must be simple and bland.

Vesico-Vaginal Fistula—Rupture of the Perineum and Extensive Division of the Recto-Vaginal Wall.

Mr. Vincent Jackson, of England, relates the case of an unmarried girl, aged 18, who was admitted into the hospital a month after being confined of a still-born male child at full term. She was attended by a midwife; and, after being in labor for twenty-four hours, she was seen by a medical man, who delivered her by the aid of the forceps. Her height was 4 feet 8½ inches. She was completely restored from a very wretched and uncomfortable condition by three operations. Two were required to close the large transverse vesical aperture, and one to restore the perineum and re-unite the unusually long recto-vaginal fissure.

The Treatment of Syphilitic Iritis.

This is an alarming condition that calls for prompt interference; no mere temporizing, if we wish to save the eye. Dr. S. G. Dabney tells us, in the *Am. Pract. and News*, that he at once brings the patient under the influence of the bichloride or protiodide of mercury in combination with iodide of potash. Darkness should be insisted on and tonics given, if required. The pupil should be dilated at the start (with a few drops of a four-grain solution of atropia), and this dilatation maintained until all signs of inflammation are gone. This is the basis of treatment; of course, symptoms must be managed as they arise.

Treatment of Cholera amongst the Chinese.

According to a communication of a European doctor (*Allg. Wiener Med. Zeitung*) living in China, the municipal treatment there for cholera consists in acupuncture and cauterization, not only adopted by the mass, but also by the educated classes. Chinese physicians who have studied in Europe ascribe the best results to this treatment. The Chinese explain the beneficial results of this treatment by declaring that the poison of cholera gathers in certain points of the body, which the skilful physician discovers,

and from which he draws off the poison. The pains which are due to the cramp are unquestionably relieved by the treatment.

The Bacillus of Typhoid Fever.

Dr. George W. Lewis has been making some experiments with this individual, and he describes them in the *Buffalo M. and S. Jour.* for August. Of six mice and two rabbits inoculated with a pure culture of this organism, four of the mice and both of the rabbits died inside of nine days. The only pronounced symptom—and this was common to all exceptone rabbit—was the constant and exhausting diarrhœa. Upon examination, no marked changes were detected in the spleen or in any of the intestinal glands.

Electricity for Tinnitus Aurium.

"One man's meat is another man's poison," and the kind and amount of electricity that will cure John Smith of tinnitus aurium will not do the same for Tom Brown. So Dr. Julius Althaus very wisely tells us in the *Lancet* (July 31). He has found electricity very beneficial in this annoying complaint, but each separate case must be a study in itself, and that form of electricity and that strength used which is found to be effective in controlling the "ringing."

Hypodermic Solution of Quinine.

When it is necessary to administer quinine subcutaneously, the following formula is recommended by Dr. S. Burt, as being as little irritating as possible:

R.	Quiniæ bisulphatis,	ʒj.
	Acidi borici,	gr. ij.
	Morphinæ sulphatis,	gr. ¼.
	Aquæ destillatæ,	ʒj.

Amyl Nitrite an Antidote to Cocaine.

Dr. Shilling reports in the *Medical Chronicle* that a female patient, to whom a solution of cocaine had been administered hypodermically, became suddenly unconscious. Suspecting that this was due to a contraction of the blood vessels in the brain, he caused her to inhale the vapor of three drops of amyl nitrite, which restored her in a very short time.

New Local Anæsthetics.

Dr. Mays claims that a five to a ten per cent. solution of brucine is an efficient local anæsthetic, especially useful in relieving pruritus. The same author has shown that hypodermic injections of one to two or three grains of a solution of theine relieves the pains of neuralgia.

Correspondence.

Sleeping with Open Windows.

Eds. Med. and Surg. Reporter:—

Man is placed at the head of the animal kingdom, and why he does not enjoy the same immunity from disease that characterizes the inferior animals is, in all probability, attributable to his absence of consistency in regard to a strict observance of those habits which are indicated by his true relation to other material and immaterial matter of the laws of creation. His body is a combination of most wonderful and perfect organs, and, when subjected to precision in the observance of the laws directing and controlling healthy functions, will last a long time, endure much fatigue, and perform great labor. This is manifested in the long lives of the many men who, by careful regard for their physical health, are enabled to enjoy their three score and ten years without the pain and disorders incidental to an imprudent life and careless mode of living.

THE SUM OF HEALTH.

The laws of nature are the laws of health, and he who most closely observes such laws will have the greatest promise of a long life, freed from interruptions of the natural performance of the functions of the organs of his body. Many think they can control or direct nature as the whim of their misguided notions or passions may dictate; but it is not long before this is found to be a serious mistake. The violated laws of nature and of health soon send pain and disease as the penalty, to mark and name the acts of insubordination to the injunctions of the mandates of the principles that govern a harmonious working of the respective organs of the body. Therefore there are other suicides than those who take their lives by violence, whose suffering and premature end could be directly traceable to flagrant acts of rash imprudence in reference to an observance of those dictates of nature relative to the maintenance of a healthy condition of the body.

SLEEPING IN THE NIGHT AIR.

Man has his bed and the beast has its lair, and it is an instinctive law of the nature of the beast, when it goes to sleep, and the atmosphere is of a temperature much below that of its body, to secrete and seclude itself as much as its surroundings permit, from the benumbing influence of such cold air; and if to sleep in the night air were not injurious to the animal economy, the beast would not be instinctively led

to avoid it, for when beasts sleep in the cold night air they always place their nostrils near their sides, in order to breathe the air tempered by the warmth of their bodies; and even birds, whose lives are spent in the air, usually sleep with their bills beneath their wings, or hidden among the feathers of their breast. From these observations of the mode of sleeping of the inferior animals, we learn the relation of sleep to night air, and ascertain the great efforts which such animals make to protect their bodies and lungs against its injurious influence; but it has been reserved by superior and intelligent man to rise above the teachings of instinct, and arrogate to himself a knowledge far surpassing the sure and steady prescience of nature; and like the conceited German prince who, it is said, strutted abroad one morn and exclaimed that if he had been present on the morning of creation he could have made things better.

An individual is never known to suffer from sickness or disease caused by sleeping in a clean room from which the night air is excluded; but certainly many have been known, beyond peradventure, to contract sickness, from which they have even died, from sleeping in rooms to which the night air was freely admitted. The thorough ventilation of a bed-room in the morning, while it is being put in order, is very proper; but sleeping in it during the night with the air from without pouring into it, is both improper and undoubtedly perilous to health. It is not only the lowered temperature of the night air that is so seriously objectionable, but it is the breathing while asleep of the gaseous poisonous properties which the night air always contains in a more condensed and active form; and it is for this reason that night air is instinctively and proverbially considered prejudicial to health.

DANGER OF NIGHT AIR.

Most beasts line their lairs with dead grass, moss, or other substances, not to make them soft, but to make them warm. This instinctive act is directed by nature in obedience to the physiological fact that when the body is at rest and asleep the organs do not perform their functions with the same activity that they do when the body is in motion. Hence, the bodily temperature always sinks slightly during sleep; and if while asleep, cold air is allowed to come in contact with the body and the lungs, the result is that heat is carried off more rapidly from the sleeping person than is commensurate with health, and has the effect of diminishing the resistance of the system to those morbific influences so characteristic of night air.

The rays of the sun rarefy the air of the day, and cause a greater dilution or diffusion of the poisoned particles in the air, while at night the air becomes condensed by the cooling of the earth, and its humidity is greatly increased in comparison with the air of the day. As a consequence of this humidity of the night air, the poisonous particles which it, to a greater or less degree, always contains, become concentrated, more potently noxious, and rise to a much higher level. It is also at night that the emanations from organic decay are more perceptible; and malarial and miasmatic poisons extend with greater rapidity, and do their most deadly work. The penetrating and dangerous properties of the chill, damp air of night, can not possibly be otherwise than most injurious to the sleeper who breathes it; for while asleep he has no protection against it, and it gathers in and about him, surrounding his bed with malaria and miasm.

DELICATE PERSONS.

A person with a good constitution, and living properly, is the one best protected against the causes of disease, and will even resist with great power the potency of both local and general poisons of either a tangible or intangible form; but one with a weak or delicate constitution, attended with an improper and imprudent manner of living, is always more or less liable to the causes of disease, and is the most susceptible and early victim to those poisonous emanations which are taken into the lungs through the medium of the atmosphere, and poison the blood by their peculiarly noxious atoms; and surely this class ought to be the least desirous of occupying sleeping-rooms to which the night air has free access.

CONDITION WHILE ASLEEP.

The individual who sleeps at night near an open window is less protected than he is in the day time. On going to bed he takes off his heavy clothing to put on night-clothes which are lighter and better conductors of heat. He lies between sheets over which are usually thrown comforts and blankets, and if the covering should not be large enough to fall well down around the bed, and he be restless during his sleep, he is very apt to get the covering disarranged, and thus sleep all night with some portion of his body exposed to the night air. In this way the night air obtains a ready contact with some unprotected part of his body, lowering its

temperature, giving him cold, enfeebling his system, and rendering him more liable to the poisonous effect of those germs of insidious diseases with which night air is ever known to be freighted. Had each season a uniform temperature, the sleepers with open windows at night would fare far better; but unfortunately this is not the case. The respective seasons have variable temperatures, and a cold wave often makes in a few hours a difference in the temperature of from ten to thirty degrees. When such changes occur at night, the sleeper is generally unconscious of it; and, not having provided himself with extra bedclothing against such a contingency, often awakes chilled and painful; and should he, under such circumstances, escape serious illness, it will be the exception and not the rule. Therefore, individuals who sleep with open windows run risks which they cannot control; and while one may be benefited by the habit, at least ten are injured by it. For these unavoidable reasons, the delicate and frail should be very cautious how they let the night air in upon them while asleep, for such imprudence often forms material for death.

Even the most robust who sleep in the night air frequently awake in the morning with a husky voice, dry nostrils, pains in the limbs, and uncomfortable feelings about the chest, to tell them that they took cold during the night, and to warn them against the risk and imprudence of letting the external air in too freely into their sleeping rooms at night.

J. B. Johnson, M. D.

Washington City, D. C.

A Clever Malingerer.

Eds. Med. and Surg. Reporter:

Your correspondence of July 31st ultimo- "Caught in His Own Trap," reminds me of a case that a brother surgeon in the con, script department of the Confederate army related to me. A stout, robust-looking conscript was brought in by an officer. The surgeon put the usual question; "Upon what reason do you claim exemption?" Answer. "Piles." "Very well, we will have to examine you." "Oh yes, certainly, Doc. I know that." He very promptly placed himself in proper position for examination, and indeed, so ready and willing was he to be examined, that the surgeon felt sure it would be but a formality; but as soon as he saw the anus, the appearance of the parts, and then for the first time the man's muscular development, and every other appearance of perfect health, his confidence in the man weakened. "But how can he expect to 'fool' me in a claim of piles?" He proceeded with the examination in the usual way, and at once his finger came in contact with evidently an abnormal tumor, very large, and too hard for any pile he had ever felt. Pretty soon he got an ocular demonstration, and found he could pass his finger all round it, and that it was not attached to anything. He got hold of it with his forceps, drew it out, and said, "*Chicken gizzard*, you are exempt; but my good fellow, you must go into the army."

S. W. C.

A Caution about Croton Oil.

Eds. Med. and Surg. Reporter:

I recently was called to a patient in convulsions. When consciousness returned, I decided to give him some croton oil, as he had been very constipated. Two drops were poured on a lump of sugar, which was placed in his mouth and, I supposed, swallowed. Turning my back, I heard my patient say, "What is this?" Looking at him, I found he was holding the lump of sugar between his forefinger and thumb. I ordered him to swallow it, which he did at once, but *I neglected to wipe his fingers.* Shortly afterwards he drew his fingers across his nose and eye, and within two hours he had the most intensely inflamed eye (lasting for three days) that I ever saw; in addition to which his nose was decorated with a most beautiful blister of vigorous proportions.

Cal. E. F. J.

News and Miscellany.

American Neurological Association.

At the annual meeting of this association held at Long Branch, N. J., July 21, 22, and 23, the following papers were read:

"The Accurate Collocation of a Suture and Fissure in the Human Fœtus," by Dr. Burt G. Wilder, of Ithaca. "Importance of the Study of Cerebral Convolutions," by Dr. Charles K. Mills, of Philadelphia. "Lesion of Both Temporal Lobes, Causing almost Absolute Loss of Memory of Events, without Word-deafness or Deafness," by Dr. L. C. Gray, of Brooklyn. "Pseudo-hypertrophic Paralysis," by Dr. V. P. Gibney, of New York. "A Case of an Infant with multiple Tumors of the Cerebrum, probably of Specific Origin," by Dr. Sarah J. McNutt, of New York. "The Cause of Electrotonus and the Normal Formula of Polar Reactions," by Dr. G. Betton Massey. "Electrical Dosage," by Dr. Jacoby. "Micro-

cephalic Girl," by Dr. Amidon. "Notes on the Brain; an Additional Case of Independence of the Par-occipital Fissure," by Dr. B. G. Wilder. Dr. Mills then presented the brain of a baboon and of a negro, sent by Dr. Formad, of Philadelphia, but time was not afforded for a careful examination. "On Some Affections of the Nervous System associated with Tuberculosis," by Dr. Leonard G. Weber, of New York. "A Decerebrized Frog," by Dr. Wilder. "Pseudotabes from Arsenical Poisoning," by Dr. C. L. Dana, of New York. "The Treatment of Facial Spasm," by Dr. Wharton Sinkler, of Philadelphia. "Remarks on Epilepsy," by Dr. E. D. Fisher, of New York. "Intracerebral Hemorrhage in the Young," by Dr. Sachs, of New York. "Auctioneer's Cramp," by Dr. Zenner, of Cincinnati. "A New Portable Battery," by Dr. Jacoby. "Moral Insanity; a Plea for a More Exact Cerebral Pathology," by Dr. Jas. H. Lloyd, of Philadelphia. "A Median Section of the Head of a Murderer, Injected with Alcohol," by Dr. Wilder.

OFFICERS FOR THE ENSUING YEAR.

President—London Carter Gray, M. D., of Brooklyn, N. Y.

Vice-President—John Van Bibber, M. D., of Baltimore, Md.

Secretary and Treasurer—G. M. Hammond, M. D., of New York.

Councillors—Dr. B. Sachs, of New York; and Dr. Wharton Sinkler, of Philadelphia.

The International Medical Congress.

The *London Lancet*, the most widely read and influential medical journal in the world, speaks thus cheerfully of the International Medical Congress, in its issue of July 24th:

"Our latest information is to the effect that the arrangements for the great International Congress at Washington are progressing favorably. In the case of many of our European brethren the occasion of a visit to the United States will be an unique one in their lives. We have not yet reached that familiarity with the Atlantic which is such an attainment in our American brothers,

> Qui siccis oculis monstra natantia,
> Qui vidit mare turgidum.

Nevertheless, many on this side are anxious to return the visits so generously made from the other. And whatever the discomforts of the voyage or the severity of the *mal de mer*, we are likely to have the advantage of much brotherly assistance and advice. It may mark a new era in the treatment of sea-sickness, when so many zealous physicians and surgeons are set in competition for their own relief. Be this as it may, great preparations are being made in Washington and elsewhere, and it only remains for Europe to see that the guests are forthcoming. It is the great element in all such gatherings that they be well "furnished with guests," and we would now urge on the profession and its leaders that they will do a great service by an early decision to attend, and still more by an early intimation of it to those concerned. There are American physicians who have visited England annually for thirty or forty years, and on rare occasions perhaps more than once in the year. The late Dr. Flint, whose absence will be acutely felt at Brighton this year, and at Washington next, has come of late years to think nothing so refreshing as a run to the old home of his forefathers. Let us reciprocate the compliment on this high occasion, and make the very Atlantic the measure of our desire to cultivate international science and friendship.

Mississippi Valley Medical Association.

At the twelfth annual meeting, held in Quincy, Ill., July 13 and 14, Dr. H. M. Lane, of Carthage, Mo., read a paper on "Yellow Fever in Brazil;" Dr. Louis Bauer on "Laparotomy for Symptoms of Ileus;" Dr. A. H. Ohman-Dumesnil, of St. Louis, on "An Unusual Case of Lupus Erythematosus;" Dr. Arch. Dixon, of Henderson, Ky., on "Perineal Lacerations;" Dr. I. N. Love, of St. Louis, on "Artificial Alimentation;" and Dr. Frank R. Fry, of St. Louis, on "The Etiology of Chorea."

Dr. Dudley S. Reynolds read a paper on "Optical Defects in the Eye and Their Correction." Papers were also read by Dr. Amos Sawyer, of Hillsboro, Ill., on "The Therapeutics of Bismuth and Asclepias Tuberosa;" by Dr. L. H. Cohen, of Quincy, on "Electro-Therapeutics;" and by Dr. E. B. Montgomery on the "Therapeutics of Hot Water."

OFFICERS FOR THE ENSUING YEAR.

President.—Isaac N. Love, St. Louis, Mo.

First Vice-President.—Joseph Robbins, Quincy, Ill.

Second Vice-President.—Jacob L. Geiger, St. Joseph, Mo.

Third Vice-President.—Thos. B. Harvey, Indianapolis, Ind.

Secretary.—J. L. Gray, Chicago.

Treasurer.—A. H. Ohman-Dumesnil, St. Louis, Mo.

Assistant Secretary.—Edw. Allcorn, Houstonville, Ky.

Committee of Arrangements.—Dudley S. Reynolds, Louisville, Ky.; Louis McMurtry, Danville, Ky.; James H. Letcher, Henderson, Ky.; J. N. McCormick, Bowling Green, Ky.; L. B. Todd, Lexington, Ky.; J. Q. A. Stewart, Frankfort, Ky.; J. M. Holloway, Louisville, Ky.; J. M. Matthews, Louisville, Ky.

The next annual meeting will be held at Crab Orchard Springs, Ky., on the second Tuesday in July, 1887.

Iowa State Board of Medical Examiners.

The new Iowa State Board of Medical Examiners met recently and adopted rules for granting certificates, and a schedule of minimum requirements of medical colleges to secure recognition was adopted. A list of nearly three hundred medical schools was adopted to be recognized by the Board. Nearly one hundred colleges were refused recognition. Certificates will be refused upon failure to present a diploma from a recognized medical college, failure to submit the proper affidavits, or, upon examination, to answer correctly eighty per cent. of the interrogatories propounded. In all cases recommendation of good moral and professional standing must be given. The Board held meetings in other parts of the State, beginning at Dubuque, July 29, Mason City, Fort Dodge, Sioux City, and Council Bluffs, stopping two days only at each place, when examinations will be had and applications received for certificates, and diplomas verified. These meetings are held for the convenience of physicians in different parts of the State. All midwives in the State are required to conform to the same rule as physicians, and secure a certificate to practice.

American Medical Association, Formed in 1846.

Next annual meeting will be held June 7, 8, 9, and 10, 1887, in Chicago, Ills.

President—E. H. Gregory, M. D., St. Louis, Mo.

Permanent Secretary—W. B. Atkinson, M. D., Philadelphia, Pa.

Assistant Secretary—J. Nevins Hyde, M. D., Chicago, Ill.

Treasurer—Richard J. Dunglison, M. D., Philadelphia, Pa.

Librarian—C. H. A. Kleinschmidt, M. D., Washington, D. C.

Chairman of Committee of Arrangements—Charles Gilman Smith, M. D., Chicago, Ill.

All membership dues should be sent direct to the Treasurer, Richard J. Dunglison, M. D., lock box 1274, Philadelphia, Pa.

A Voudooed Pillow.

A writer in the *New Orleans Picayune* tells how he met a colored woman who attributed her husband's illness to his sleeping on a "voudooed pillow." She felt the pillow and discovered the "voudoo," which felt hard. The pillow was carried to the river, cut open, and the feathers cast into the water over the left shoulder. If they assumed the shapes of animals as they floated away, the sick man would get well. In a subsequent interview, this sable lady informed the writer that the feathers floated off as dogs, cats, etc., and her husband was well.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED AUGUST 7, 1886.

Hutton, W. H. H., surgeon. To proceed to Key West, Florida, for temporary duty, August 7, 1886.

Bevan, A. D., assistant surgeon. Ordered to examination for promotion, August, 1886.

Williams, L. L., assistant surgeon. When relieved at Buffalo, New York, to proceed to Mobile, Alabama, for temporary duty, August 2, 1886.

The Outlook for the Congress.

Prof. W. F. Peck, of the Iowa State Medical University, who is now making an extended tour of Europe, writes as follows from Amsterdam to the *Jour. Am. Med. Ass.:*

"I visited Prof. Esmarch the other day in Kiel. He will come to the International Medical Congress. From what I can learn, the profession of Europe will send a large delegation. Prof. Billroth told me that he expected to attend, and Carl Braun will accompany him."

Items.

—Dr. Oliver Wendell Holmes is leaving England by the "Catalonia," which sails from Liverpool on August 24.

—Dr. Maas, the accomplished Professor of Surgery in the University of Berlin, died suddenly at Würzburg recently, at the early age of forty-three.

—The *Sanitary News* laments, on hygienic grounds, the organization in Chicago of a Company known as the "United States Hash Preserving Company."

—It had been proposed to build a large hygienic institute in Vienna, but unfortunately the means are not forthcoming at present, so the project is necessarily in abeyance.

—It is intended to establish a professorship of the Chemistry of Food in the University of Berlin. The holder of the chair is to have the rank of Extraordinary Professor.

—Professor Graskey, of Würzburg, has been called to Munich as successor to the late lamented Professor von Gudden, whose tragic end will be still fresh in the recollections of all.

—The Liebig Monument Fund amounts to 25,000 dollars, and the monument will be erected in Ziessel, a small Hessian University town, where Liebig first won fame as a lecturer on chemistry.

—A sanitary convention, under the auspices of the Michigan State Board of Health, will be held at Coldwater, on Thursday and Friday, September 9th and 10th, 1886, the time (September 23d and 24th) originally fixed for the meeting having been changed.

—It is reported that a Cleveland, Ohio, druggist, in filling an order for sugar of milk, substituted arsenic, which was administered to three children by the mother, who also took some. The mother is said to have died, and the lives of the children are despaired of.

—A person styling himself Dr. Vivian, of New York, who has for some time been victimizing the profession and the public in various parts of England, was recently arrested on a warrant for a hotel fraud. Bail was refused, and the prisoner remains in custody, "wanted" for various offenses.

—As on the 30th of August next Mr. Chevreul will attain his one hundredth year, a movement is on foot to commemorate this anniversary by a medal which shall transmit to posterity the features of the illustrious *savant*. A medal is to be presented, and a copy of it will also be sent to each subscriber.

—Eugene S. Yates, M. D., of Lawrence, Mass., died on Wednesday, July 28th. He was graduated from Bellevue Hospital Medical College in 1872, and from 1879 to 1883 he was the City Physician of Lawrence. At one time he was a member of the local board of health. His death is said to have been due to paralysis.

OBITUARY NOTICE.

Frank H. Hamilton, M. D.

Dr. Frank H. Hamilton, of New York, who was associated with Dr. D. Hayes Agnew, of Philadelphia, in the treatment of President Garfield, died August 11. The immediate cause of his death was the failure of his system to receive nutriment, but for more than three years he had been in a steady decline. His lungs had long been affected, and since December, 1883, repeated pulmonary hemorrhages had made such draughts upon his system that he had known for a year past that recovery was out of the question. With his attending physicians, Drs. Austin Flint, J. R. Leaming, and L. E. Damainville, he frequently discussed his own case, and made notes upon the progress of his malady.

He was a native of Wilmington, Vt., and would have been seventy-three years old in September next. In 1833 he graduated from the medical department of the University of Pennsylvania, and after practicing at Auburn, N. Y., and Buffalo, settled in New York city in 1862. For two years he served as medical inspector of the army during the war, and during that time laid the foundations of his fame as a surgeon, which was not excelled by that of any contemporary practitioner. His inventions of surgical appliances and contributions to the science have been more numerous than those of any other surgeon of his time. Among them may be mentioned the bone-drill, the compound Nelaton's probe, bullet forceps, a movable apparatus for fractures of the thigh, the modified Liston's artery forceps, serrated giant bone cutter, hare-lip scissors, an improvement on Owen's tonsillotome, and a method of manipulating the bodies of drowning persons. One of his most valuable contributions was his system of keys and guides to the articulations. He vastly improved the gutta percha splints, and in surgical operations of the first magnitude he made numerous daring and successful innovations. He wrote a treatise on military surgery and a general surgical treatise, beside publishing scores of articles in professional journals. He was for many years Professor of Surgery in the Bellevue Hospital, and at the time of his death visiting surgeon to Bellevue Hospital, consulting surgeon to St. Elizabeth Hospital, to the Hospital for the Ruptured and Crippled, and to various city dispensaries.

QUERIES AND REPLIES.

Fistula in Ano.

I would like to ask your readers whether they would consider it wise surgery to endeavor to heal a discharging fistulous tract about the anus, the result of an abscess, in one who has some kidney trouble, and who as a result of a reckless life is much "broken up." N. Y. Z.

Canadian Physicians.

Can you tell me how many physicians of all kinds there are in Canada? A. B. C.

We refer this query to some of our Canada readers.

Eds. Med. and Surg. Reporter.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

AT WHAT PART OF THE INTESTINAL CANAL DO ITS CONTENTS BECOME FECULENT?*

BY E. G. WATERS, M. D.,

Of Baltimore.

A question that arose incidentally at the last meeting of this Society, viz.: at what part of the intestinal canal its contents become excrementitious or fecal, seemed to me to possess so much interest as to deserve more than a passing consideration. On this account, I have given the subject some examination, and now submit the result to the Society.

Dr. Simon, in his Animal Chemistry, edition of 1846, page 574, defines the feces to be "that portion of the food which is not taken up by the absorbents which are everywhere distributed between the stomach and the large intestines, but again discharged from the system." He classifies the insolubles under the heads of vegetable fibres, flesh of old animals, sinews, ligaments, fat, bile modified, biliphæin, cholesterin, mucus, salts, ammonia, magnesian phosphates, etc. We shall find hereafter this list of substances increased or modified in some respects.

Carpenter, in his Elements, edition of 1851, page 263, at the close of paragraph 460, says: "During the passage of the alimentary matter along the small intestines, as we shall see hereafter, a large proportion of the fluid is removed by the absorbent power of the villi; and the residue is brought therefore to a more solid consistence. This residue consists in part of those portions of the aliment which are not capable of being dissolved, or finely divided, so as to be received by the absorbents; and in part of the matter poured into the alimentary canal by the various glands that discharge their contents into it for the purpose of being carried out of the body. The feces which are thus formed are propelled through the large intestine by the continued peristaltic action of its walls, until they arrive at the rectum." Berzelius, as quoted by one of the authors whom I shall cite, puts the waste from the system at twice the amount of the residue from the food in the entire fecal discharge. Again on page 421, paragraph 749, of same work, Carpenter says: "But there is a strong reason to believe that the function of the Peyerian glandulæ which beset the walls of the lower part of the intestinal canal is purely excretory, and that they are destined to eliminate putrescent matters from the blood, and to convey them, by the readiest channel, completely out of the body. That the putrescent elements of the feces are not immediately derived from the food taken in so much as from the secreting action of the intestinal glandulæ, appears from this consideration; that fecal matter is still discharged, even in considerable quantities, long after the intestinal tube has been completely emptied of its alimentary contents." He fortifies this statement by the history of many diseases when food has not been taken for many days, by "colliquative diarrhœas," by spontaneous discharges and those invited by the action of medicine, and by the active efforts of the intestinal glandulæ to get rid

* Read before the Clinical Society of Maryland.

of the decomposing elements of the body which precede death from starvation. And this view he again emphasizes, almost in the same words in his "Principles," edition of 1868, page 132. And again, on page 425 of his Elements, paragraph 758, the same writer, speaking further of the intestinal glandulæ, continues: "Whose function is not only to remove the putrescent matter ordinarily formed by the disintegration of the tissues, or by the decomposition of unassimilated food, but also to draw off the still more offensive products of changes that take place in disease."

"Before the excrementitious matter," says Dunglison, *Human Physiology*, 1850, vol. i., page 616, "reaches the lower portion of the small intestine, it has not the fecal odor, but acquires it after it has remained there for a short time. The brownish-yellow hue becomes deeper; but its consistence, smell and color vary considerably according to the character of the alimentary matter * * * The fecal matter, as we find it, consists of the excrementitious part of the food, as well as of the juices of the upper part of the canal that have been subjected to the digestive process. * * The peculiar fecal impregnation is probably dependent upon a secretion from appropriate follicles—those of Peyer, for example, and we can thus understand * * * why fecal evacuations may exist when the individual has not eaten for some time, or taken but little nourishment."

Müller, *Elements of Physiology*, 1843, page 402, says: "The mixture of chyme, mucus, bile, and pancreatic juice, becomes, in its passage through the lower part of the small intestine, more consistent and of darker color. The fluid parts are absorbed by the lacteals. All the solid matters, as mucus, skins of fruits, woody fibres, hairy matter, and resin, on reaching the lower extremity of the intestine, constitute the excrement, from which, however, the fluid ingredients continue to be absorbed during its passage through the large intestine."

Kirke and Paget, in their *Manual of Physiology*, 1853, page 203, say: "Its result (absorption) is that the mixture of chyme and various secretions is generally made more consistent and darker, and at the lower end of the small intestine contains little more than the insoluble and indigestible matters, such as starch, woody fibre, hairy matter, epithelium cells, and mucous corpuscles, epidermis of both vegetable and animal tissue, crystals of ammonia, magnesian phosphates, and other salts, the coloring and fatty matters of the bile, and other excrementitious substances."

Dr. John William Draper, *præclarum nomen* in Medical Sciences, in his Human Physiology, 1856, page 83, writes as follows: "As the digested mass passes onward * * * it becomes of a more solid consistency as the absorbents gradually remove its liquid portions. * * * From Peyer's glands a secretion has exuded which perhaps gives to the mass the characteristic odor it is now assuming, if indeed these organs are not connected with absorption. The excrementitious remains are colored yellow by the coloring matter of the bile, and are partly derived from the undigested residue of the food and partly from the decay of the system itself."

Dalton, in his Human Physiology, 1861, pages 142–3, says: "Digestion of food goes on continuously through the small intestines, producing three different substances: 1. Albuminose, from action of gastric juice on albuminoid matter. 2. Emulsion, from pancreatic juice on fat. 3. Sugar, from starch acted on by mixed intestinal fluids. These products of digestion are removed from the tract by the absorbents. Below the ileo-cæcal valve the contents change in their odor, color, and consistency. This portion of the intestinal contents, or the feces, are not composed, for the most part, of the undigested remains of food, but of animal substances excreted by the mucous membrane of the large intestine." This writer calls attention to the fact that Dr. Marcet found the most important constituent in the large intestine to be excretine. It will be observed that Dr. Dalton ignores entirely the residuum of the food, together with the glandular and follicular excretions that exist in such abundance in the ileum and escape from it through the ileo-cæcal valve, as contributing largely to the contents of the large intestine.

Carpenter, in his Principles, edition 1868, page 131, says: "Although it cannot be stated with certainty what is the precise portion of the glandular apparatus connected with the intestinal canal which is concerned in the elimination of that peculiarly putrescent matter which gives to feces their characteristic odor, yet it may be stated, almost with certainty, that this matter is not derived from the decomposition of the undigested residue of the food." And at page 132 of the same book, he quotes Liebig's experiments to the effect that albuminous matters heated with solid hydrate of potash, the heat being continued until most of the nitrogen is driven off as ammonia, and hydrogen begins to be given off, the residue being supersaturated with dilute sulphuric acid and then distilled, yield a liquid containing acetic and

butyric acids, and possessing in an intense degree the characteristic odor of feces. "As the action of caustic potash at high temperature is simply a limited or incomplete oxidation or combustion, this curious result confirms the view that had previously been put forth by Prof. Liebig, that the proper fecal matter is the product of the imperfect oxidation which a portion of the histogenetic constituents of the food undergo, the course of their retrograde metamorphosis being comparable to the soot or lamp-black of a furnace or lamp." It is further remarked that this odor disappears on exposure to the air and complete oxidation.

Dr. Reese, in his Analysis of Physiology, 1852, pages 205–6, states that, "The functions of the glands of Brunner and Peyer is not perfectly known, but there is a strong reason for belief that it is purely one of excretion. * * * No doubt much of the fecal matter is derived from these glands, for we see it discharged from the bowels when no food has been taken." Flint's Physiology of Man, 1868, regards stercorine and excretine as giving to the feces their distinguishing characteristics. The first was recognized by Baudet in 1833, in the serum of the blood, and by him called seratine. Flint considers it as the changed condition of cholesterine, and claims to have discovered it in the feces in 1862.

Foster, one of the latest and most exhaustive writers on this subject, in his text-book, 1880, pages 314, 315, 316, says: "These products (fats, sugar, peptones, lactic acid, etc.), as they are formed, pass either into the lacteals or the portal blood-vessels, so that the contents of the small intestine, by the time they reach the ileo-cæcal valve, are largely, but by no means wholly deprived of their nutritious constituents. * * * We have already seen that during artificial pancreatic digestion a distinctly fecal odor, due to the presence of indol, is generated; and the fact that the presence of bacteria, or other similar organisms, is essential to the presence of this body does not preclude the possibility of it, with its derivations, being the chief cause of the natural odor of feces, for undoubtedly bacteria may exist throughout the whole length of the intestinal canal. At the same time, it is quite possible, if not probable, that specific odoriferous substances may be secreted directly from the intestinal wall, especially from that of the large intestine. Birger finds indol and skatol, the latter in large quantity, in excrement." Nevertheless, on page 314 of the same volume, Foster seems to cancel one of his most important inferences in the above quotation, for he says: "Whether digestion, properly so-called, is all but complete at the ileo-cæcal valve, or whether important changes await the chyme in the large intestine, the chief characteristic of the work done in the colon is absorption." If this be true, the secretive functions of the mucous surface of that intestine must be suspended for the most part during the passage of the contents of the canal through it.

In the *American Journal of the Medical Sciences* for July, 1860, page 217 *et. seq.*, will be found an analysis of a most interesting case of intestinal fistula reported by Prof. Busch, of Bonn. It was that of a woman, aged 31, who had been gored by a bull. An opening subsequently took place in the "upper third of the small intestine (Foster says in the duodenum, but this is not stated in the analysis, but, on the contrary, contraindicated), which remained permanent. The opening was about one and one-fifth inches in length, and through it escaped, and were received for examination, matters that had come through the pylorus, and into it were introduced many forms of aliment designed to be subjected to the action of the intestinal juices in the lower part of the canal. Among the many points of interest in this case, I note three which are especially pertinent to the subject of this paper.

1. On numerous occasions articles of food that were distinctly recognizable made their appearance at the upper orifice in fifteen minutes after being swallowed.

2. A reversed peristaltic action at times brought back to the opening various aliments after the expiration of several hours from the time they had been introduced into the lower part of the bowel; and,

3. There is no mention whatever of a fecal odor to the dejections.

A highly offensive and putrid odor is noted as pertaining to the dejections in several cases, but in no instance that I recall was the fecal odor distinguished in them. It should be remembered that in no case did food, after being swallowed, pass beyond this opening.

Now, the sum of this whole matter is this, that here, as in so many departments of physical study, our ignorance is humiliating after the immense time and labor given to the subject by able and conscientious men, who were and are not mere makers of books. Nevertheless, the weight of evidence is largely in favor of the supposition that the contents of the small intestine before they are pushed beyond the ileo-cæcal valve are

probably, as a rule, wanting in no feculent feature, unless it be that of mere solidity. If the contents of the small intestine are not excrementitious, how is it that in stercoraceous vomiting such matters are brought up, if, as some experimentists tell us, the ileo-cæcal valve is impervious to the return even of liquids from beyond it? And if the chief office of the colon is absorption, according to Foster, how does so considerable an accumulation of feculent matter take place in it, when we remember that Berzelius estimates the residue from food at less than 33 per cent. of the entire mass? To these and other similar questions it seems to me there can be but one answer.

THE TERMINATION OF 2,221 CASES OF INSANITY OF SUPPOSED SOMATIC ORIGIN.

BY T. M. T. McKENNAN, M. D.,

Of Dixmont, Pa.

Assistant Physician Western Pennsylvania Hospital for the Insane.

Statistics are not altogether reliable, and especially is this the case with regard to statistics concerning insanity. Relying as we frequently must on the statements of friends of patients, whose information is often meagre and whose statements are only partly true, desiring as they do to cover up individual and family weaknesses and faults, we are often at sea with regard to causation. The bearing of causation on treatment and prognosis is great.

The following statistics are gathered from carefully taken records, and are probably as nearly correct as could be attained.

These include all the cases of somatic origin admitted and treated in that hospital for thirty years whose causation comes under the nine different heads. Alienists differ with regard to the relative importance of physical disease in the causation of insanity, but all agree that it is a factor.

The list of causes is as follows: epilepsy, syphilis, acute febrile conditions (insanity termed post febrile), intemperance, excesses, puerperal state, menopause, sunstroke, and general ill health.

Epilepsy.

Duration before Admission.	Males.	Females.	*Termination.*	Males.	Females.
3 months	11	6	Restored	8	1
6 months	2		Improved	20	15
9 months	2	2	Unimproved	24	15
1 year	10	5	Died	43	19
2 years	6	5		—	—
3 yrs. and over	64	33	Total cases	95	51=146

Syphilis.

Duration before Admission.	Males.	Females.	*Termination.*	Males.	Females.
3 months	11	2	Restored	3	3
6 months	1	2	Improved	5	1
9 months			Unimproved	5	1
1 year		1	Died	5	1
2 years	2	1		—	—
3 yrs. and over	4	1	Total cases	18	6=24

Post-Febrile.

Duration before Admission.	Males.	Females.	*Termination.*	Males.	Females.
3 months	20	29	Restored	14	18
6 months	4	3	Improved	21	16
9 months	2	1	Unimproved	10	8
1 year	4	3	Died	9	7
2 years	5	2		—	—
3 yrs. and over	19	11	Total cases	54	49=103

General Ill Health.

Duration before Admission.	Males.	Females.	*Termination.*	Males.	Females.
3 months	169	276	Restored	97	180
6 months	27	43	Improved	100	156
9 months	10	20	Unimproved	40	92
1 year	30	31	Died	56	91
2 years	17	36		—	—
3 yrs. and over	40	110	Total cases	293	519=812

Intemperance.

Duration before Admission.	Males.	Females.	*Termination.*	Males.	Females.
3 months	202	26	Restored	158	20
6 months	21	1	Improved	87	6
9 months	15	2	Unimproved	62	9
1 year	38	1	Died	67	2
2 years	29	1		—	—
3 yrs. and over	70	6	Total cases	375	37=412

Excesses.

Duration before Admission.	Males.	Females.	*Termination.*	Males.	Females.
3 months	159	9	Restored	105	7
6 months	38	4	Improved	110	8
9 months	17		Unimproved	103	1
1 year	51	1	Died	78	3
2 years	40	2		—	—
3 yrs. and over	91	2	Total cases	396	18=414

Sunstroke.

Duration before Admission.	Males.	Females.	*Termination.*	Males.	Females.
3 months	14	2	Restored	12	2
6 months	2		Improved	6	
9 months	3		Unimproved	4	1
1 year	3	1	Died	8	1
2 years	2	1		—	—
3 yrs. and over	6		Total cases	30	4=34

Puerperal Insanity.

Duration before Admission.	*Whole Duration.*	*Termination.*	
3 months	129	55	Restored 91
6 months	23	39	Improved 46
9 months	9	19	Unimproved 29
1 year	12	29	Died 20
2 years	7	11	—
3 yrs. and over	15	33	Total cases 186

Menopause.

Duration before Admission.	*Whole Duration.*	*Termination.*	
3 months	12	22	Restored 18
6 months	12	2	Improved 33
9 months	1	7	Unimproved 19
1 year	5	10	Died 20
2 years	12	16	—
3 yrs. and over	18	31	Total cases 90

PERCENTAGE.

	Restored.	Improved.	Unimproved.	Died.
Epilepsy	6+	25	27+	42
Syphilis	27+	25	25	27
Post Febrile	31	35	18	16
General Ill Health	35	30	16	19
Intemperance	42	30	18	10
Excesses	26	28	25	21
Sunstroke	41	17	16	22
Puerperal	48	24	17	11
Menopause	20	37	21	22+

Epilepsy.—The termination is thus shown to be very unfavorable. Only 6 per cent. recovered; 42 per cent. died; 66 per cent. of the cases had been affected for three years or over. Only upon the development of violent epileptic mania are these cases sent to asylums. Mild and recent cases are seldom confined in asylums. When the epileptic habit has become thoroughly established, therapeutic measures are seldom curative, but merely palliative.

Syphilis.—These cases include all forms of insanity due to syphilis. *Mania and melancholia* due to thickening of the membranes or to nutritive changes in the cortical blood vessels, thus affecting the cortical cells. *Dementia* due to gummatous growths or sclerosis of cerebral substance.

Post-Febrile.—Insanity following an acute febrile condition, as small-pox, erysipelas, measles, and typhoid fever. Termination: 31 per cent. recovered; 35 per cent. improved; 18 per cent. not improved, and 16 per cent. died. 58 per cent. were classified as mania, 34 per cent. melancholia, and 8 per cent. dementia.

General Ill Health.—Under this head are included cases of general debility, anæmia, pulmonary affections, functional and organic kidney and liver affections, and all forms of general or local disease not otherwise classified. This method of classification is not strictly scientific, but is probably as nearly correct as could be attained. 35 per cent. reported recovered; 30 per cent. improved; 16 per cent. not improved, and 19 per cent. died. 60 per cent. are classified as mania, 36 per cent. melancholia, and 4 per cent. dementia.

Intemperance.—This is a prolific source of insanity. Two sources of error are liable to arise:

1. Friends attributing the insanity to a moral cause, and concealing the fact of intemperance.

2. The intemperance may have arisen since the attack of insanity, thus aggravating and causing the insanity to be more obvious.

General paretics are almost invariably given to intemperance during the first stage of their disease, when insanity is hardly recognizable. Termination: 42 per cent. recovered; 17 per cent. died.

Excesses.—We include under this head sexual excesses and masturbation; also, cases of excesses in opium and chloral combined with alcoholics. The same sources of error are liable to arise as in intemperance as a cause of insanity.

Nearly all the cases of general paresis are classed under this head, from the fact that during the first stage of their disease general paretics are given not only to intemperance, but to excesses of all kinds. 41 per cent. had a duration before admission of three years or over; 26 per cent. recovered; 28 per cent. improved; 25 per cent. not improved, and 21 per cent. died.

Sunstroke.—The termination is better than, from the nature of the cause, we would be led to expect. Forty-one per cent. recovered; seventeen per cent. improved; sixteen per cent. not improved, and twenty-two per cent. died. The cases, however, are not numerous, only thirty-four being recorded.

Puerperal.—We include under this head all cases of insanity occurring during the puerperal period, whether occurring shortly after conception or during lactation. Cases seldom occur earlier than the fourth month of pregnancy. While the maniacal condition preponderates as the form of insanity assumed, sixty-nine per cent. being thus classified, still the melancholic condition occurs in thirty per cent., and dementia in one per cent. of the cases. The termination agrees with the experience of many alienists, viz., more favorable than any other form of insanity. Forty-eight per cent. recovered, twenty-four per cent. improved, seventeen per cent. not improved, and eleven per cent. died. Mortality less than in any other form.

Menopause.—The occurrence of insanity at this period, when physiological changes are taking place in the organism, renders the termination unfavorable. Twenty per cent. recovered, thirty-six per cent. improved, twenty-one per cent. not improved, and twenty-two per cent. died. The mortality is large, and the prognosis far more unfavorable than insanity occurring during the puerperal state.

The "whole duration" in the tables of puerperal insanity and insanity occurring at the menopause means the duration before admission plus the time the cases were under observation. Fifty-five per cent. of the cases due to the menopause were classified as mania, thirty-four per cent. as melancholia, and one per cent. as dementia.

The average mortality from all the causes is twenty-two per cent.; a large mortality, yet not larger than one would expect to find from the nature of the causes, as many cases are found to have undergone such extensive structural changes that physical recovery is impossible, and the whole tendency is towards death.

THE PERINEUM AS A SUPPORTING STRUCTURE.*

BY C. D. PALMER, M. D.,

Of Cincinnati.

Professor of Gynecology, Medical College of Ohio.

The author, after ascribing to Ambrose Paré due credit for having first devised and executed an operation for the cure of laceration of the perineum, reviewed the list of names that had been prominent in advancing the operation toward perfection, and entered into the discussion of the question, To what extent is the perineum a supporting organ?

This he considered one of the mooted questions of the gynecology of to-day. Within recent years there has been a growing tendency to discard, at least in a measure, the direct supporting power of which we have been supposing this body possessed. The author recalled to mind three cases of complete laceration of the perineum which had lasted 36, 20, and 10 years. In no case was there any uterine or vaginal displacement. The question might be very pertinently asked: Why, if the perineum is such a needful support to the vagina and superincumbent viscera, do the vaginal and uterine displacements invariably follow after years of practically total destruction of its integrity? Why do we so frequently have great and serious displacements of these organs, when the perineum proper has suffered little or no injury? 1. The perineum does not possess that supporting force claimed by some for it. 2. Other factors than its injury lead to displacements. Emmet, Schatz, and Duncan, are prominent among those who have expressed views against the supporting power of the perineum. The uterus obtains no direct support at all from the perineum. This organ is suspended in the centre of the pelvis through the pelvic floor. The perineum lies largely below the pelvic floor. It is injury of some kind, over-distension, undue stretching, laceration in some part of the levatores ani or pelvic fascia, separation of these muscles in their central connection, injury of some sort to the structure where the anterior rectal joins the posterior vaginal wall, all largely confined to parturition, that we are to look to for the real and immediate cause of most cases of uterine displacements.

It will be safe, I think, to formulate the following propositions:

1. As the perineum is made up of muscular and other tissues, entering into the lower structure of the floor of the pelvis, it follows that lacerations of it do impair, both directly and indirectly, the forces which sustain the vagina, and through this organ, the bladder and rectum.

2. Perineal lacerations, even complete ones, may occur and not be followed by displacements. Complete splitting of the sphincter ani, leading or not to rectal incontinence, greatly diminishes the chances for vaginal displacement, in that it lessens ordinary intra-abdominal pressure at rectal evacuation. The absence of any change in the vaginal walls implies that the laceration, however extensive, has involved to a great extent only the base of the pyramidal body.

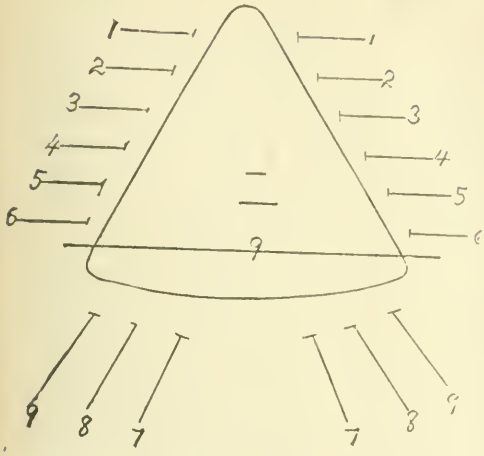
3. Perineal lacerations do not produce uterine dislocations directly. Through vaginal subinvolution, the formation of a rectocele, a cystocele, then traction upon the pelvic floor, they may do so indirectly.

4. Uterine displacements to a great degree, and vaginal displacements to considerable though less degree, are due to a weakening of the pelvic floor or diaphragm (from which the first-named organ is suspended), by injuries sustained chiefly during parturition, but aggravated by causes operative afterwards.

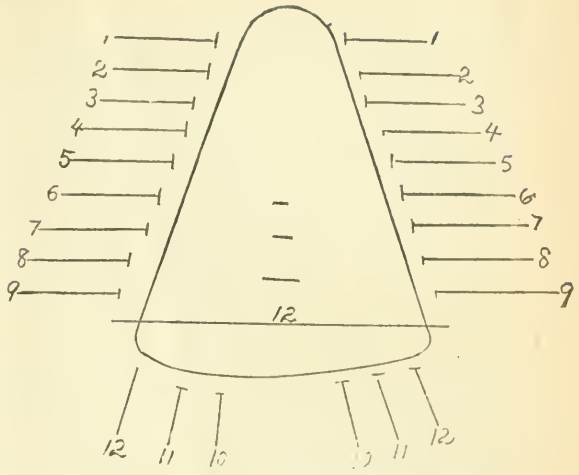
Good results in perineorraphy, as in plastic and uterine surgery, depend upon the attention to many little details, before, during, or after the operation itself. But aside from all these, the two chief features of the operation consist of a thorough denudation of a surface, proper in size, shape, and location, and the correct adjustment of the sutures. Two very common errors are made—one to denude the vulvar orifice too far forward and to take off too much skin; the other not to extend the vaginal dissection sufficiently upward.

Thorough and complete coaptation of the undenuded borders of the two lateral denuded surfaces can be effected only by the use of vaginal sutures. These may be so placed as to not only bring these borders together, edge to edge, but take up and bring into apposition the ruptured, separated muscular fibres and deep pelvic fascia of the perineum and pelvic floor; to reconstruct a

* A paper read before the Cincinnati Obstetrical Society (abstract).



SHORTER TRIANGULAR DENUDATION.



LONGER TRIANGULAR DENUDATION.

new pyramidal body, in substance to fill the normal interspace between the rectum and vagina—a body not only wedge-like in shape, but wedge-like in action, the true function of this structure.

Suture No. 9 enters the integument and makes its exit on undenuded mucous membrane in the vagina about one-fourth inch below No. 6. When the triangle is folded together, all this suture, shown running across the base of the triangle, is drawn out by tightening the outward ends.

The external sutures are removed in from seven to ten days; the vaginal in from ten to fourteen days.

The advantages of this method of placing the sutures (the greater number by far being intra-vaginal, not external) are: less after-swelling and pain, greater ease in self-urination, and little or no pocketing of the posterior vaginal wall within the vulva. In my experience, a thicker, stronger perineal structure is built and a better vaginal support is given than by any other operation.

The operation, as described by the author, would, he felt sure, prevent sagging of the posterior vaginal wall and pelvic floor, by reuniting its muscular and fascial connections, thus largely, if not entirely, restoring the functions of these most important structures.

HÆMATURIA MIASMATICA.

BY J. EDWARD STUBBERT, M. D.,
Of Bloomfield, N. J.

In a recent number of your journal an article appears entitled "Malarial Hæmaturia." The writer claims, or intimates, that his plan of treatment is par excellence the mode to be adopted. From a rather extended experience with the disease in question, in the State of Florida, I am prepared to say that *all cases are amenable to treatment by quinine, if such treatment be entered upon within thirty-six hours of the onset.*

As this peculiar disease is not widely known, I will state briefly that it occurs only in those persons who have been for a long time subjected to slow malarial infection without the proper administration of quinine. So nearly does the general appearance of the patient resemble that of one with yellow fever, that some *superficial* observers have named the disease "highland yellow fever."

The distressing symptoms are hæmaturia, intense nausea and black vomit, extreme thirst, frequently repeated chills of a congestive character, and, at times, sinking turns amounting almost to syncope. The other symptoms are those common to all other cases of remittent fever. In fact, I believe the disease in question is simply an aggravated form of remittent fever.

Owing to the severe gastric disturbances, it is impossible to exhibit quinine in sufficiently large doses per orem, hence it is my custom to administer hypodermically ten (10) grains of the bisulphate of quinine (three times a day at least). The object being thoroughly to cinchonize the patient, the frequency of the dose will depend upon how readily that end is attained.

My friend, Dr. Geo. Troup Maxwell, of Florida, is in the habit of combining with each injection of quiniæ bisulph., gr. ½ of morphiæ sulph.

Saline diuretics seem to me to act well by relieving the kidneys by flushing. As soon as the patient becomes thoroughly cincho-

nized the temperature begins to fall, the urine becomes clear, all other symptoms ameliorate, and the patient goes steadily and rapidly onward to the stage of convalescence. I have never lost a case treated in this manner within thirty-six hours of its incipiency. Dr. Maxwell has met with equally good results, and in a larger number of cases.

The position taken by some that "pure blood" is passed from the kidneys seems to me untenable. It is impossible for a reasonable physician to believe that quantities of blood so great as some claim could be lost daily and the patient still live. Is it not more reasonable to suppose that the evacuations are urine, colored by the coloring matter of the red corpuscles which have been disintegrated by the high temperature, and by loss of plasticity in the blood allowed to exosmose into the urine?

OPERATING DURING THE SAME ANÆSTHETIZATION FOR LACERATIONS OF THE CERVIX UTERI AND RUPTURED PERINEUM.

BY THOS. A. ASHBY, M. D.,

Professer of Gynecology in the Baltimore Polyclinic and Post-Graduate Medical College, etc.

The two most important lesions of childbirth—laceration of the cervix uteri and rupture of the perineum—are frequently associated in the same individual. We may readily account for this coincidence by the fact that the causative influences which tend to produce the one are also, in the majority of cases, at work to produce the other. Statisticians have vigorously compiled tables to show the great frequency of cervical lacerations, but no facts are available to show the relative frequency of perineal ruptures. The difficulties in the way of the collection of reliable data bearing upon this point are quite apparent. Unless we except ruptures through the sphincter ani, the lesions of the perineal body are about as difficult to classify in tables as are the spots on the moon. From a slight abrasion of the fourchette to the complete destruction of the perineal floor back to the anal sphincter, an endless variety of lesions may be observed, which have more or less significance according to their influence upon the subsequent health of the patient. Lacerations of the cervix uteri are more pronounced, and are more apparent to the experienced observer. The slightest lesions of the cervix more readily unite by primary union than the slight perineal tears, from the fact that the wounded surfaces are less exposed to the secretions and accidents which tend to defeat union by first intention. It is from the difficulties in the way of classification that figures are wanting to show the frequency of the perineal lesion, and the relative frequency with which these lesions occur at the same time in the same individual.

Without then calling to our aid statistics to show the common occurrence of the two lesions in the same individual, we assume this fact as a part of our experience, and pass to the consideration of the treatment of the two lesions at the one anæsthetization. In our early professional experience, the two operations, when required in the same individual, were performed at different periods, the interval extending as long as six weeks or as many months. This method of practice was based upon the precedent of high authority, and upon circumstances which were believed to exercise a more favorable influence upon the two operations as thus performed. Following the example of Sims, Emmet, and other recognized leaders, the silver wire suture was exclusively employed in our earlier experience, and it is in great measure to this practice that we must refer our allegiance to the separation of the procedures by long intervals of time. The cervix operation was first performed, the patient being anæsthetized, and eight to ten days were allowed for union before the wire sutures were removed. During all this time the patient was kept in the recumbent posture. After the removal of the sutures, a number of weeks were permitted to intervene before the perineal operation was approached. In the meantime hot water douches, tonics, etc., were advised in order that the patient might be placed in the very best condition for the second procedure. A second anæsthesia and the details of a second operation were now gone through with for the closure of the perineum, and eight or nine days of subsequent nursing and not infrequently as many weeks of subsequent convalescence were the outcome of the second procedure.

The details and disadvantages of this method of operating are as real as they are apparent. The effects of two separate methods of procedure upon the patient were far from salutary, whilst to the operator the anxiety and labor were more than twofold. After an experience, with the methods of separate procedures, we were not regretful when an opportunity came to abandon them.

This opportunity presented itself when the catgut suture became one of the popular additions to our armamentarium.

Having tenaciously held on to the silver suture we were loath to abandon it for its now more popular rival; but the acceptance of the new for the old worked a complete change in the method of operating, and has so modified our views in regard to the treatment of these two lesions that we now occupy an entirely different relation to them. Latterly, we have invariably practiced the method of closing both lesions whilst the patient is under the influence of the anæsthetic, with results so simple and satisfactory that we seldom see just ground for separating the interval between the two operations.

The method of procedure is this: The patient is first prepared for operation by as many days or weeks of prior treatment as her condition demands. When she is in suitable health, a day is set apart and the early morning selected, say the hour of 10 o'clock, for the operation. The patient is anæsthetized, and then placed in Sims' position. The edges of the torn cervix are properly pared and brought together with antiseptic cat-gut sutures. Beginning at the angle of the flaps, the sutures are passed in parallel rows and as near to each other as they can be conveniently inserted. Three, four, five, or six sutures, or more, if required by the length of the flaps, are employed. The wound is now brought into close apposition and the sutures are tied, commencing with the one nearest the angle of the wound. After the flaps are in this way drawn together and adjusted, a single wire suture is passed through each flap at the cervical opening. This is twisted to the required degree, and the ends so cut off that the end-points cannot irritate or wound the vaginal tissues. This is best accomplished by converting the wire into a spiral and turning the end-points into the hollow of the spiral. The wire sutures are used as fixation sutures and on the theory that the strain upon the suture is greatest at the end of the cervical stump. It has never been found necessary to use more than the single wire suture, though in a case of an unusually long flap or very thick cervix either silk or wire would be employed if necessary. The catgut suture has acted very satisfactorily in our experience. By the end of the eighth or tenth day it will most probably have disappeared by absorption, but in this there is an evident advantage. Primary union must result in from 48 to 72 hours, if it takes place at all, and the cat-gut suture, if of any value at all, will continue to hold the flaps in apposition until this time. We have found the cat-gut suture in position as late as the fourteenth day after the operation.

Having closed the cervix after the manner described, the patient is changed from Sims' to the recumbent posture, the perineal border is abraded of its mucous surface, and the tissues are brought together after the method of the perineal operation as advised by Dr. Emmet, or such modifications of it as may be indicated in the case. The perineum thus closed, the patient is lifted into her bed and treated as after an ordinary operation for the closure of the perineal body. At the expiration of eight days the perineal sutures are all removed. The wound is bathed in antiseptic washes, and the vagina is likewise syringed out with antiseptic injections. The patient is enjoined to remain quiet for the next five or six days, and usually by this time the perineal wound is so far well that the finger or speculum can be used to examine the cervix. Usually the sutures from the cervix are removed on the fourteenth or sixteenth day after the operation. Convalescence is rapid after this. During the operation, every attention is given to cleanliness, and antiseptics—chiefly the bichloride of mercury 1 to 4,000—are carefully employed. Hemorrhage has never proved to be a troublesome complication of the two procedures. The time required for both operations is from one hour to one hour and a half. This can be expedited by having an abundance of needles, sponges, and other instruments required for expeditious work. If the operator stops in the middle of an operation to talk, or to thread needles, or to sponge, he should not charge this delay to the operation. He should have assistants and nurses to hand him instruments and to render necessary attentions, thus avoiding a very tedious and tiresome procedure. The results of these operations by the method here related have been just as satisfactory as by the old method in point of relief afforded the patients, whilst from the standpoint of comfort to patient and operator the gain has been immense.

By the conjoint method we gain, *first*, the closure of two lesions whilst the patient is under the anæsthetic. This is in itself a most important advantage to both patient and operator. We gain, *secondly*, a period of confinement to bed of about two weeks, and a single convalescence, as compared with the weeks given to the operation at separate intervals and the anxiety and dread —born of experience—which were insepara-

ble from this method. In the *third* place, we save time and suffering by condensing two grave procedures into a single procedure which does not increase the danger in proportion to its apparent gravity, *Fourth*, the results of union are just as satisfactory by the new as by the old method.

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, April 23, 1886. The president, Dr. John B. Roberts, in the chair.

Dr. Edward R. Stone reported a case of

Extravasation of Urine Followed by Repeated Aspiration of the Bladder.

More than three years ago I was called to J. W., æt. 67, who was suffering from retention of urine. He gave the following history: He had always been very healthy, until he began to suffer from difficulty in passing water. This had lasted for some time, and was attributed, by him, to working in wet places, his duties as engineer at the water works often requiring him to stand in water, and expose himself to taking cold. He had never before had total retention, but the urine often came drop by drop, and was voided with great difficulty. By the rectum the prostate was found to be very decidedly enlarged. After patient efforts with various catheters, the bladder was reached by the manœuvre of passing a flexible instrument with the stylet to the seat of obstruction, then, by slightly withdrawing the stylet, the point of the catheter was made to mount over the enlarged third lobe. The patient was instructed in the use of the catheter, and copaiba was found of benefit in relieving catarrh of the bladder, which was aggravating his complaint. From time to time it was necessary to give him assistance when he failed to catheterize himself. Efforts to reach the bladder were always successful until the night of September 17, 1885, when he was found suffering again from retention. He had already tried the catheter, but unsuccessfully, and had injured the urethra by using an instrument which was partially broken, and allowed the wire to protrude. Careful and repeated attempts were made during the night to reach the bladder. These failing, Dr. W. W. Keen was called in consultation. It was then decided to aspirate the bladder. This was done with a medium-sized instrument, and about one pint of urine withdrawn. By night the re-accumulation was distressing the patient again, and the aspiration was repeated at 7:00 p. m., and again at 8:00 a. m., next day. Urine withdrawn amounted to rather more than one pint for the two operations; was clear, but rather dark in color. The first puncture was in the middle line, and a short distance above the pubes, and the second and third were close to the first. A circle with a radius of one-fourth inch would have included them all. September 18 (day after first aspiration), at 4:00 p. m., I was informed that the patient felt better, as some urine was passing. Examination showed that no urine was escaping from the urethra, but it was welling up drop by drop from two of the three punctures, having displaced the adhesive plaster covering them. The bladder could be felt to extend almost to the umbilicus. The aspirator was used again, and although the puncture was made in the same neighborhood as before, and the trocar appeared to enter the organ, no fluid could be withdrawn, except a small amount of bloody serum. Dr. Keen was called again, and the patient was given ether preparatory to the operation of cystotomy. Under the influence of the anæsthetic, however, Dr. Keen succeeded in passing a silver catheter with prostatic curve, and more than one pint of urine escaped. The bladder was thoroughly washed with water, and the catheter secured in place. Above the pubes a free incision was made through the skin and subcutaneous fat.

The patient did well until the third day, when symptoms of sloughing of the deep cellular tissue became prominent. An offensive discharge began from the wound, and the deep tissues could be seen to be dead and sloughing. At the same time there was moderate fever. The catheter was left *in situ* for four days, and the bladder was frequently washed (three times daily) with a warm solution of borax. After the removal of the catheter there was no further trouble in introducing it, which was done four times in the twenty-four hours, and the bladder washed as before. The sloughing of the deep connective tissue became quite extensive, extending beneath the muscles on both sides almost to the iliac crest, and for a considerable distance above the incision. The sloughing tissue was drawn out and removed as fast as it became loosened, and carbolic acid solution was injected through a soft catheter passed in various directions under the undermined structures. Patient's strength failed rapidly under fever and diarrhœa due to septicæmia, but he rallied as the abscess

became clear of sloughing tissue and began to heal, but he sank, and died of exhaustion October 11, twenty-four days after the extravasation of urine occurred. The wound had almost healed, and although he had not been able to void his urine, the bladder remained free from catarrhal complication. No post-mortem.

Without doubt the patient's death was at least indirectly due to the escape of urine through the punctures in the bladder, infiltrating and causing to slough the deep connective tissue. Is it good practice to trust to repeated aspirations? Our case demonstrated, I think, that even the small puncture of the needle may be stretched open, as the bladder again distends, to a sufficient extent to permit urine to escape into the surrounding tissues.

Again, it should not be decided that a catheter cannot be passed until the attempt has been made under an anæsthetic. In this case the instrument was passed after the patient was under the full influence of ether, when it could not be made to enter the bladder without the anæsthetic. Much organic obstruction, plus even a slight amount of reflex spasm, may baffle the surgeon, when with the latter condition annulled by anæsthesia, success may crown his efforts. In this connection, however, it must be borne in mind that the urethra had had complete rest from all manipulation for more than thirty-six hours before Dr. Keen succeeded with the catheter.

Dr. Stone also reported a case of

Spontaneous Cure of Empyema

as follows:

G. H., boy, æt. 2 years and 9 months, has always been healthy except a convulsion at 7 months, due to indigestion. Had a slight cold for a few days, until March 1, 1885, when he was feverish and had a severe spasm in the afternoon. Fever, cough, and restlessness continued, but it was not until March 3 that a diagnosis of pleurisy could be made, his restlessness and excitement preventing an examination of the chest. On that day the respirations were rapid and evidently suppressed, and he complained constantly of pain in his belly. A friction sound could be plainly heard over the lower lobe of the right lung in the axillary line. March 9 the right chest was distended to a point about midway between the nipple and clavicle, and to a corresponding point behind, after which the effusion gradually declined with the cessation of the fever and general improvement in the child's condition.

Early in May he was taken to the country, at which time his condition was fair, although he still coughed and the lower part of his chest remained dull, with impaired respiratory movement.

I saw no more of him until November 23, 1885. He was then weak and thin; anorexia complete. Daily fever, night sweats, with painful cough when recumbent. The right chest was largely distended, intercostal spaces obliterated, flatulency except in the extreme upper part of the chest. An operation was urged, but the parents hesitated and wanted time to consider it. On November 25 I was sent for and found that a large swelling had formed just below the right nipple, measuring about 4 inches in its greater diameter. This fluctuated and became tense when the child cried, evidently marking the escape of pus from the pleural cavity.

Dr. Heilman saw the case with me, and although there were two points where the abscess was about to break, we agreed to withdraw the fluid in the usual way, with the aspirator, in order, if possible, to prevent the escape of pus in front. The chest was punctured in the sixth interspace, in a line with the posterior border of the axilla, and a little less than one pint of brownish, inodorous pus withdrawn. The abscess cavity in front became flaccid and empty, and pressure was made over it with a compress and adhesive plaster. The patient's general condition was much improved by the operation, and all went well until the fifth day, when the skin over the abscess gave way in two points, and the child's clothing was found drenched with the discharge. On taking off the dressings, two round openings about ¼ inch diameter were found, through which the air was whistling back and forth with every respiration. The openings were covered with valves of adhesive plaster, as I feared the draft through them would suck in some particles of threads of the oakum, which was applied to absorb the pus. No other application than this was made. The discharge of pus continued very free for several days, then gradually became less profuse and more watery, and after one month entirely ceased. It remained throughout perfectly sweet and inodorous. The patient's condition rapidly improved, and he is now entirely well, except that there is some dullness posteriorly, with rather feeble respiration in the lower lobe. This case is of interest as showing what might be called the natural history of empyema; it is remarked as demonstrating that the air is not always

charged with deadly germs which must be destroyed by antiseptic solutions. The ordinary air had free access to the pleural cavity of this boy for many days, without causing the least disturbance. What a brilliant triumph this would have been for antiseptic surgery, if I had decided to enlarge the sinus and wash out the pleural cavity with antiseptic solution, instead of adopting a purely expectant plan of treatment!

Dr. Stone then reported a case of

Recovery from Severe Diphtheria, with Numerous Complications.

W. H., æt. 4 years, healthy boy, but slender, and not very robust. His mother's family is consumptive, and she has a tendency to phthisis in left apex.

On December 7, 1885, he was noticed to be dull and feverish. On the 8th, moderate fever and languor. Throat red, with false membrane on both tonsils.

On December 10, the deposits had extended until they completely covered fauces and pharynx. Fever moderate. Pulse 120 and feeble. Is dull and apathetic.

December 12. No change in throat; serous discharge issuing from the nostrils, which were observed to be lined with diphtheritic membrane as far as could be seen. Respiration entirely through the mouth. The child's strength rapidly failed until December 15. He lies quiet in a somnolent state, and is with difficulty aroused, and refuses to attempt to swallow anything. Pulse 140 per minute and feeble. Temperature (a. m.) 102°. He remained in this desperate condition for about forty-eight hours, when he slowly revived. General condition better, but the nose and throat still thickly covered with deposit. He attempts to drink a little water. By December 20 there was decided improvement, the throat clearing and one nostril becoming pervious. Is taking milk and stimulants freely. Fever less; pulse 120 and stronger.

December 23. Fresh access of fever in the evening, and violent excitement and restlessness. He rolls his head continually, and moans as if in pain. Again refuses to swallow anything. Fever and pain continued with evening exacerbations, and on December 25 a discharge was discovered issuing from the left ear, and the mother asserted that he was quite deaf.

December 26. Both ears discharging and patient quieter; moderate evening fever. Both nostrils seem quite clear. He can, with difficulty, be persuaded to take liquids, much of which, however, returns through the nose. The throat is free from deposit, but there is evident paralysis of the palate muscles.

After the above note he gradually improved, but from January 2 to 8 there was great irregularity of the heart's action. Examination of the ears from time to time showed a succession of furuncles deep in the meatus, which entirely concealed the membrana tympani.

On February 1, he began to cough, but examination was negative in results. He has fever in the evening and night, with sweating toward morning.

February 3. Cough very troublesome at night, and painful. Patient evidently suppresses cough, and complains when handled; but auscultation only reveals a few coarse rales. Respirations 40 per minute. Pulse 110. He is losing his appetite, and sleeps badly. Fever remittent (99° to 100° a. m., 102° to 103° p. m.).

February 5. Signs of effusion in the right pleura; no friction sound detected.

February 12. Effusion reached its maximum; dullness to a point midway between nipple and clavicle, in upright position, subsiding to a much lower point when recumbent. After this the effusion rapidly disappeared, and was associated with a serous diarrhœa and free evacuation of urine, his general symptoms improving pari passu.

February 19. Effusion about disappeared, some dullness, however, remaining at the base of the lung, with feeble respiratory sounds. The ears continued to discharge in a lessened degree, and hearing improved. About the middle of March he began to be able to stand alone, but it was several days before he was able to walk. About the same time he commenced again to use simple words, the power of speech having been in abeyance ever since he became very ill. Emaciation was extreme, I have never seen a person more wasted; but flesh was resumed rapidly during convalescence. Dr. Heilman examined the ears with me, and found evidence of middle ear disease with perforation.

Condition April 17, 1886: Looks almost as well as before illness, but is somewhat thinner. Ears have ceased to discharge, and there is very little impairment of hearing. He has no cough, but his breathing is rather rapid, especially after exertion. The right chest is somewhat impaired in movement, and there is slight dullness on the right posteriorly, with feeble respiratory murmur. Respiration on left exaggerated. His appetite is not so good as during the early part of convalescence, but drinks milk freely. Is bright and playful.

The treatment in this case may be summarized as follows: Tinct. ferri. chlor. and hydrarg. chlor. corrosiv. by the mouth, quinine by suppository. The almost constant employment of a spray from a steam atomizer of a solution of carbolic acid in lime water, and the injection of the same frequently into the nostrils, followed by insufflation of sulphur. Whisky (max. dose ʒiij in 24 hours) with milk. Insufflation of boracic acid and later iodoform for the otorrhœa. Tinct. digitalis was given freely when the heart failed, and digitalis and ammonia with iodine externally were used to combat the pleurisy. Too much credit cannot be given to the mother's devoted and unremitting attention. Her efforts to save her only child never faltered, and while he lay in a semi-conscious state she patiently administered drop by drop from a medicine dropper, whisky and milk, which trickling into the throat would be unconsciously swallowed. I believe that these homœopathic doses of nourishment were sufficient to tide him over a critical period during which he would have succumbed under less assiduous nursing.

In the discussion which followed the reading of Dr. Stone's cases, Dr. Bruen spoke of a case in which an over-distended gall-bladder was aspirated with a very fine needle. Peritonitis set in, which terminated fatally. He feels as though he would like to be sure that the gall-bladder and peritoneum were adherent before using the aspirator.

He mentioned two cases of empyema in adults in which the aspirator was used, pus withdrawn, and after a few months there were evidences of thickened pleuræ. He has resorted to resection of the ribs in a few cases of empyema, and spoke of the necessity of preserving enough of the periosteum to cover the ends of the ribs, otherwise necrosis is apt to occur.

Dr. Charles H. Thomas said it is a question in his mind whether it is not best to *repeat* aspiration of the bladder; it may be done *once* in order to gain a few hours' time. He mentioned a case of ovarian tumor in which the aspirator was used; only a small quantity of fluid was drawn off. In a short time there was a rigor, and death occurred in three days. The autopsy revealed the evidences of peritonitis. Exploratory abdominal incisions should be considered, rather than aspiration.

Dr. Henry Hartshorne spoke of a case of empyæma in the medical ward of the Pennsylvania Hospital in the year 1840, in which spontaneous rupture occurred. The case terminated in recovery.

Dr. Stone, in closing the discussion, said that in children it was necessary to resect the ribs for empyæma, that they often recovered after simple withdrawal of the fluid.

Dr. John B. Roberts then gave a verbal report of a case in which

Imminent Death in Acute Pneumonia was Averted by Phlebotomy.

The patient was a man æt. 55. After exposure to cold pneumonia developed in the lower lobe of the left lung. One evening he was in great distress, respirations numbering 45 per minute. On percussion dullness and flatness were found over both lungs. On auscultation numerous coarse and some fine râles were heard on both sides. Lips cyanosed; death imminent. Dry cups were used over the chest posteriorly, and phlebotomy, to the extent of twelve ounces, practiced. The respirations immediately fell to 35 per minute. The patient became comparatively comfortable. Slept some during the night, and was much better the next morning. Convalescence went on uninterruptedly from that time.

Dr. Henry Hartshorne remarked upon the contrast between the now prevailing treatment of pneumonia, and other acute inflammatory affections, and that of forty years ago. Results do not show that the change has been to the advantage of medical practice. Formerly, even under hospital treatment, death from pneumonia was not frequent; in private practice it was rare.

Dr. L. P. Gebhard, near the end of half a century's large experience, said that he had never lost a case of uncomplicated pneumonia. Now we hear very different accounts. Men in the vigor of life not unfrequently die of the disease after a few days of illness.

Dr. Hartshorne has reached the conviction that a radical mistake is prevalent in regard to the practical indications in simple acute pneumonia. What have we therein as prominent pathological conditions? (1) Obstruction to the circulation at the seat of local inflammation. (2) Resulting general increase of vascular tension. (3) Arrest, or considerable diminution, of the secretions of the skin, kidneys, and bowels. In all these conditions there is no indication for alcohol, none for quinine, none for opium. The old-time remedy for the abnormal vascular tension of the first stage was the abstraction of a moderate amount of blood, according to the previous vigor of the patient, by venesection, cupping, or leeching. Having been brought up under this regime, Dr. Hartshorne can give personal testimony to its safety and frequent advantage. It is astonishing

that in these days of daring surgery, of ovariotomy, and laparotomy for various occasions, physicians should be so much afraid of taking from a patient a few ounces of blood. An adjuvant for such a measure of relief in the early stage of pneumonia, or substitute for it in doubtful cases, is the use of saline purgatives and diaphoretics. These, also, appear to be, in recent practice, very often, perhaps generally, neglected, Dr. Hartshorne believes, to a great disadvantage.

Frankly speaking, under the following plan of practice, six out of ten cases of acute pneumonia, in persons of previously good health, between 20 and 50 years of age, may be reasonably expected to die, viz., treating them, from the start, with twenty grains of quinine daily, a tablespoonful of whisky every two or three hours, and a quarter of a grain of sulphate of morphia every six or eight hours. If any patients recover under such treatment, it is an escape probably due to the use of large hot poultices kept applied to the chest; an excellent application.

Another method of treatment, Dr. Hartshorne has had ample experimental reason for believing, will be followed by recovery in at least eight out of ten cases of simple acute pneumonia in persons not over 60 years of age, of previously good health, viz., the abstraction on the first, second, or not later than the third day, of a few ounces of blood, from the arm in the stronger patients, by cups or leeches in those of less previous vigor of system; about the same time a decidedly purgative dose of some mild saline medicine; afterwards, every two or three hours, a saline diaphoretic, citrate, acetate, or nitrate of potassium, or acetate of ammonium; in the most violent cases, in patients of average constitution, tartar emetic during the first three, four, or five days, not more than one-sixteenth to one-twelfth of a grain every three or four hours, not allowed to cause gastric distress; a warm poultice, also, being kept applied and renewed over the whole anterior part of the chest, until the worst is over. Should this practice be just now out of fashion, it may be very earnestly said that it is better to be old-fashioned than to lose a lose a considerable number of patients, dying of a malady like pneumonia, which *ought not to be mortal.*

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Periscope.

Whooping-cough Treated by Nasal Insufflations.

Dr. T. Guerder made the following communication at a recent meeting of the Society of Practical Medicine. In the beginning of last February an epidemic of a severe form of whooping-cough broke out at Pontcarre; infants were especially attacked. At first the disease was treated by fumigations of carbolic acid in the patients' rooms, and the administration of belladonna, carbolic acid, and bromide of potassium, with syrup of poppies. The fits of coughing became less frequent, and the reflex excitability was favorably modified; but when the treatment was suspended, the cough assumed its original violence. On account of the extreme susceptibility of many of the children to belladonna poisoning, it was frequently necessary to discontinue the use of the syrup. In the case of a boy, aged 4 years, two teaspoonsfuls daily caused the pupils to dilate, and delirium ensued. Whooping-cough requires protracted treatment, and it was not advisable to administer narcotics to young children for several weeks, even when they could be tolerated. The presence of nasal catarrh, with congestion of the pituitary mucous membrane, and the probable parasitic nature of the complaint, suggested to Dr. Guerder the advisability of local treatment similar to that which had been successful in hay fever. The probability that fits of whooping-cough might be attributed to a nasal reflex action determined fits of coughing or attacks of asthma. Nasal insufflations were practiced with a very fine powder composed of boric acid and dried coffee in equal parts. The insufflations were effected by means of a form of nasal insufflator which scattered the powder whilst projecting it into the nostrils, and thus prevented any accumulation on a limited area of the mucous membrane. This detail was of importance, inasmuch as when the treatment was first adopted it was unsuccessful, because the mothers did not understand

now to effect the insufflation; but there was a marked improvement when it was performed night and morning by a physician. Thirty children were treated in this way; seven of them were scarcely a year old, seven were from one to two years old, six from two to three, and ten from three to eight. Among these thirty children, thirteen had been treated for a week or a fortnight with the syrup above mentioned, and a very decided improvement was noticed, but only of short duration. The remaining seventeen were exclusively treated with nasal insufflations, not taking any other medicine, excepting one or two emetics during the catarrhal period. Out of the thirteen children treated with syrup during the first period, from February 5 to February 10, three had attacks of intercurrent pneumonia; two children of 7 and 11 months succumbed, the other, 8 years old, recovered. It should be noted that, during the attack of pneumonia, the fits of coughing entirely subsided, but returned with the same violence during convalescence. From the day when nasal insufflations were employed, no further complications ensued, nor did any more deaths occur.

The new treatment was begun on February 19, with the boy, aged four, already referred to, who was unable to take belladonna, and who had fits of coughing every hour, night and day. At the end of forty-eight hours, and after four insufflations, the fits of coughing only occurred four times during the night, and five or six times in the day. When the treatment had been continued for a week, only one or two slight attacks of coughing came on during the twenty-four hours. With all the other children, the results were the same when the insufflations had been well performed. In a short space of time, varying from two days to a week, the fits of coughing generally diminished from twenty to fifteen, or even less, in twenty-four hours, and they grew less violent; vomiting and epistaxis also became less frequent. These results were simultaneous with the diminution of the coryza. In half the number of cases, it was observed that, after an improvement was obtained, further progress was slowly effected, but the cough did not thoroughly subside until a fortnight had elapsed. When timely medical aid was obtained, nasal insufflations were performed at the onset of the complaint during the catarrhal period. In these cases, the attack was comparatively slight, and there was complete recovery in about a week or fortnight, and sometimes sooner. In three cases especially, there was a positive abortive influence, and the cough was not periodical; it is possible that these were cases of simple catarrh; nevertheless, the children were in daily contact with others suffering from whooping-cough. Eighteen children had been treated with insufflations of boric acid and powdered coffee, when an article appeared by M. Grasset giving an account of an analogous treatment in whooping-cough adopted by Herr Michael, of Hamburg, who, after trying insufflations with various powders, preferred pulverized benzoin. The results he obtained were as successful as Dr. Guerder's. The latter then tested the value of pulverized benzoin; the success was equal to that resulting from the use of boric acid and powdered coffee, but recovery was slower. In conclusion it may be stated, with regard to the subject of Dr. Guerder's memoir, that the method of nasal insufflations constitutes a simple treatment, which has proved to result in one of the most efficacious and rapid cures for whooping-cough hitherto known. It seems better calculated than any other remedy to modify morbid conditions occurring in the complaint, such as vomiting, hemorrhage, and emaciation, as well as any other complication, such as pneumonia.

Illustrations of Exceptional Symptoms and Examples of Rare Forms of Disease.

Mr. Jonathan Hutchinson thus writes in the *Brit. Med. Jour.*, June 26:

Case of Asphyxia of Extremities (Raynaud's Disease): Patient a Healthy Young Lady: Some Facts as to Inheritance.

Within a month of my having seen Miss. B., another example of this condition, in almost exactly the same degree of severity, came under my notice, which seemed to discredit some of my conjectures as to possible causation. In this instance, the patient was a young lady (Miss. W., aged 21), who had never suffered from any enfeebling illness, and in whom there was no proved inheritance of gout. It was known that her paternal grandfather had been much troubled by dying of his fingers, and that her father was so also to a slight extent. Her father, who was still living, had a very slow pulse, not more than 40, but he was otherwise in good health. The grand-parent referred to had been robust, and had lived to nearly 90, but the condition had clearly been such as to attract attention. Whether the liability to gout was wholly absent, I cannot feel sure. Her

mother knew nothing of it, but I had attended a sister of hers, an aunt of the patient, many years ago, for a severe form of acne tuberosum of the nose. This affection is very rare in women, and, probably, never occurs excepting when hereditary. In men it is often a consequence of free living, in association with gout. I must not, however, lay too much stress on this, since it cannot be held to prove more than that there was, on both sides, a probable inheritance of feeble circulation.

Miss W. was, when I saw her, aged 21, well grown, rather stout, and, excepting that she was too pale, she appeared to be in excellent health. She was a student at Cambridge, and lived, in all respects, like other people. Yet her fingers were habitually as livid as those of a corpse. It was not a cold morning when she called on me, yet her finger-nails were quite blue. Her hands were dusky, the lividity disappearing by degrees, from the fingers upwards, and being replaced by a dull red. On the backs of the hands were many of the ill-defined, dull, crimson blotches, like the spots on plaice. Her fingers and hands generally were a little swollen, and were thus rendered stiff and awkward. Her nails were all slightly rough, and showed conspicuous white spots. On the back of her right hand and wrist were a number of little spots, all about the size of a split pea, which had only appeared during the last fortnight. They were all scaly, and were too uniform for common psoriasis. There were a few like them on the other hand.

It appeared that nothing peculiar had been observed in the state of Miss W.'s hands, until, at the age of fourteen, she went to a boarding-school at York. Here she suffered much from cold, and her hands began to be dusky. Before that, she had suffered much from chilblains, and had noticed that her hands would die if put into cold water. Since they had become livid, she had suffered much, in cold weather, from deep cracks in the fingers, near to the nails. I did not examine Miss W.'s feet, but was told that they were nearly in the same state as the hands, but not so bad.

Miss W. had observed that she was very easily heated by exercise, and readily took cold. Nothing, she said, helped the circulation in her hands so much as walking. It was far better than lawn tennis, which often, although heating her, made her hands very blue. She was always most comfortable in hot weather, but found heated rooms oppressive. A muff kept her hands much warmer than gloves. Her pulse was soft and feeble, and did not count more than 64. It was more feeble at the right wrist than at the left. There were no signs of heart disease, but very deliberate action.

Miss W. had several brothers and sisters, who showed no peculiarity of circulation; but it was feared that one sister, much younger, was going to develop a similar condition.

Feeble Circulation and Flushing: Inherited Gout and Child-bearing as Possible Causes.

An interesting example of enfeebled circulation was offered in the case of Mrs. G., a lady aged twenty-five, who had been married four years, and borne three children. She inherited gout, and also, as she said, feebleness of heart. Her chief reason for consulting me was a painful and very annoying tendency to flush. She was vivacious, and fond of society, and said that she was obliged to abstain from dining out on account of her tendency to flush up crimson on the slightest provocation, or without any cause whatever. She assured me that it occurred to such an extent that every one noticed it. It was usually excited by some ridiculously inadequate emotion; a question being addressed to her, or the name of a friend being mentioned. With this tendency to flush scarlet over the whole face and ears, was associated extreme coldness of the extremities; her fingers became, as she described it, "like carrots," red and cold. Her feet were always chilly, but not so much so as her hands. I found her pulse very soft and compressible. She had never herself suffered from gout, and had never had chilblains. The symptoms of which she complained had been present, more or less, all her life, but had much increased of late. She loved warm weather, and never found it too hot.

Yaws and Frambœsia.

The *Med. Times*, August 7, says that the disease known as "yaws," "frambœsia," "pian," etc., and to which it has recently been proposed to give the name "polypapilloma tropicum," has been studied by Pontoppidan, the well-known Danish dermatologist, in a recent visit to the Lesser Antilles and the interior of San Domingo. From his brochure (kindly sent the reporter) we learn that he has observed it chiefly in the colored race, whites being almost invariably exempt, either from some race idiosyncrasy, or, as Pontoppidan is inclined to think,

rather from their superior cleanliness. Here the reporter differs from him, as he has observed this and similar affections among the colored citizens of Philadelphia, who are certainly of more cleanly habits than the average German.

Framboesia is a local, contagious skin affection, occurring without perceptible general symptoms, which shows itself in the form of small papules rising under the skin. When these have reached the size of a split pea the epidermic covering is thrown off, and the lesions appear as small tumors covered with a yellowish crust, looking like dirty ivory counters or a round bit of cheese. When the crust is removed, a moist, reddish, but not ulcerating, raised patch is observed, resembling the mucous papule of syphilis; and when the lesions are situated about the genito-anal region the resemblance is very strong. If proliferation has been rapid, the tumors may become hypertrophied and assume a raspberry-like appearance.

Pontoppidan correctly draws attention to the fact overlooked by Fox, Duhring, and other writers, that the removal of the crusts does not leave an ulcer behind, but only a moist surface. The affection, in fact, is highly superficial, belonging rather to processes like psoriasis or lupus erythematosus than to the more destructive processes.

Examination of the microscopic appearances of the eruption, made, we believe, for the first time by our author, demonstrated the absence of any fungus like tricophyton or microsporon, either in the crusts or deeper. Below the layer of dried pus and epidermic cells was found a layer of granulation cells in no way distinctive. But in the largest and best-developed patches the papillary layer was well marked and usually intact, though the papillæ were flattened and the rete wasted and full of round cells. The corium was everywhere normal. Though perhaps hyperæmic and succulent, it contained no foreign elements. The disease, therefore, in all probability, is situated in the rete Malpighii. The affection, though almost certainly contagious, must continue until the character of the contagion is made out to be classed among the neoplasmata. Pontoppidan prefers to call it yaws.

The Therapeutic Action of Chloride of Sodium.

After dealing with the physical and chemical properties of this salt, and its physiological action on animals and plants, Dr. Branche gives the results of his own observations in man. The blood, the saliva, and the urine show a notable increase in the proportion of the salt a few minutes after its ingestion. Its effect on digestion is not only to augment the secretion of gastric juice, but also to increase its acidity. After taking ten grammes daily, more than the usual quantity, for two months, the number of blood corpuscles was found to have increased, with a diminution of the albumen and watery constituents of the blood. The excretion of urea is increased, either owing to better diffusion or to acceleration of organic combustion. With ten grammes daily in addition to the ordinary consumption of salt, the amount of urea was augmented to the extent of four grammes (Rabuteau). Although certain advantages appear to follow a slight increase in the quantity of salt taken, an excess is certainly injurious; in one case death followed the ingestion of 500 grammes of sea-salt. This toxic effect, however, has been denied. Deprivation of the ordinary ration of salt is rapidly followed by general feebleness, albuminuria, and anæmia. The condition likely to derive most benefit from a course of treatment with chloride of sodium is (according to Dr. Branche) struma, but anæmia and tuberculosis are also improved, if not cured. Dr. Pidoux recommends phthisical patients to eat largely of salt at meals. Goat's milk, rendered saline by the addition of twelve to fifty grammes of salt to the diet of the animal daily, is highly spoken of. Bouchardat has remarked that well-salted meat diminishes the thirst of diabetic patients to some extent, and lessens the excretion of sugar. In the form of baths, its good results are well known in the treatment of chronic rheumatism, gout, gravel, and biliary calculi. Several observers have seen malarial fever arrested by doses of salt varying from ten to fifteen grammes. In solution, it has been recommended for intravenous injection for cholera, and to destroy the oxyuris vermicularis in children. The effect of salt is antidotal to nux vomica and curare, and to lead and silver salts. The necessity for avoiding the ingestion of salt in any form for some hours after the administration of calomel is, or should be, well known. In conclusion, Dr. Branche points out the benefit to be derived from the use of mineral waters of the Friederichshall type, containing chloride of sodium, whereby the depressing effect of saline laxatives is counteracted by the salt.

Case of Poisoning by Chloroform.

Dr. J. G. U. West thus writes in the *Lancet*, July 3:

On April 6, at 7 p. m., I was hastily summoned to a man aged fifty, a cab-driver, who had been found in his bedroom in an unconscious state. His wife had recently drowned herself, and at the inquest the jury had severely censured him for alleged ill-treatment of her. I found him lying on a bed in a state of deep coma; pupils slightly contracted, and not acting to light; breathing stertorous; complete muscular relaxation; conjunctivæ insensible to touch; pulse 96, regular, but very small. On smelling his breath, I detected a very strong odor of chloroform. There was no empty bottle in the room. I at once used the stomach-pump, obtaining four ounces of dark brown fluid, which did not smell of chloroform. Up to this time I could get no history, but I now discovered that three hours before I saw him he came home from the direction of his stable, and went straight up-stairs. I sent a policeman to the stable, where he found an empty bottle labelled chloroform. The coma deepening, the breathing becoming shallower and more stertorous, and the pulse weaker and more frequent, I thought an antidote was essential, but I could find no allusion to poison by chloroform in any book in my possession. Assuming that the great danger was from failure of the heart's action, I thought that atropine would most probably prevent the cardio-inhibitory effect of the chloroform. As he was quite unable to swallow, I injected three-quarters of a grain of sulphate of atropia under the skin of the arm at 9 p. m. In twenty minutes the pupils began to dilate, and he moved his arms. The pulse improved, and the breathing lost its stertor. About midnight the conjunctivæ were sensitive to the touch, and at 3 a. m. on the following morning he became conscious and spoke. From this time he continued to improve, though for a few days he suffered from gastro-intestinal catarrh. He confessed that he bought two ounces of chloroform, saying that he wanted it to clean some clothes, that he drank it at the stable without diluting it, and then walked home, a distance of about 250 yards.

Whilst anxious to avoid the *post hoc propter hoc* fallacy, I think the case worthy of record as showing the probability of atropine and chloroform being antagonistic, and the fact of the patient exhibiting no sign of belladonna poisoning after the injection, appears to strengthen this hypothesis.

Valvular Heart Disease.

The old, erroneous idea that valvular heart disease meant the death-warrant of the person so afflicted, is happily discarded in the greater light of to-day. Sir Dyce Duckworth, M. D., contributes a paper on the subject to the *Brit. Med. Jour.* (July 3–10), in the course of which the following occurs:

"To sum up the whole question we have been considering, and to bring this very imperfect sketch of the subject to a close, I may remark that a diligent search amongst cases of cardiac valvulitis appears to bring out the fact that a favorable prognosis for many of them may be given. Certain valvular lesions have their special perils, and these pertain to certain individuals more than to others. At some epochs of life, too, the prognosis is graver than at others. In each case, however, the great point is to determine the personal factors which promise longevity or immunity from cardiac failure. As Corvisart put it: 'C'est apres la constitution de l'individu, son genre de vie . . . . qu'il pourra prononcer sur le terme fatal.' (*Op. cit.* p. 408.) And this question, indeed, meets us, I believe, in every case of disease we are called to treat. What does this malady mean in this individual? What will it do for him, and how will he bear it? The great law of compensation is now well understood to be the protecting agency in all these cases. So long as nutrition is well maintained, and a regular, prudent, and equable life is lived, so long will cardiac valvular lesions fail to give rise to serious symptoms. Dr. Semple has the credit of having called attention, thirty-six years ago, to the fact that many persons reached advanced age although suffering from heart disease, many of them being quite unconscious that they were the subjects of it. (*Op. cit.*, p. 104.) What we have to try to discover are the conditions which render tolerable the lives of persons so suffering. The lesions of each valve affected require a special study. The question how far compensating changes behind the valves can be met, must be answered in the case of each valve, and in respect of the textural habit of each patient. Discrepancies occur in the opinions given as to the relative gravity of the different forms of valvular disease."

A Case of Intussusception, with Sloughing and Discharge of a Large Piece of Intestine, followed by Recovery.

Dr. J. G. Porteous thus writes in *Gaillard's Medical Journal:*

B——, a school-boy, thirteen years of age, while suffering, in May, 1885, from a severe attack of diarrhœa, was suddenly seized with severe pain in abdomen, vomit-

ing, and entire cessation of the diarrhœa, although there was a constant desire to go to stool and severe tenesmus.

I found him a few hours after with the abdomen swollen and tender, and the indications of a tumor to the left of the umbilicus. Having made the diagnosis of intussusception, I injected two quarts of warm water through a rectal tube, and this was followed by a small dejection accompanied with some blood. The tumor then disappeared, and the vomiting soon stopped. Next I gave a spoonful of castor oil with ten minims of laudanum, which was followed by a free evacuation and entire relief. The boy remained weak through the summer, with a tendency to pain and soreness of the bowels.

On the 15th of May last, after violent exertion in playing base ball, he was taken with severe vomiting and moderate pain in the abdomen. On the 16th a cathartic was given, which increased the pain but did not cause a movement. On the 17th some small powders of morphine and bismuth were given, which partially controlled the vomiting and pain. An injection of a pint and a half of warm water produced no effect.

May 18. Abdomen swollen and tympanitic. No distinct tumor, but some tumefaction, with a feeling of hardness to the left of the umbilicus. I gave two large injections, and after the second there was a moderate passage. I then gave oil and laudanum, which was followed by several copious evacuations, with some blood. The vomiting ceased, but some pain and soreness remained. After that the bowels moved naturally every day until the 28th. On the 29th the patient had a convulsion, and after an enema of a pint of water there was a moderate evacuation, which was accompanied by the piece of *intestine* now presented. He required some assistance in passing the last half.

The boy is now doing well. He has a good appetite, and his bowels are regular; and with the exception of a slight tenderness in the left side of the abdomen, he makes no complaint. The piece of intestine measures a little over seven inches in length.

Operative Treatment of Traumatic Stricture.

In a paper on Retrograde Catheterism first published in the *Gazette Médicale de Nantes*, and recently reprinted in the form of a pamphlet, Dr. Poisson insists on the necessity of performing primary external urethrotomy in cases of serious rupture of the perineum from a fall on to the perineum. In such cases, Professor Guyon holds, an immediate perineal incision, freely made, and extending to the injured portion of the urethra, is strongly indicated, and is as much an operation of necessity as kelotomy and tracheotomy. A catheter may sometimes be guided along the whole length of the divided urethra into the bladder; but, though the surgeon may fail in doing this through the perineal wound, he will by this incision remove all risks attending infiltration of urine. When it is too late to act thus, and the urethra has become impermeable, and immediate operative interference is necessitated by retention, hypogastric puncture of the bladder will remove all urgent symptoms, and favor an early restoration of the patency of the canal. In practicing retrograde catheterism it is necessary to have a solution of continuity behind the seat of urethral obstruction. Of the two methods of establishing this solution of continuity; namely, suprapubic cystotomy and hypogastric puncture, the latter, M. Poisson argues, is preferable, and well adapted to the conditions of the case, being sufficient for the ready practicing of retrograde catheterism, and presenting much less risk than the major operation. By the simple proceeding of hypogastric puncture, the inflammatory condition of the injured portion of urethra may be much relieved, and possibly the canal, in the course of a few days, may be traversed by a small instrument passed by the outer meatus. In any case, under the influence of the puncture, the general condition of the patient is improved, the severe suffering of retention is relieved, and necessary time is gained for taking into consideration the re-establishment of the urethra, facilitated by the presence of a vesical fistula. In conclusion, Dr. Poisson states that retrograde catheterism, often necessary to the due completion of external urethrotomy, may be readily carried out by a hypogastric fistula, and that, in every case where it is possible, puncture should be preferred to the more dangerous operation of suprapubic section.

—In the *Edinburgh Med. Jour.* for August Dr. Byron Bramwell reports a case of aneurism of the right internal carotid artery. Rupture; convulsion; violent delirium, followed by pain in the back of the head, stiffness of the neck, and retraction of the head. Second rupture a fortnight after the first attack; convulsions, delirium; coma; rapid rise of temperature; death.

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The attention of our readers is especially called at this season to the ***QUARTERLY COMPENDIUM,*** which we publish.

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It contains about 150 pages of reading matter in each number, and the whole four numbers, embracing 600 pages of choice material, will be sent to paid-up subscribers to the ***REPORTER*** for the very moderate price of

ONE DOLLAR,

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Address **DR. D. G. BRINTON,**
115 South Seventh Street Philadelphia.

THE INTERNATIONAL MEDICAL CONGRESS.

Is it not preposterous for the *Medical Record* and those whom it represents, is it not even more than preposterous, is it not audacious, for it and them to pretend for one minute that the coming International Medical Congress will not be graced by the presence of great men, men of world-wide reputation, men who care not for the personal bickerings of the disappointed, but who recognize in this Congress a great scientific opportunity for learning and teaching?

From the *London Lancet* (certainly an impartial source) we draw the information that such distinguished men as Drs. B. W. Richardson and Thudichum have accepted the positions of Vice-Presidents of the Section of Public and International Hygiene, and Mr. Simon will probably accept a similar position. The *Lancet* also goes on to say:

"We are glad to be able to report a very general desire among leaders in London to be present at Washington in 1887. Whatever hesitation they felt some time ago in view of the divided state of feeling in America is now steadily giving place to a desire for the success of the Congress, and a wish to do anything they can to further it. We feel quite justified in saying that our best men in England and Scotland are preparing to go, if they get any indication that their presence will be acceptable. Sir James Paget, Sir Andrew Clark, Sir Spencer Wells, Professor John Chiene, Professor Fraser, and we believe Sir William Turner, are all, according to our information, likely to go.

"It is not America alone that is interested in the success of the meeting at Washington, but the profession throughout the whole world, and we might add the world itself. When our profession meets internationally, it is of good omen. We not only stimulate fraternity and scientific rivalry amongst ourselves, but every thought in advance and every medical discovery is a great boon for the human race and for all nations. We urge on members of our profession in the empire to strain a point to be at Washington on or before September, 1887, where, if report is to be trusted, a very hospitable reception awaits them."

Does this look as though the Congress was destined to be the failure that the *Medical Record*, the *Medical News*, and some similar aristocratic journals, would have wished?

Not much! The great medical men of Europe would, of course, be glad to meet the great medical men of this country—that is *all* of them; but they have too much good sense to stay away from a scientific gathering, to

miss the opportunity of seeing and knowing the profession of America, because a few disappointed men wish them to do so. They will come, they will be royally welcomed and entertained, and when they ask *certain editors*, with surprise depicted on their countenances, how they could ever have said that such a glorious gathering as this will be was doomed to a dismal failure, or even (think of it) not to be at all, we will be behind the door to hear what answer will be made.

Our foreign friends were well acquainted with the late Professor Austin Flint, and they regarded him very highly; and when they found that the Congress was good enough for him, they sensibly concluded that it was also good enough for them, notwithstanding the outcry of a disappointed clique.

LOOK OUT FOR YOUR REPUTATION.

"*Out of sight is out of mind.*" It is one of the duties of journalism to give advice, no matter how thanklessly it may be received. Reputation is a precarious thing, and unless carefully guarded is very apt to take wings and fly away.

In what does reputation consist? Essentially in hearing of and seeing a man or his name in good company, associated with some work that is calculated to benefit the world in which he lives. He may be so engaged, but if such fact is not made public he fails to secure reputation. Well, then, there are certain medical gentlemen in this country who have been for years actively and honorably engaged in furthering the standard of their profession and conferring benefit upon humanity.

In so doing their names have become familiar medical household words; they have achieved reputations; they are honored and respected everywhere. But now they are like "*Mary in the dumps*"—they are sulky, and say that they will not attend our International Congress. For their own sakes, we advise them to reconsider this determination. There are others who have done most excellent work, but who have not yet attained the exalted reputation enjoyed by those of whom we speak. They will be present at the Congress, and they will take their best work there, and when our foreign visitors hear, see, and know them, they will be very apt to conclude that as we are a fast-living people, the race of leaders of American medicine with whom they have hitherto been familiar has run its course, and has been succeeded by the class of men whom they meet at the Congress, whom they will find fully worthy of being considered leaders.

This hint is thrown out that those who have won great reputations by dint of hard and honest labor may not foolishly throw them away to gratify an unreasonable and unreasoning spite.

"*Do not cut off your nose to spite your face.*"

AMERICAN PUBLIC HEALTH ASSOCIATION.

The meeting of this association this year will be held in Toronto, October 4 to 8. It is expected that this will be the greatest meeting in the history of the association, as there will be not only a very large attendance from this country, but many distinguished sanitarians from abroad will be on hand. The Annual Conference of State Board of Health will be held during this meeting.

THE BRITISH MEDICAL ASSOCIATION.

The 54th annual meeting of this association, which was held in Brighton on August 10, 11, 12, and 13, was one of unusual interest. The papers read were of a particularly valuable character, and we shall take occasion to place the essence of them before our readers from time to time in the various departments of the REPORTER.

NOTES AND COMMENTS.

Rheumatism in Children.

It is a dismal fact that a very large number of the cardiac affections of adult life are directly traceable to but imperfectly appreciated attacks of rheumatism in early life. Dr. Angel Money, writing on this subject in the *Lancet* (July 24), says that the rheumatism of children is one of the most hopeful affections that the medical man could have to treat, provided that the diagnosis be made at an early stage of its development—a very large proviso. But the affection might be easily overlooked on account of the slightness of the subjective symptoms. How important was it that a most careful physical examination should be made in all cases of even slight ailments. Some of the rheumatism of children was so insidious in its operation, that it was conceivable for the disease to be at work without giving signs either of a subjective or an objective order.

A child who has any sign of rheumatism about it should be kept absolutely all day

and night in bed. Even if a mere urticaria or erythema be the only sign to be found, the bed should be tried for a day or two and the case watched for other members of the rheumatic series. Whilst holding that erythemata, the nodules, periarthritis, chorea, and heart disease were perhaps most frequently of rheumatic origin in children, Dr. Money allowed fully that any of these symptoms might own several other causes. Not all erythemata and chorea are rheumatic, nor is all periarthritis and endocarditis of rheumatic origin.

As to the further treatment the principles are of the simplest order, but at the bedside many details have to be borne in mind, and must be acquired by the practitioner himself, for no amount of lecturing could impart the necessities of treatment of any individual case. Dr. Money has faith in the employment of moderate quantities of bland fluids, like barley-water or toast-and-water, to which might be added the alkaline carbonates, the effects of which were probably, he suggested, enhanced by their administration in dilute form. Salicylate of soda or salicine was of value in some cases of rheumatism in children, but in his experience of less value than in adults, whose pain and joint affection were so much more a part of their suffering.

Neuralgia of the Pudic Nerve.

Professor Adamkiewicz mentions in the Polish journal *Medycyna* a somewhat rare case of neuralgia affecting the pudic nerve. The neuralgias of the ovary and uterus in women and of the seminal ducts in men are, he says, usually described as neuralgiæ pudendo-hæmorrhoidales, but they have not been well worked out. The present case is interesting because the nerve affected arises from the pelvic plexus. Three years ago the patient began to suffer two months after her second confinement with painful spasm of the urethra whenever she attempted to micturate; sometimes, indeed, this spasm prevented her from voiding her urine. Afterwards the pain spread to the vesical region, and became more and more frequent, so that at last the woman was scarcely ever free from it. Every movement of the body, and any irritation or excitement, increased it, and induced a desire to micturate. Morphia and absolute rest in bed produced some alleviation only. A painful spot was found where the gluteus maximus crosses the tuberosity of the ischium, and another on the inner surface of the ascending ramus of the ischium. The treatment adopted was electrical, the anode of a constant current battery being placed between the tuberosity and the spine of the ischium, and the cathode on the sacrum. After daily applications of a few minutes' duration for three months, the patient was completely cured.

Progressive Facial Hemiatrophy.

A girl of nineteen is mentioned in the reports of the Swedish Medical Society as having suffered from the above-mentioned disease for four years. The first symptom was continuous but not severe headache, situated in the right temple, cheek-bone, and crown of the head. After three years she noticed a contortion in her face, with depression of the right temple and cheek-bone. On close examination, Dr. Wärfvinge discovered that the right half of the face from the temporal region to the lower jaw was extremely atrophied, the atrophy affecting the skin, mucous membrane, muscles, fat, and bone. The muscles, however, were not completely atrophied, since they contracted at will or by faradization. The skin of the atrophied parts could be lifted up in thin folds. The sensibility on the right side of the face was normal, and there was never any sensation of creeping or cold. There was no disturbance in the circulation of the blood; no abnormal dryness or humidity; no spots on the affected side. The color was the same on both sides; the hair on the right temple a little thinner than on the left. The tongue was found to be thinner on one side than the other, but the taste on both sides was the same. The organs of sight, hearing, and smell presented nothing remarkable.

Soft Chancre of the Middle Ear.

The *Gaseta Lekarska*, a Polish medical journal, contains a report by Dr. Guranowski of a case of soft chancre of the middle ear. The patient was a woman with a phagedænic chancre of the genitals, who from snuffing tobacco managed to introduce the virus into the nose, where the septum had become ulcerated, with copious discharge of foul pus. From this the infective material must have passed through the Eustachian tube into the middle ear. Deafness and pain were complained of, and subsequently perforation of the tympanic membrane occurred, a large quantity of purulent matter being discharged through the opening and infecting in its turn the external meatus. The case was treated by the introduction of iodoform into

the ear and nose, and by injecting warm water through the ear by means of the Eustachian catheter. In a month's time the patient regained her power of hearing and completely recovered. Dr. Guranowski has a great belief in the efficacy of washing the middle ear with warm water, having seen cases of severe inflammation recover under this treatment where it was feared that the only hope of saving the patient's life lay in trephining the mastoid process.

Permanent Closure of the Orbital Cavity.

After the removal of the eyeball, there are many reasons why it is desirable to permanently close the orbital cavity—that is in those who, for some reason or other, do not mean to use an artificial eye. Therefore it is we note that before an English medical society Dr. Edwyn Andrew exhibited a man on whom he had performed his operation for permanently closing the orbital cavity, after excision of the eyeball, by removing all the ocular and palpebral mucous membrane, the cartilages, and edges of the lids, and allowing the cut surfaces to unite. He pointed out the great advantages of this operation for the artisan class; no dirty discharging socket was left, and it rendered the person quite independent of the weather, or of the dirty surroundings of his occupation, enabled him to dispense with a shade, or any other covering, and saved the expense of an artificial eye, which, if not frequently renewed, became a great evil. He mentioned also that this was one of many cases which showed that the fear of a lachrymal fistula from such an operation was quite erroneous, for probably the lachrymal gland, not being stimulated to action, wasted away.

Radical Cure of Hernia by a Bubo.

"It is an ill wind that blows nobody good," is a very old and very true saying. If buboes are going to radically cure hernia, then we must look with a little more respect upon the chancroid, or whatever it is that causes the bubo. That the bubo has thus acted conservatively in at least one case, is evidenced by the fact that Dr. F. B. Streeter, of Glens Falls, N. Y., reports the following case to the *Medical Record:* "H——, aged 34 years, Irish-American, canal-boat captain by occupation, while loading his boat in the summer of 1882, sustained a severe strain, which resulted in a direct inguinal hernia of the left side. It was easily reduced and retained by a truss. In the summer of 1883 he again consulted me, this time for a bubo on the same side. After a long period of extensive inflammation with suppuration, during which he was unable to wear a truss, he recovered from his bubo, and from his hernia as well. Up to the present time his hernia has not recurred, although he is engaged in the heaviest labor. A suitable case presenting itself, I propose to try the effect of vaccination, although I hardly expect to gain results equal to those obtained by the 'bubo' treatment."

A Curative for Epithelioma.

It is not condurango this time, but salicylic acid and the inevitable, ever-present cocaine. So writes Dr. D. Tod Gilliam, of Columbus, Ohio, to the *Medical Record:* "It so happened, (he says) not long since, that I had a small epithelial growth to remove from the face, and resorted to a 20-grain solution of cocaine as a local anæsthetic. After a lapse of some minutes I was surprised to find the diseased parts not only exsanguined, as is usually the case after the use of cocaine, but extremely friable and crumbly. I saturated a good-sized pledget of absorbent cotton with the cocaine and reapplied it, leaving it on for about thirty minutes. At the expiration of that time the diseased mass fell away with the slightest touch of the curette, leaving a healthy-looking surface, which has healed kindly. This, I dare say, was not an epithelioma in the sense of being malignant, but was undoubtedly epithelial in character, and has suggested to me the feasibility of using cocaine in the former class of cases." Dr. G.'s suggestion is certainly well worthy of trial.

Gaseous Medication per Rectum.

The ingestion of gaseous medicines by the lower bowel was the subject of a recent communication by M. L. Bergeon to the Paris Academy of Sciences (*Comptes Rendus*, July 12th). His research has extended to a variety of diseases, but for the present he only records his experience in the treatment of pulmonary phthisis. After having tried a variety of balsamic substances of parasiticide or antiseptic repute, M. Bergeon gave the preference to sulphurous mineral waters (Eaux Bonnes, Challes, etc.). A current of from four to five litres of carbonic acid gas traversing from 250 to 500 grammes of the sulphurous mineral water was introduced per rectum twice in the twenty-four hours. After a few days' use, cough was notably diminished and almost suppressed, the expec-

toration greatly modified in quality and quantity, the sweating stopped, and the general state improved; and that not only in incipient, but also in confirmed phthisis. Daily auscultation established the disappearance of moist râles.

Ligature of the Brachial Artery for Cellulitis.

An interesting case of extensive cellulitis of the arm cured by ligature of the brachial artery was related by Dr. F. H. Gross at a recent meeting of the Philadelphia Surgical Society. The patient was a man who had been kicked by a horse, the middle finger having been injured as a result of the accident. In spite of treatment by an apothecary, the condition of the part continued to become more serious, and a surgeon was called in to treat the case, cellulitis being then established, and the arm greatly swelled and excessively painful. Rigors, fevers, and delirium set in, and an abscess formed in the region of the wrist, from which point also violent hemorrhage occurred. Ligature of the radial artery failed to arrest this bleeding, which was then thought to arise from the anterior interosseous vessel, and Esmarch's bandage being applied, the man was sent into hospital. All this time the arm preserved its hugely swollen condition, and presented the appearance of incipient gangrene when seen by Dr. Gross, who at once proceeded to tie the brachial. Within twelve hours of the operation the cellulitis below the seat of ligature had entirely melted away, while concurrently an abscess formed above, and opened into the incision made for the application of the ligature.

Recovery of the Chronic Insane.

Dr. P. M. Wise, Superintendent of the Willard Asylum for the Insane, writing on this subject, says that it is certainly not safe to predict incurability in any case where secondary weakness has not progressed to impotency. He quoted one case in which deep dementia following a fifth attack of mania was recovered from in the course of a week, the patient having been insane for nine years. The writer also gives three instances in which convalescence from typhoid fever was accompanied by recovery from insanity of one, two and a half, and three years' standing. The menopause in one of his cases put an end to violent and destructive mania of about six years' standing. In two instances, an acute maniacal attack breaking in upon dementia and chronic mania is shown to have been the first definite step towards recovery; and in one case, that of a boy sixteen years of age, an unsuccessful attempt at suicide "appeared to be the crisis of his alienation, and thenceforward he improved rapidly and recovered."

Hemorrhage after Tonsillotomy.

While not, as a rule, severe, yet it does occasionally happen that alarming hemorrhage occurs after this operation. Dr. J. Walker Downie relates several such cases in the *Edinburgh Med. Jour.* for August, and concludes by saying:

"Following the removal of the desired portion of the hypertrophied tonsil, sipping cold water, or better, the tanno-gallic acid gargle of the London Throat Hospital Pharmacopœia, slowly sipped, is sufficient to quickly check any bleeding which is present in ordinary cases. The latter can be relied on to check even comparatively smart hemorrhage. Should this fail, however, the part should be well swabbed with strong perchloride of iron solution—accompanied, possibly, with its administration internally at *short* intervals—and should even this be without effect in checking it, I personally should now never dream of trying other styptics, but should at once, in those very exceptional cases, have resort to the actual cautery."

Treatment of Somnambulism.

It is not often that we find somnambulism treated of in medical journals, but we can readily conceive how this condition will, not infrequently, call for relief from the physician. Dr. J. W. Keene has a very good article on the subject in the *Medical Press of Western New York* for August, wherein, speaking of treatment, he says that there is little to be said, except that somnambulism should be recognized as a disease, or, at least, a symptom of disease, and treated according to causation, when that can be ascertained. Efforts to break up the habit should be made. Punishment, drenching with water, etc., are contraindicated. Dr. Hammond extols the bromide of potassium. Iron, quinine, strychnia, and phosphorus may be exhibited with advantage, according to special indications. These remedies, together with proper hygiene, both physical and mental, seldom fail to benefit the patient, if not to effect a cure.

Warm Ether as an Anæsthetic.

Dr. M. W. Hobbs advocates in the Cincinnati *Lancet-Clinic* the advantage of warm-

ing ether previous to its administration in the production of anæsthesia. He uses a special form of inhaler, in which the ether is warmed by being placed in a chamber surrounded by hot water, and the vapor is mixed with a certain proportion of air before being inhaled. He finds that anæsthesia is produced more rapidly, and with the expenditure of less ether, than when the agent is used cold. He and Dr. Taylor have tried the method in upwards of thirty cases, and he writes that the patients not only came under the influence of the drug more readily, but they also recovered more rapidly and pleasantly from the anæsthesia than patients generally do who have been brought under its influence in the ordinary way of administering ether cold.

Avulsion of Scrotum.

Before an English medical society, Dr. Ratton related a case in which the scrotum, together with the skin of the penis, were torn off by revolving rollers, leaving the penis, testicles, and the perineum as far as the anus, denuded. There was little bleeding, and the testicles were not even tender. The wound showed a tendency to heal well under corrosive sublimate and boracic dressings. Dr. Ratton pointed out that the scrotum came away precisely in the lines of the incision employed for the removal of the elephantoid scrotum. The steps of the operation were, however, reversed; for, in the accident, the scrotum was first removed. He discussed the question whether there would be any advantage in performing the operation in this reversed method, but decided in the negative.

Congenital Deformity of Forearms.

Before an English medical society, Dr. Evans showed a boy, aged 16, with congenitally deformed forearms. The right forearm and elbow were ankylosed and semiflexed at an angle of 120°, and the forearm was in a position midway between supination and pronation. The head of the radius appeared to be dislocated forwards; the radius measured four and a half inches, and was non-rotatory; the ulna was six inches long. The wrist-joint was normal, but the hand was a little abducted. The left forearm and elbow were movable; the ulna measured three and three-quarters inches in length; the radius, about two inches long, did not appear to reach the humerus. No supinatory or pronatory movements were possible. The patient had also genu valgum in both legs.

Statistics Relating to Operations on the Kidney.

Dr. David Newman, of the Royal Infirmary, Glasgow, having collected, with a view to publication, the statistics relating to operations on the kidney for the relief of disease, is desirous of receiving from surgeons, whose operations of the kind have not been recorded, a statement of such cases. For this purpose a schedule has been prepared, a copy of which, Dr. Newman asks us to state, will be forwarded to any surgeon who may apply to him. The schedule, which contains columns headed "Diseased condition as ultimately determined," and "Results—immediate and ultimate," has already been sent to those operators whose cases have been published, in order that the records of them may be thoroughly authenticated and rendered complete.

Operation for Rectal Cancer.

Dr. Arturo Guarneri relates, in the *Gazzetta degli Ospitali* of July 14th, a case from Volkmann's clinique, illustrating very forcibly the modern practice of attacking cancer of the rectum with the knife. The patient, a single woman, aged twenty, had undergone extirpation of the rectum for epithelioma. The disease having returned, some more of the intestine was removed, with a large portion of skin, part of the vaginal wall, and a piece of the ischiatic tuberosity. The peritoneum was opened; nevertheless the patient recovered almost perfectly, and a plastic operation was subsequently performed to shut off the vagina and reconstruct the perineum. A detailed history of the procedure and of the final issue could not fail to be instructive.

Numerous Intestinal Perforations in an Habitual Drinker.

Dr. Palmer, of Batavia, sends to the *Medical Press of Western New York* a brief note concerning a patient, whom he had long known as an habitual drinker, who complained one afternoon of abdominal pain, for which he prescribed, and whom he found dying at ten o'clock the same evening.

On autopsy it was discovered that there had been severe enteritis with ulceration; several ulcers, being of sizes from a millet seed up to that of a split pea, had given way, and as a result there were numerous perforations with escape of fæcal matter and speedy collapse and death.

Such a number of perforations within so short a length of intestine makes the case quite peculiar.

Warm Baths in Scarlatina.

The London *Lancet* has an article on the use of warm baths in scarlatina, in which the author says that he has pursued this practice for fifteen years and has never lost a patient from the disease. He orders his patient to have warm baths daily, to be kept in from three to five minutes, rapidly dried, wrapped in a blanket, and returned to bed. He observes, first, that it brings out the rash; second, that it reduces the temperature; third, that it soothes the patient, promoting rest in nervous cases.

To this experience Dr. E. B. Montgomery, of Quincy, Ill. (*Progress* for August), adds his own as to the use of warm baths in scarlatina, particularly in two cases beginning with severe convulsions. In both cases warm baths were used four or five times a day for several days with the happiest effects, both cases recovering.

Unusual Effects of Morphia.

Either that some persons possess an unusual susceptibility to morphia, or that some druggists do not prepare the drug properly, or possess scales that are not accurate, seems evident from the numerous peculiar cases that are reported. The last instance of this kind we find in the *Brit. Med. Jour.*, July 10, wherein a correspondent says that a young woman, aged about 25, pale but healthy, had acute neuralgia of the face, for which she had a quarter of a grain of morphine injected hypodermically (three minims of Tarnier's permanent solution of morphine with atropine). She began to sleep, and became comatose, with stertorous respiration. Such cases warn us to be extremely careful with this drug.

Ingrowing Toe-Nail.

For ingrowing toe-nail, M. Lucas-Championnière recommends washing the toe with a five per cent. solution of carbolic acid. Local anæsthesia is produced, the nail is removed by avulsion, and the rim of the bed of the nail is excised. Carbolic acid is again used, and a salicylic cotton-wool dressing impregnated with vaseline, containing a fifth of boric acid, is applied; it is then powdered over with iodoform, and enveloped in salicylic cotton-wool, which is again enveloped in ordinary cotton-wool, and finally bandaged. After an interval of three weeks, there is cicatrization, and the dressing is removed.

Linseed Oil in Pruritus Ani.

A correspondent writes to the *Boston M. and S. Jour.* that he has lately witnessed the triumph of linseed oil in the treatment of pruritus ani where all the classical remedies had failed. In the case of two patients who had been for several years sufferers from pruritus ani with a trifling erythematous eruption and no rectal complications that could be discovered, the free external use of linseed oil at bed time about the parts gave immediate relief, and thus far free inunction with this simple remedy has given complete exemption from nocturnal annoyance.

The Treatment of Carbuncle.

Carbolic acid has been already recommended for the cure of this trouble, but usually it is recommended to inject the drug pure and simple. Now, Dr. Norman Gay, of Columbus, Ohio, in the *Columbus Medical Jour.* for August, advises us to use the acid and olive oil (one to seven), which he injects (a few drops) into the boggy part of the sore, after which he applies lint, wet with carbolic acid, olive oil and chloroform, of each equal parts. The oil does not seem to lessen the good effects of the acid, while it renders the injection much safer.

Temporary Dilatation of the Heart in Acute Disease.

It would seem as though we were to find, in this condition, an explanation of some of the hitherto unaccountable sudden deaths in acute disease, for in the *Practitioner* for July Dr. G. Coates says that though he has no data as to the relative frequency with which simple dilatation of the heart takes place in acute disease, yet he believes it probable that it is fairly frequent, and that much light would be thrown upon the nature of collapse in acute disease if, in all cases, the size of the heart was carefully determined from day to day.

A Strange Tampon.

A writer in the *Deutsche Medicinal Zeitung* states that he was called to see a peasant woman in the country who was suffering from hemorrhage from the genital organs. When he arrived he found her vagina filled with fresh horse manure, and the external genitals plastered over with the same material. The patient insisted that she wanted only some medicine, and would not permit the removal of the tampon. She shortly afterward had an attack of septicæmia.

The Function of the Tonsils.

Dr. R. Hingston Fox, in an interesting article on the Functions of the Tonsils in the twentieth volume of the *Journal of Anatomy and Physiology*, expresses the opinion that those glands belong to the digestive and not the respiratory tract, and that their function is to reabsorb certain constituents of the saliva in the intervals of meals, which would otherwise be wasted. He thinks that the view of their having an absorbing function is further supported by the strong evidence of the power of the tonsils to absorb morbid poisons directly from the saliva.

Hydatid of the Lung Producing no Symptoms.

A specimen of hydatid cyst of the lung was shown at a recent meeting of the Paris Anatomical Society by M. Limpéropoulo. It was situated in the parenchyma, and was about the size of a large nut, the wall being thick and containing calcareous granules. No symptom of this foreign body's existence in the lung was observed during life, beyond some chronic bronchitis and emphysema from which the patient suffered. There were, besides, cardiac hypertrophy and interstitial nephritis.

Internal Hemorrhoids.

As it is not always an easy matter to bring internal hemorrhoids into view, we should be always aware of what might be termed "the little devices of surgery." In the *Brit. Med. Jour.* (July 31), Dr. F. A. A. Smith tells us that he uses a piece of hard wood, shaped something like the plug of a female speculum. The shoulder should be slightly cupped inside. When oiled, it is easily inserted into the rectum, and, on withdrawal, causes all internal piles to protrude.

Heart Disease and Consumption.

Some authors say with *heart disease* there is no consumption, but Prof. DaCosta recently showed the class at the Pennsylvania Hospital a bad case of phthisis, with cavities and the bacillus tuberculosis in the sputum, and at the same time aortic regurgitation of fifteen years' standing and hypertrophy with some dilatation of the heart.

Incisor Tooth in Orbit.

Dr. Ward Cousins recently showed to an English Medical Society an incisor tooth removed from the orbit of a child two years of age. It was very perfect in outline and structure. Mr. Tracey did not regard it as the product of a dentigerous cyst, but as a specimen of a displaced tooth during an early stage of development.

Hyperidrosis of the Feet.

In cases of undue sweating of the feet, accompanied by soreness and whitening of the skin of the sole, a cure may be readily affected by the application, once a day, of equal parts of citrine ointment and ung. aq. rosæ. The feet should be bathed frequently.

Correspondence.

Fracture by Muscular Force Alone.

Eds. Med. and Surg. Reporter:

I reduced a fracture yesterday of the right arm at the insertion of the deltoid in a boy 7 years old, produced by muscular force alone. He was pitching a base-ball. The rarity of such an accident in a perfectly healthy child of such tender years induces me to report this. The boy is very muscular and robust, never sick a day in his life. No constitutional vice in the family.

A. Ady, M. D.

Muscatine, Iowa, August 7th.

Asphyxia of New-Born Infants.

Eds. Med. and Surg. Reporter:

An article in your journal not long ago, in regard to the methods to be used in the asphyxia of the new-born infant, reminded me of a case of prolonged labor that I once had, where the child was apparently born dead, and where I used artificial respiration, hot and cold water, holding the child with the head down, etc., but ineffectually, and gave the child up, when the grandfather, who was present, said, "I can bring it to," and took the child and ran rapidly up and down a short flight of stairs three or four times. The second time going up the child had an inspiration, and in a few moments was all right. Since that time I have seen this tried quite a number of times, and always with good success; and if we stop to think of it, we will find that there is quite a physiological principle involved here.

Frank Blaisdell, M. D.

Goffstown, N. H., Aug. 12, 1886.

How the Late Professor S. D. Gross Spelled the Word "Furnace."

Eds. Med. and Surg. Reporter:

After the Pittsburgh Cremation Society was established, being the first of the kind organized in the United States, the writer

received a letter from the eminent surgeon S. D. Gross, in which he inadvertently misspelled the word "furnace." The following is a copy of the letter:

"PHILA., *Oct. 7th*, 1883.

"DEAR DOCTOR: I am most decidedly in favor of cremation, and hope that my family will not neglect to place me in the fiery furness when I am gone. Fire is the only decent way of disposing of the dead. I am glad that you and your friends have taken this matter in hand, and trust that your influence may exert a powerful effect in overcoming the foolish prejudice which with many persons exists on the subject.

"I pray you to change the name of your association. Call it the 'Pittsburgh Cremation Society.'

"Wishing the enterprise all possible success, I am, dear doctor, with kind regards,

"Very truly your friend,

"S. D. GROSS."

The venerable professor in some way recalled his mistake soon after, for by the next mail came another letter, saying that he believed he had spelled the word furnace "furness," and that the only explanation he could make was that he must have been thinking of his old friend, the Rev. Dr. Furness, who opposed the idea of cremation.

The habits of accuracy of this great and gifted man were such that he would not allow so small an error as this to pass unacknowledged or uncorrected.

HENRY D. FULTON, M. D.

Kansas City, Mo.

NEWS AND MISCELLANY.

Toilers Among the Dead.

At a recent meeting of the Academy of Medicine, M. Brouardel made known some curious and interesting facts concerning the dead body of a girl, aged 22, which was discovered in a cellar under a heap of straw. The body had lain there about a year, and was in a perfect state of mummification. One of the limbs was shown at the meeting; it was thoroughly desiccated; the tissues were hardened, and gave a sound when struck. MM. Brouardel and Andouard attribute this mummification to the dryness of the soil on which the dead body had been placed; but the most important factors were five different species of acarina which deposited the *débris* of the envelopes of their eggs and carapace among the dust that covered the dried tissues of the body. M. Mégnin has proved that, by studying the generations of acarina which have been at work on a dead body, the date of death can be ascertained. This entomologist, by examining the *débris* of acarina in a child's corpse, ascertained that death occurred two years previously; and a judicial inquiry confirmed this statement. M. Brouardel described the order of succession of the different species of acarina which worked on the dead body of the young girl, also the work of destruction accomplished by each separate species: the gentles (larvæ of flies), *dermestes*, *sarcophagus*, *latierus*, and *lucina cadaverina*. One species absorbs the fluids, another consumes the fatty acids. When a species has finished its work, it dies on the dead body, or is devoured by a succeeding species. Each generation in summer time lives from six weeks to two months. In a recent case of murder, M. Mégnin established with precision the exact date of the burial of the human remains discovered in the garden. Among the remains, a particular kind of ant was observed, which is never found in soil recently disturbed; also the *débris* of acarina, known as *Œsophagus echinococcus*, which also furnished a chronological indication; portions of a bulb of a lily furnished further proof. Two years must have elapsed in order that the bulb should undergo the alterations it presented. M. Brouardel dwelt on the value of these entomological data in reference to medical jurisprudence.

The Causes of Failure in Life.

The *Southern Trade Gazette* tells us that a literary client of the great Romeike has given that diligent newspaper clipper an order to collect information regarding causes of failure in life. Romeike, therefore, with his usual zeal, has issued one of the cruelest of circulars "to all curates of more than forty years of age, to all unknown barristers, and to certain members of Parliament and public men." We wonder what the unfortunates think when they find themselves thus stamped with the Romeike brand as patent failures, and a list of guesses at the names of the certain members of Parliament and public men who have received circulars would be instructive and entertaining. In journalism, if a man passes thirty-five without achieving success in his avocation, Romeike dubs him a failure, and sends him "a form of inquiry." This "form of inquiry" is too curious not to be printed in its entirety. It runs as follows:

To what causes do you attribute your fail-

ure in life? I, ——— ———, of ———, profession ——, attribute my failure in life to the following causes:

1. Drink (say what drink).
2. Gambling (turf, cards, or what)?
3. Dishonesty.
4. Unfortunate acquaintances.
5. Marriage.
6. Single life.
7. Disinclination to work.
8. Lending or borrowing (say which).
9. Unpopular views (political); unpopular views (religious).
10. Tobacco (in what form).
11. General incapacity.
12. Other causes.

General remarks.

Medical Matters in the Argentine Republic.

The *New York Medical Journal* tells us that until within the last few years the study of medicine in the Argentine Republic was attended with much difficulty, and the facilities for instruction were very incomplete. For this reason many students went to Europe or to Brazil to pursue their studies. Now, however, there is a good school for medical instruction, and a hospital which furnishes ample clinical material. Formerly, anatomy, physiology, and pathology were taught only from books. Now there are a good amphitheatre for dissections, a laboratory for histological study, and one in which pharmacology is taught, and in a short time a physiological laboratory will be completed. The publication of medical books has been begun, and several medical journals are issued, among them notably the *Revista Argentina de Ciencias Médicas*, which is well edited and neatly printed. The project of establishing a Pasteur Institute in Buenos Ayres seems to be taking form. The National Congress has voted $5,000 toward its establishment, and the Provincial Congress has voted $3,000 for the same purpose. The executive commission reports that the president, Don Ignacio Pirovano, is receiving new accessions daily, and that the popular subscription gives promise of the most gratifying results.

The Negro from a Medical Standpoint.

Dr. P. Tipton, of Selma, Ala., in a carefully-written article published in the *Sanitarian*, gives some valuable facts regarding the negro race in the South. He first shows that their death-rate is over thirty per 1,000, more than double that of their white-skinned rivals. The death-rate among the blacks exceeds the birth-rate. The women usually have some uterine disease, which lessens their productiveness. Among the slaves, phthisis was unknown, but now the disease is four times more frequent among the blacks than the whites. Phthisis is now the greatest foe of the negro race. Malarial diseases are rare, and when they do occur, are of a very mild type. One-half the male population is syphilitic, but the disease is mild, and usually runs its course without treatment. Cancer of the womb is rare; lacerated cervix common. Deafness, insanity, diphtheria, and croup are also rare, while hysteria, rheumatism, and alcoholism are common. Unless the sanitary condition of the race is soon improved, it is threatened with extinction.

Sad Fate of a German Practitioner in South America.

The German residents in Bolivia wishing to obtain the services of a resident practitioner of their own nationality, recently agreed to guarantee some $3000 a year towards his support, and to allow him, besides attending the subscribers, to practice privately. A suitable gentleman was obtained, but unfortunately he shortly afterwards became insane. No satisfactory asylum being available in Bolivia, the German colonists tried to send him to Europe for treatment; but, though they offered a free return passage and a liberal recompense, they were unable to find any one who would take charge of the unfortunate doctor. However, from want of sufficient attendance he managed to escape, and nothing was heard of him till, three days later, a party of Indians brought him back with both his legs crushed. He was still alive, but was evidently fatally injured.

Culture of Vaccine in Mushroom Jelly.

Experiments have recently been made by the Finnish Medical Society in the cultivation of artificial lymph in sterilized mushroom jelly. The artificial lymph has also been dried and used for vaccination. A child was exhibited at one of the meetings who had been vaccinated by the artificial lymph in the arm. There were nine vesicles in three rows. They were all well developed, and did not present any dissimilarity, although two rows had been produced with lymph taken from different parts of the culture glass, and the third row with dried lymph from the same glass. Former experiments had not been so successful, owing to the resistance of the lymph to the effects of

drying. The condition of the lymph has now been brought to a more satisfactory point.

A Large Family.

One of the most prolific families of modern times lives in North Carolina. An exchange tells us that a gentleman traveling through the mountainous and thinly settled districts of that state was overtaken by a severe storm. As he was on horseback, and therefore quite unprotected, he beheld with delight a log cabin in the distance, and speedily betook himself thither. The old farmer greeted him with true Southern hospitality, and he soon found himself seated at the dinner-table beside "the old 'ooman," as his host designated his wife, while one by one a seemingly endless file of daughters entered the room. Turning to the farmer, he mildly observed, "You have a fine family of daughters, sir."

"Well," said the old man mournfully, "we've been kinder unfort'nate with our darters. The chimbly fell and killed all but nine on 'em."

The historian dares not guess how many of them there were at first.

An Excellent Example.

We are informed by the treasurer of the Ninth International Medical Congress that he has received, for the Congress, the sum of $500, donated by the Michigan State Medical Society at its recent annual meeting. The Executive Committee of the Congress must necessarily expend a large sum of money in printing and distributing circulars, and in perfecting all the arrangements preliminary to the actual assembling of the Congress. The liberal action of the Michigan State Society is timely and appropriate. It is very desirable that the good example presented should be speedily followed by the State Medical Societies of other States, and also by the leading societies in our most populous cities and counties.

The Birthplaces of Vegetables.

We learn from the *Popular Science News* that peas are of Egyptian origin. Celery originated in Germany. The chestnut came from Italy. The onion originated in Egypt. The nettle comes from Europe. Tobacco is a native of America. The citron is a native of Greece. The pine is a native of America. Oats originated in North Africa. Rye originally came from Siberia. The poppy originated in the East. The mulberry originated in Persia. Parsley was first known in Sardinia. Spinach was first cultivated in Arabia. The sunflower was brought from Peru. The walnut and peach came from Persia. The horse chestnut is a native of Thibet. The cucumber came from the East Indies. The radish originated in China and Japan.

Antisepsis in Military Surgery.

During the recent French invasion of Tonquin, the surgeons attempted to employ strict antisepsis in military surgery. The soldiers were furnished with antiseptic tampons for the immediate occlusion of wounds, a procedure which was found to be impracticable in the majority of cases. Carbolized sheets were used for covering the patients until they could be brought to the field hospital, where the wounds were washed and dressed antiseptically, and the patient left until operations, if necessary, could be performed. While the antiseptic methods succeeded in reducing the mortality among the wounded, the results obtained did not equal those of Reyher in the Russo-Turkish war.

Opposition to Pasteur.

On the 25th of July, at a meeting held at Paris and presided over by Dr. Chassaing, a municipal councillor, the methods of M. Pasteur were attacked by several medical men and veterinary surgeons. One speaker, M. Paul Bouiller, contended that microbes were not the agents but simply the products of decomposition. The very same microbes found by the professor in mad dogs could be equally obtained from the bodies of persons who had died of consumption. Dr. Bouiller concluded by challenging Prof. Pasteur to be bitten by a really mad dog. He (Dr. Bouiller) would submit to be bitten by the same animal. It would then be seen that the professor would go mad, and that he (Dr. Bouiller) would have cured himself by simple cauterization.

Imprisoned for Malpractice.

A Berlin physician has been condemned to two months' imprisonment for malpractice. A woman had an abortion followed by menorrhagia. The physician chloroformed her, with the assistance of a midwife, scraped the uterus with a sharp spoon, and injected liq. ferri sesquichloride. The patient died of peritonitis, and on autopsy several holes in the uterus were found, through which the injected fluid had passed into the abdominal cavity.

Nurses and the Hypodermic Syringe.

Under the heading of "High Nursing and Hypodermic Injections," the *Lancet* protests very properly against the practice of intrusting hypodermic medication to nurses, however well trained they may be. There is reason to fear that this ready method of drugging is practiced altogether too much, and its relegation to nurses even under instructions is undoubtedly calculated to encourage laymen in resorting to it themselves. The hypodermic syringe figures too often in the armamentarium of the morphia habitue, and it seems to be the duty of the profession to refrain from any measure, however indirect, that may tend still further to popularize it.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED AUGUST 14, 1886.

Carter, H. R., Passed Assistant Surgeon. Granted leave of absence for thirty days, August 12, 1886.

Glennan, A. H., Assistant Surgeon. Granted leave of absence for thirty days, August 9, 1886. To examination for promotion, August 12, 1886.

Pettus, W. J., Assistant Surgeon. When relieved at Savannah, Ga., to rejoin station, New Orleans, August 13, 1886.

The Importation of Rags.

Acting Secretary Fairchild has issued the following instructions to customs officers in regard to the importation of old rags: "All old rags imported into the United States in vessels which have passed local quarantine at the port of importation, will be admitted to entry in the same manner as other imported commodities, that is to say, without requiring special permits from the health officers as to their landing. The fact that the vessel has passed quarantine will be considered as sufficient evidence that her entire cargo is free from infection."

The Missouri State Board of Health and Medical Colleges.

At a meeting of the Missouri State Board of Health on July 12, the following resolution was passed:

Resolved, That in the future a percentage of graduates to matriculates of forty-five (45) or over, will be grounds for refusal of registration of diploma and issuing of certificate to graduates of a school otherwise in good standing; provided, however, that before such action is taken by this Board, the said school whose diploma is presented for registration shall be notified, and an opportunity be given the faculty thereof for satisfactory explanation to the State Board of Health.

In what Part of Boston is Massachusetts?

The *Indiana Medical Journal* says that Darwin states that the inhabitants of the South Sea Islands asked him in what part of London England is.

The proceedings of the new Association of American Medical Mugwumps, as quoted by the *Am. Med. Ass. Jour.*, states that eleven of the seventy-five are from Boston, and one from Massachusetts. We rise to inquire in what part of Boston is Massachusetts. The same for Pennsylvania (one delegate), and New York State (two delegates).

A Laconic Letter.

In *Harper's Magazine* for September we read that "in the days of '49," a member of a party of miners strayed away from his companions and was destroyed by wild beasts. The friend upon whom it devolved to "break the news gently" to the bereaved parents showed himself equal to the occasion by writing the following letter:

MISTER SMITH DEER SUR the Kiotes has ete yur sun's hed off Yurs

JOHN JONES.

International Congress of Climatology.

An International Congress of Climatology and Hydrology is arranged to commence on October 1, at Biarritz. A list of excursions into the Pyrenees and adjacent parts, which have been organized for the benefit of the members of the Congress, and which are spread out over the month of October, reaches upwards of thirty in number. Membership, the fee for which is fixed at 10s., confers the right to travel on the French railways at a reduction of fifty per cent., and entitles the member to join all or any of these excursions.

In Defence of Homœopathy.

A London paper states that it is proposed to establish an association for the purpose of dispelling the ignorance that prevails regarding the homœopathic system. The title of the new organization will be the Homœopathic League, and its objects are, in the words of the prospectus, first, "to give a

popular explanation of homœopathy, and to show that it is founded on reason, science, and experience; second, to defend homœopathy from the misrepresentations of its opponents, and to obtain fair treatment for it."

Medical Society of Virginia.

The session will convene in Fredericksburg, Va., on the night of October 26, 1886. The secretary's preliminary postal will be issued during this month, and prompt replies are requested. Applications for fellowship should be forwarded to the recording secretary (Dr. Landon B. Edwards, Richmond, Va.,), giving name and postoffice in full, name of college and date of graduation in medicine, reference to some Fellow who will recommend the applicant, and initiation fee of $2—the total annual expense.

A Sign of Death.

At a recent meeting of the Société Médicale d'Amiens, M. Lessenue mentioned the following as a simple and trustworthy sign of death. After pricking the skin with a needle the puncture remains open, just as when a piece of leather is pricked. On the living body, on the contrary, even if the blood does not come to the surface, as would happen if the person were hysterical, the pin-prick closes at once, and does not leave the slightest trace.

Items.

—Dr. T. H. Nott, of Goliad, was elected President of the Texas State Medical Asso-tion at its late session in Dallas.

—In the *Weekly Medical Review*, August 7, Dr. T. S. Washburn reports "a case of obstruction of bowels; twelve days stercoraceous vomiting; recovery; patient æt. 76."

—It is announced that the third volume of the Medical History of the War of the Rebellion is nearly completed, and will soon be issued from the press.

—Biniodide of mercury is insoluble in vaseline, but dissolves in 200 parts of lard or 50 parts of castor oil—a fact which should be remembered in prescribing it for inunction.

—The English hydrophobia commission is said to be retarded in its investigations by the difficulty of obtaining a rabid dog with which to test the efficacy of the protection afforded by inoculation.

—Deering J. Roberts has resigned the professorship of Theory and Practice of Medicine in the Medical Department of the University of Tennessee, and Dr. H. P. Waterfield has been elected to fill the vacancy.

—M. Bouchard has managed to induce cataract in rabbits by introducing naphthaline into the digestive canal. The quantity required for the purpose was a daily dose equal to a thousandth part of the animal's weight.

—The *St. Louis Med. and Surg. Journal* says that convulsions may frequently be cut short like magic by turning the patient on his left side. The nausea as an after effect of chloroform or ether narcosis may be generally controlled in the same manner.

—First Doctor—"I am sorry to see you in this condition, Doc. Who is prescribing for you?"

Second Doctor—"I am, myself."

First Doctor—"Great Scott! Don't do it! You are committing suicide."

—Dr. J. B. Hamilton, Surgeon-General M. H. S., and Secretary-General of the Medical Congress, 1887, has accepted the professorship of surgery in the Chicago Polyclinic. He will not resign his government position, but will spend his vacation in Chicago.

—An Arkansas farmer reports that last year, when coons made havoc in his cornfield, he went to the drug store to buy strychnine with which to kill them. By mistake the druggist gave him morphine, and next morning he found his field full of sleeping coons. He advises the use of morphine instead of strychnine.

—At a recent meeting of the Sei-I-Kwai (Japan) a vote of thanks was passed to Dr. H. C. Wood, of Philadelphia, for the donation of 105 volumes of valuable medical works to the Tōkyō Medical Library; a vote of thanks was also passed to Dr. Robert T. Wilson, of Baltimore, for the donation of nearly 200 volumes, including a complete set of Ziemssen's Cyclopædia, to the library.

—A Scandinavian customer was having a liniment prepared by a drug clerk, and calling for the ingredients by the five and ten cents worth. After it was supposed to be finished, corked, and delivered, he shook it up, looked at it, and said, "I will have five cents' worth of *nail olea* put in. Clerk was dubious, and the Norwegian explained, "I don't know how you call it in English; it is oil of big nail." "Oil of big nail, oh! Is it oil of spike?" and he answered, "Oh, yes, that's it, oil of spike."

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Communications.

MICRO-ORGANISMS IN GYNECOLOGICAL PRACTICE.*

BY S. PETERS, M. D.,

Of Cohoes, N. Y.

While it is our purpose to indulge in a few practical thoughts that are more particularly interesting to students of the diseases peculiar to females, it will not be out of place to allude briefly to bacteriology in general, especially as, at the present time, many have not given particular attention to its study, and even to those who have made special studies of micro-organic life, a frequent repetition of the lessons now considered proved cannot be time entirely lost. The importance of the whole range of topics is so great that it is not only our duty to study, but to make every technical term and every established point as familiar as our household words. The magnitude of the great lessons learned only through the microscope must impress all with the paramount importance of possessing and of becoming practically familiar with that wonderful instrument. The teeming myriads, invisible to our ordinary sight, have been for the past ages playing a general havoc with the higher orders of organic life, unseen and unknown; and while we are only just passing the threshold to the great arena before us, we have seen sights and gathered crumbs of the greatest value. We now study puerperal fevers and septicæmias from a far different standpoint, and already is human life far better conserved in these trying ordeals, as well as in others of the long list of zymoses.

The general term, bacteria, the plural of bacterium, includes all classes of micro-organisms. For convenience, they are divided into three classes, according to their different forms: the round or spherical, the long or rod-like, and the spiral or cork-screw shape. The round are called micrococci; the long, bacilli; the spiral, spirilla. These are subdivided, and include a large number of orders or varieties which it is not necessary to name here.

Each infectious or zymotic disease is supposed to be induced by a specific microbe that is capable of producing no other disease; that the specific microbe and the specific disease are inseparable and that the virulence of the disease is in exact ratio to the virulence or vitality of the microbe or its spore or germ.

All microbes must be and are capable of cultivation, so that generation after generation indefinitely can be produced. These cultivations must be, and are capable always of producing the same disease in which they were first found. The essentials of bacteria cultivations are a certain degree of warmth, moisture, oxygen, and a suitable soil or nutriment. The common potato answers admirably for many, perhaps most of such cultivations. This soil was first used by Koch, and has been of the greatest value in the study of bacteriology. Plates of pure gelatine are now much used, or strong solutions kept at a certain degree of warmth, according to the requirements of the particular bacterium.

The multiplication of micro-organisms is

*Read before the 2d District Branch of the New York State Medical Association, June 22, 1886.

either by division, commonly called fission, or the production of spores or germs, called sporification. When multiplied by fission, the cell constituting the microbe shows under the microscope at one point, generally near its centre, a stricture or narrowing, this becoming deeper and deeper until a complete separation takes place, thus forming two separate and perfect individuals; these, after a brief period, again divide, and so on to the rapid production of myriads in a few hours. When the increase is by sporification, two or more pearly or opalescent spots appear in the parent cell; these grow until finally the parent cell disappears. This last process is, I believe, always deferred till fission has been in operation for some time first.

The rapidity with which reproduction goes on is, according to the observations of Cohn, truly marvellous. He has carefully estimated that in three days' time, under favorable circumstances — plenty of food, oxygen, moisture, etc.—one bacterium can produce 15,000,000 of pounds, and in five days produce a bulk of 928,000,000 cubic miles.

This dangerous and fatal production would be speedily brought about were there not opposing actions or counter-actions. For instance, extremes of temperature is a common and easy method of destroying bacteria. The temperature of boiling water is fatal to nearly all of the pathogenic microbes. The temperature reached in fever is often sufficient for their destruction. The bacillus of anthrax cannot survive a temperature of 106° F. The relapsing fever spirilla cannot live when the thermometer reaches 104° F. On the other hand, the bacillus tuberculosis thrives at a temperature of 107° or 108° F. The tyrothrix bacillus, found often in certain kinds of cheese, will endure a temperature of 212° F. Spores endure a far greater range of temperature than their producing bacteria, some resisting a heat of 240° F., others a degree of cold far below zero. From some of the above-related facts it will be perceived that fever is not always undesirable.

Another efficient agency in the destruction of bacteria is the power or quality, whichever you may call it, of the lymph cells, wherever these are located: in the blood, in lymphatic glands, or on the surface of a suppurating sore. Whether it is a mutual affinity of these bodies for each other, or a battle for supremacy, the lymph cell imbibes the bacterium entire, where the latter is soon dissolved or lost. A single blood cell will thus receive several or many, but how long it can continue this action without injury to itself is not known.

Prof. Metschnikoff, I think, was the first to make these interesting and highly important observations. Other agencies are capable of destroying micro-organisms, such as the several chemical germicides. The comma bacillus, as observed by Koch, its discoverer, is rapidly destroyed by an acid medium, others succumb to alkalies, and all to a few substances, one of which, and at present, perhaps, the most popular, is mercuric bichloride.

The gynecologist has to deal principally with those particular organizations which produce sepsis or poisoning of the tissues. Now while the particular microbes of many diseases have been distinguished and accurately described, separated from others, cultivated, and found to reproduce in susceptible animals the same disease invariably, the investigations of experts in puerperal fever or puerperal septicæmia, as some prefer to call it, have not been so successful. It is true that single differentiated microbes have been isolated and even cultivated, and found to produce pathological states closely analogous to those found in the human body dead of puerperal fever; yet the evidence seems to point out a fact that more than one species of bacteria is capable of doing the same thing. Two of these have been named: one the *micrococcus septicus*, the other the *bacillus septicus*.

Dr. Noeggerath has very recently described in the *American Journal of Obstetrics* a coccus which has not been hitherto noted that I am aware of. In his own language, "its length, although somewhat varying in size according to the medium on which it is raised, is between a large coccus and a bacillus. It is a short rod, separated in the middle by a slight constriction just visible with a very high power, which gives it the appearance of two oblong cocci joined closely together. Sometimes two or three rods are joined in one. It is about one-quarter larger than the bacterium termo." This was found in a puerperal fever case of his which was very protracted and obstinate, and seemed to expend its poisonous action upon the tissue of the uterus without deposits in any remote organs. Besides this, Dr. Fraenkel has lately described a similar bacillus, though not identical.

It is probable that still other septic organisms have to do with the various operations upon and diseases of the female generative organs.

It is thus acknowledged that far too little

is yet known in regard to the number, natural history, etc., of this class of pathogenic bacteria, and that careful research is yet essential before we reach that perfection which has been attained in many other diseases. Much, however, very much, has been gained, as may well be seen by the statistics of several of our lying-in hospitals. At the Preston Retreat Hospital there were but two deaths in 756 cases of labor. (Goodell.) The Lying-in Institute in Dresden lost only 1.8 per cent. from metria, and only one case of septic disease in 570 births. (Winckel.) Previous to antiseptic precautions (in 1872), the death-rate was over 5 per cent. The mortality was reduced in Maternity Hospital in Copenhagen from 1 in 37 to 1 in 87. In the Emergency Hospital in New York the deaths are only two per cent. These figures are taken from the last edition of Dr. Lusk's work on obstetrics.

We may now ask the question, How do pathogenic bacteria produce disease? Some affirm that by the rapid increase in numbers simply the normal operations of the economy are so interfered with that disease is the result. In support of this, it is well known that blood-vessels are sometimes actually choked by the myriads of these organizations, and further, that the vast amount of oxygen required for their development must interfere with the physiological requirements of the body.

Others believe that the blood-globules, particularly the white cells, are greatly injured or entirely destroyed by the entrance into them, in too large numbers, of these organizations, as has been shown; this power of the white cells, ordinarily so favorable, being now overwhelmed and themselves destroyed. No doubt in some cases this is a powerful factor.

Still other theorizers, and particularly those who are opposed to this germ theory of disease, maintain that septic products are formed in the body by ordinary chemical or vital action—these poisonous ptomaines, as they are called, sometimes forming in quantity sufficient to react upon the body and produce disease.

It is improper here to follow the successive steps taken in the evolution of this theory, largely brought out by the researches of M. Gauthier. It is at the present time well known that, as shown by this observer, such toxic products are formed and found in the animal body, and that while some of them are formed by the oxidation of tissues within the body, other like products, even more toxic, are the result of the agency of bacteria. Koch is of the opinion that the comma bacillus secretes or excretes a ptomaine whose reaction upon the tissues may be the efficient, or one of the efficient causes of Cholera Asiatica.

In carefully studying these various theories in answer to the question, How do bacteria produce disease? the opinion seems justifiable that all these agencies are combined in inducing the general result, namely, what we call disease: that the bulk of numbers, the urgent demand for, and great consumption of oxygen not supplied from the external air, the injury or destruction of the blood-globules, and the poisonous action of the bacteria secretions called ptomaines, all together act to produce the pathological result. We may take it for granted, then, at least for the present, that disease results from—

1. Great numbers of bacteria.
2. Great waste of oxygen.
3. Injury of the blood-cells.
4. The toxic action of one or more of the ptomaines.

We now come to the more practical part of our subject, namely, the management of gynecological cases of disease induced by micro-organisms. The indications seem clear—1, to prevent the entrance of pathogenic microbes into the body; 2, to aid as far as possible all the efforts of such infected body to rid itself of them, and of their effects. Nearly the whole subject of treatment is therefore included in what is known as *antisepsis*.

This mode of treating infectious diseases is yet in its infancy, we might almost say in embryo; yet who will deny that it has earned for itself, in its brilliant results, the thoughtful attention, if not the hearty endorsement, of the mass of the medical profession? We cannot ignore the fundamental principles of this comparatively modern theory, because actual demonstrations are by no means wanting. Willingly or unwillingly, we are forced to heed its foundation precepts in our daily rounds.

It would be impossible here to enter into all the details of antiseptic medicine. The search for antiseptic agents and procedures has been well repaid, and yet greater discoveries are undoubtedly to be made in the near future. I prefer to spend what little time is remaining to me in attending to only a few points that are perhaps the more prominent.

A few weeks ago Dr. Howard A. Kelly read a paper before the Obstetrical Society of Philadelphia, an abstract of which is published in the *New York Medical Journal*. The abstract is headed "Asepsis, not Anti-

sepsis," and it so well represents my own views that the reading of it would well repay for the time spent. Dr. Kelly uses excellent reasoning in his preference of asepsis —that is, cleanliness and general hygienic precautions—in preference to any and all kinds of antiseptic treatment, strictly so denominated. He refers principally to the objectionable use of carbolic acid and mercuric solutions, and refers more particularly to their use in abdominal surgery. I am quite strongly impressed, after some little experience, that the same is true with regard to their use in the puerperal septicæmias. The solutions of these germicides, of such strength as to be in any degree efficient, are too strong to be applied to any abraded part of the body, particularly to the vagina and uterus, where, as all must admit, much harm has already been done. In the language of Dr. Kelly: "The patient is very often killed along with the germs," and he then quotes the words of Dr. Goodell: "The first four cases done in the theatre at the beginning of last session had hemorrhage from the kidneys, and two of them died. It was purely carbolic acid poisoning; of that I have no doubt whatever." It is well known that Lawson Tait uses nothing but water and soap. C. Fürst strongly cautions against the use of these antiseptics, *Medical News*, December, 1885. Salivation has been induced by a 1 to 2,000 solution of mercuric bichloride used as a vaginal injection. Goodell is opposed to the use of these antiseptics, emphatically to their application to the cavity of the uterus. And so we might go on with references against the use of these two agents and their congeners, to almost any extent. Yet, strange to say, they are still fashionable in many quarters. For cleansing the hands, instruments, tents, sutures, and other appliances, they are indispensable; but for applications with a view to the destruction of microbes, they should be well-nigh discarded.

Water in my hands serves as the safest and most efficient antiseptic. Water is the great cleanser, and may be used freely and everywhere. As the great Lawson Tait remarks, "tap-water is all sufficient." Lusk says, "distilled water renders the action of bacteria extremely feeble." Keith uses antiseptics sparingly. Hiram Corson, of Pennsylvania, delights in deriding the fashion of flooding the uterus with anything but water, and seldom with that.

Fortunately for our race and for the advancement of true science, hygiene is asserting her lofty position in the conservation of human life. The power acknowledged for antiseptics may wane, hygienics never. Gynecologists, as well as others, have learned this well. Cleanliness cures septic diseases by forbidding even the presence of any and all noxious agents. Keep ourselves and our patient clean, and fear not—waiting, however, for the ideal germicide and antiseptic that may be discovered to serve as the handmaid of cleanliness.

THE DOCTOR AS A SANITARIAN.

BY THOS. W. HARVEY, M. D.,

Of Orange, N. J.

I do not mean the doctor as a sanitary engineer, or the author of a sanitary tract, or as a member of a board of health, but in his daily avocation of adviser on his daily round of visits.

It is in the details of every-day life, in the management of the household, in the practical application of sanitary principles to housebuilding and housekeeping, in the education of his patients in proper ways of living, in the application of those great principles which, a rare compound of scientific thought and good common sense, constitute that new department of knowledge, sanitary science.

The interest in this science is widespread, its literature is already voluminous, its professors are recognized authorities working for the good of the community; but its quackeries are also becoming prominent, and in few other departments of learning does so much "half-truth" pass for law and gospel. The proprietor has but to cry up some weak combination of salt and carbolic acid as a great parasiticide, putting in his advertisement a lot of gush about sanitary laws, bacteria, Pasteur, etc., etc., when its sale is assured. The people are receptive of all such stuff, their minds having been carefully prepared for its reception by the close study of the scientific column of the religious weekly. This imperfect knowledge of sanitary facts is not confined to the laity; it is the rule in the professson, and should be corrected. No person in the community may have more influence for the spread and acceptance of correct knowledge on these matters than the physician. There is no one whose opinion is asked oftener. He is the one of whom first the head of the family asks the question, "Is there anything the matter with my drainage?" How ready every doctor is to answer the question! It does not look well not to know, not to be able to say just where the trouble lies. It

redounds so to his credit in the community to have it said that "The doctor looked over my pipes and pointed out the difficulty at once. *I had no traps.*"

It is my experience that not one physician in ten is qualified to make such an examination. And I might go further and say that very few *know* that such an examination is impossible in nine-tenths of the houses that have been built more than five years.

This state of affairs is very much what it is in medicine proper. The opinions prevalent among the laity are what passed for facts and true theories among the last generation of medical men. We are to-day combating among the people the errors that our fathers in medicine combated in the profession. So in sanitary science what passed muster as good practice fifteen years ago with the professed sanitarians, is still considered the highest kind of sanitation among the people at large and the mass of medical men. We are not keeping abreast of the times. For instance, some ten or fifteen years ago the trap was considered the magnum opus of sanitary skill. Stick a trap on a pipe, and the terrible gases that cause disease, the sewer gas, was imprisoned and done for: it was a stopper that was hermetical. But it took but little time and common sense, and the application of known physical laws, to demonstrate that the trap *per se* was useless. In some places, as between the foundation of the house and the street sewer, it was not only useless, but actually harmful, preventing that free circulation of air through the pipe system, that is the most active and only successful disinfectant agency that can be applied.

Again, this same "sewer gas" has come to be considered a misnomer, or at least a misapplied term. Sewer gas there undoubtedly is; at least in every receptacle containing decomposing organic matter there are present the gases resulting from such decomposition; but those gases that make bad smells in the house do not come from the street sewer. Said a well known sanitary authority, in a recent lecture: "I know of no instance where a bad smell is found emanating from plumbing fixtures that have *not been used*, although connected with the public sewers for some time."

The proper term to be used is "*fixture*" *gas*, and I think the importance of a proper name is evident. The name suggests the treatment and is the basis of the modern arrangement of pipe systems in houses. The aim is not to keep sewer gas or air out of the pipes, but to so arrange the system that what gets in may easily get out, and also that plenty of good fresh air may continually flush them and purify the foul gases that are formed in them.

I mention these instances as indicative of the changes that have taken place and are taking place in the minds of those who are working most actively in this great art of preventive medicine, and because I find such crude ideas prevalent in the profession.

Most medical men are still in the trap and sewer gas period of their sanitary development.

A man imagines that by walking into a bath room, smelling at a wash basin, and calling a closet by its particular name, that he is thereby constituted a sanitary authority, and that he has made an examination from which he may give an opinion that may involve the expenditure of much money to rectify.

I do not want to urge that every doctor should be a sanitary engineer or a practical plumber, but that he should either cultivate a more practical acquaintance with sanitary science, or should have the grace to say that he does not know enough of it to express an opinion. Perhaps at the present time this is all that should be asked. But the physician should know as thoroughly the principles of practical sanitation as he does his anatomy or physiology, particularly the general practitioner, who every day is becoming more and more the *counsellor* in health matters. The specialist is gradually getting away his "practice," but his "advice" is sought more than ever, if it is only to ask to what specialist the patient shall carry his ills; and indeed it is getting to be a serious thing, and a position requiring much judicial acumen, to decide whether the invalid is to be sent to the neurologist, gynecologist, or oculist.

It is evident to every one that more advice as to the way to avoid future sickness is expected from the general practitioner than formerly; and that he may fulfil this duty properly, a much more profound and exact knowledge of sanitary principles is necessary. I think it is the duty of the profession to urge the establishment of chairs of practical hygiene in our medical colleges.

It is also well to remember that the duty of the physician covers the recognition of the causes of disease and wrong conditions generally, but does not necessarily include the details or method of correction.

Another field where the physician is specially needed at present is in correcting the great amount of misinformation that prevails popularly among our people, and to stay the

great streams of error that threaten to drown out the little knowledge that we now have. These are the times when the great "anti" societies flourish, and this sanitary movement has been prolific in the production of "cranks," full of half-digested facts and crude theories which they disseminate among the people, to many of whom such praters appear as disciples of light and the only possessors of true knowledge.

It is time then that the well-informed physician should recognize that this field is one in which he should be the best informed man in the community. He should be the source to whom all should look for their information regarding health, both for restoration and for preservation.

Every physician represents a circle to which he is already an authority in most matters in curative medicine; perhaps by a certain number he is counted second to the medical almanac, but there are a few people among whom his opinion is final. If he decrees death, they die; if he formulates a rule of life for the preservation of health, they will follow it implicitly and will preach it to others.

How necessary then that he should know thoroughly the "reasons why" of our sanitary rules. I know of no department in medicine that requires more of that hard common sense that is the characteristic of the successful general practitioner than the correction of sanitary evils. On the other hand, there seems also necessary the cultivation of a faculty for seeing what lies before the eyes, and of recognizing bad conditions when present.

Every doctor, therefore, who acts as a family physician, should know first what to look for and then where to look for it. It is not necessary that he should ride on the crest of the bacterial wave, or that he should feel perfectly satisfied that he knows exactly the cause of scarlet fever or diphtheria—better not: the fewer preconceived opinions he has, the less his mind is occupied by library-made theories, the more likely he is to see what actually exists, rather than what he expects to find.

There are a few cardinal principles that should guide his search.

Whatever changes the air that we breathe from its natural condition is an impurity.

The same proposition holds good as to food and drink.

The most useful disinfectants are the sunlight, the oxygen of the air, and pure water. Dilution is nature's method for purifying the air, aeration for purifying the water.

Whatever is a source of impurity to the air we breathe renders us liable to disease by depressing the vital forces and weakening the normal resisting power of the individual tissue-cells. The same is true of impurities in water or food.

Any system of sewage collection, carriage, storage, or disposal that does not provide for thorough ventilation and flushing both with air and water, and give plentiful opportunity for cleansing, is faulty. The mechanism is unimportant, so the object sought is well recognized, which is not the getting rid of the waste of animal life in the speediest manner possible, but the return to its original elements of the products of the decomposition of this animal waste in such a rapid and complete way that it may not add impurities to our air and water, or food.

It is not within the compass of this paper to point out the application of this rule to the plumbing of a house, for instance. But if such a system is not made to comply with the requirements of this rule to the letter, it will be a source of ill-health to those who are served by it.

Every physician who will approach these problems with his mind unbiased by previous speculations as to the causes of diseases or as to particular systems of drainage, or in the larger field of the management of epidemics, and will apply to them the same methods of reasoning that he uses in the study of diseases when established and their cure, will find that they are usually easy of solution and productive of much mental gratification to himself. Further, by so much as he becomes familiar with the recognition and treatment of insanitary conditions, by just so much he becomes a more useful member of society, and a more valuable adviser to his patients.

CONTAGIOUSNESS OF TYPHOID FEVER.

BY JAMES E. FREE, M. D.,

Of Emporium, Pa.

In the *Medical News* for July 24, 1886, is a contribution to the literature of typhoid fever which discusses hepatic abscess as a complication. So much has been written upon this subject, namely, typhoid fever, that it would seem as if our knowledge ought to be perfect.

But this paper is an illustration of the fact that careful observers still find things rare enough to be interesting. Hepatic ab-

sess may have occurred a number of times since the days of Hippocrates, but it is one of the few phenomena which has escaped getting into print, and, of course, when some of us stumble upon a case, we suppose that ours is a freak of pathology. It is not safe to claim the credit of a discovery in any science, for no sooner is our boast heralded in the press than a cloud of witnesses arise to prove that we have been anticipated by some poverty-stricken genius who died of a broken heart because his ideas were rejected by an unfriendly world.

Knowing well the ground I stand on, and desiring to dispute no man's title, I would like to put on record some experience of my own within the past year. Every effect must have a cause; but it is not always easy to place our hands on it. This fact accounts for the superabundance of theory produced by mankind. Whatever may be responsible for typhoid fever is widely disseminated, for the circle of its influence extends around the earth.

Dr. Gerhard's remarks on the epidemic at Rosemont, Pa., are doubtless correct, but ever since leaving college I have sought for "confirmation strong as proofs from holy writ" of the teaching of my *alma mater*, and I am bound to say that hard as it is to give up a doctrine which is rooted and grounded in faith, my search has met with indifferent success.

The case which I wish to speak of at the present time occurred in a boy fifteen years old. For two weeks previous to my first visit he had been complaining of being tired; but he has the reputation of having a chronically tired disposition, and his parents suspected him of malingering, and did not attempt to do anything for him until the middle of October, 1885. I saw him October 17, he was then complaining of violent pain in his stomach; there was no desire to vomit, his skin was dry and hot; temperature on the evening of first visit 105½°, respiration 24; tongue was covered with an abundant yellowish coating, the bowels were constipated. No positive information could be obtained as to when there had been a stool. The boy declared he had not been out of the house for nine days, but of course in his condition the statement should be taken with a grain of allowance. The pulse was 100, and on account of the arrest of the biliary function the face, which was flushed and dark, looked like a turnip after sticking out of the ground too far all summer, and being exposed to the scorching rays of the sun. I had had a similar case some time before in the same neighborhood, which was ushered in with agonizing intermittent pains over the region of the liver, and had incautiously made a diagnosis of gall-stone. This time I remembered that prudence is the physician's cardinal virtue, and husbanded my diagnosis, as it were, and resorted to stimulation—a practice first learned from my friend, W. H. De Long, M. D., who says that it is policy to maintain the strength of a typhoid patient by the constant use of alcohol when the temperature reaches 102°.

By the way, a remark which is not germane to the subject suggests itself. Examining surgeons for the pension department will call to mind the extravagant claims sometimes made with regard to the sequelæ of typhoid fever. Civil practice proves that the subjects who escape the death penalty usually recover their health and strength rapidly and permanently, and it is remarkable if there is any wide variance from this rule in the same disease contracted while on the march or in camp. A man, for instance, had an attack of enteric fever in 1863, and now comes before the surgeon for examination. Supposing he recognizes the symptoms of incipient Bright's disease, namely, increased arterial tension, increased apex impulse and cardiac dullness, and ventricular hypertrophy, is he justified in saying that the ex-soldier is entitled to a pension on account of disability received during service? These lesions he knows to be compensatory, and therefore hardly likely to have existed for a score of years. Such are the difficult problems which may have something to do with the veto of pension bills.

But, to return to my patient. There were nine in this family, and as I studied their surroundings, which were very far from the standard of hygiene and sanitation, I became convinced that at last Providence had put me on the track of contagious typhoid fever. So a book to note the particulars of each case as it developed was prepared.

Different localities are not alike susceptible to typhoid fever, unless in the time of an epidemic—then indeed no barrier is strong enough to protect us. My patient lived in what is known as Rich Valley, northwest of Emporium. It is nine miles long, and perhaps on an average a quarter of a mile wide; its outlet is just at the upper end of the town. On the south, west, and north it is bounded by mountains. One peculiarity of the inhabitants is the fact that, like our remote ancestors, they have descended from a common stock. Several generations ago the valley was settled by two or three families,

and their descendants have married and cohabited until the genealogy of the valley is involved in inextricable confusion. As far as can be discovered, there is nothing peculiar in the topography of the valley, excepting that it meets the mountains at its upper end. It is as well watered by creeks and rivulets as neighboring portions of this district, and the soil, judging from the abundant crops, is equally fertile; but here typhoid fever is rampant. No other disease occurs with such frequency, with the exception probably of *confinements*. (?)

Another remarkable fact to my mind is the exemption which Emporium enjoys with regard to enteric fever. Considering that the creeks which drain Rich Valley feed the stream along whose banks our town is built, what is the explanation of this exemption? An immense tannery is located at the outlet of the valley, and its refuse is emptied directly into the creek. Is it possible that any disinfectant properties are inherent in the waste of tanneries? The miserable stench which ascends towards the heavens may, in that event, be a physiological blessing, but there are sojourners here who think it is a deeply-disguised blessing.

There was nothing peculiar about this case of typhoid fever—it progressed as ordinary cases are prone to do—but what seemed strange to me was the immunity which the rest of the family enjoyed; they lived in a state of semi-poverity, and the younger members of the family spent a large portion of their time tumbling over their brother's bed; but not one of them, however, has had the prodromal symptoms of the disease.

Prof. John S. Lynch, of the College of Physicians and Surgeons, Baltimore, used to say that typhoid fever sometimes occurred in such a mild form that the patients were hardly conscious of anything being the matter with them. It might have been thus in this instance. Another of the professor's pet ideas was the power of heroic doses of quinine to abort typhoid fever. This I have tried in several cases of suspected typhoid, but when no further symptoms of the dreaded malady developed, my conscience condemned the diagnosis, and made me doubt whether I had not been like Don Quixote, fighting an imaginary foe.

At the end of the fifth week the boy, who up to this time had been progressing nicely, began to complain of pain in his side; to use his own words, he felt as if he "had a bile in his belly." The liver was considerably enlarged and interfered with the action of the diaphragm, and also prevented expansion of the lung. A distressing cough ensued, and the temperature of the body fluctuated between wide limits, sometimes being subnormal, as low as 94° once. At the time I attributed the low index to some fault of my thermometer, but now know that it is characteristic: there were now profuse sweats, occasional chills and hot flashes, and emaciation.

It was about two weeks from the inception of the hepatic trouble that heroic measures seemed to be demanded, and I resolved to resort to something effectual in the morning.

During the night of November 30, 1885, the Warner House, one of the finest hotels in this section of the State, was burned to the ground, and a number of the guests seriously injured by jumping from the roof and windows. Consequently, the physicians of this place had their hands full for a number of hours, attending to the wants of the suffering. The next day I was unable to attend to practice, and in a few days developed an attack of genuine typhoid fever. More than a month afterwards, when I was again able to go about, I found that the boy had passed about a quart of "yellow matter" per rectum, and afterwards recovered, as if by magic.

Now, what I am studying over at the present time is this—why a man who, so to speak, had obeyed the commandments of prophylaxis from his youth up, should be stricken down with a disease which a family who lived within constant reach of its deadly germs refused to contract?

Medical Societies.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

Stated meeting, March 22, 1886.

The President, S. Weir Mitchell, M. D., in the chair.

Dr. H. C. Wood read a paper on

Landry's Paralysis.

In the course of the paper the symptomatology and diagnosis of neuritis and poliomyelitis were to some extent considered.

Dr. G. Betton Massey said that in regard to pain on pressure in poliomyelitis, that it is of interest to recall the fact that in this affection the skin is unusually sensitive. In children, for a year after the attack, there is hyperæsthesia to tactile impressions and especially to the battery. Hyperalgesia

would probably better describe the condition. These cases have presented marked reactions of degeneration, and it has seemed to him that the greater the reactions of degeneration the greater the sensitiveness to the galvanic current in children. An autopsy is by no means necessary to make out the diagnosis, for the clinical histories of these cases are almost identical. It should be as easy to diagnose acute poliomyelitis in a child as to diagnose small-pox. He thought it might be possible, in the cases referred to, to remove a portion of the nerve for examination during life.

Dr. Wharton Sinkler, in reply to Dr. Wood's statement that the diagnosis cannot be regarded as proved unless there has been an autopsy, said that we cannot make autopsies in all cases, and we must therefore infer that our diagnosis is correct when the symptoms are identical with those of other cases in which autopsies have been made. Competent observers in this country and abroad have made post-mortem examinations in cases of infantile paralysis, and have found distinct lesions in the anterior horns of the cord. Hence we may assume that there is such a disease as poliomyelitis anterior. He had seen children, as described by Dr. Massey, in whom there was hyperæsthesia to electricity, especially to the galvanic current.

At least twelve or fifteen years ago Barnwell advanced the view that infantile paralysis was a disease of the peripheral nerves; the later observers, supported by autopsies, seemed to have disproved his theory. Kennedy has described a variety of infantile paralysis under the name of temporary paralysis. We believe that this disease is distinct from "myelitis of the anterior horns," and it may be the result of a diffused neuritis, as suggested by Dr. Wood. He had no doubt that some of the cases of the so-called spinal paralysis of adults, those of short duration, may be of a similar nature.

Dr. Francis Dercum had lately seen a case in private practice which was of interest in this connection. A man who had been exposed to damp and cold had a chill followed by fever. He was called to see him, and found him suffering with intense pain affecting both brachial plexuses, followed by rapidly developing paresis of both arms. This was evidently a case of peripheral neuritis. The electrical reactions were examined by Dr. Lloyd, who can better give the results of this examination.

In such a case, if the patient does not die early, we may expect the cord to become involved, and then, in the absence of a knowledge of the previous history, it would be impossible for any one to say which was the primary lesion.

He thought it possible that we may have a disease in which both the centres and the nerve trunks are affected simultaneously. Diphtheritic paralysis is probably a case in point.

Dr. James Hendrie Lloyd thought that the case referred to by Dr. Dercum was of interest, especially with reference to one or two points which had been brought forward in regard to the reactions of degenerations. This man was completely paralyzed in both deltoid muscles, and in the right infraspinatus and the right teres major and minor muscles. The left infraspinatus and teres muscles were perfectly normal. If this was a case of peripheral neuritis, we have facts contradicting some observations made to-night. In this case, typical reactions of degeneration were present. The changes were both serial and modal, and the faradic irritability was almost extinct. There were no fibrillary contractions in this case. In regard to this subject of reactions in wasting muscles, it seems to him that where there have been marked fibrillary contractions, the reactions of degeneration are not as distinct as we should expect to find them, and this is probably due to the fact that such cases are caused by a slowly advancing anterior poliomyelitis, in which the trophic centres are very gradually destroyed; whereas, in peripheral neuritis the lesion would be more quickly established, and the characteristic electrical changes would be earlier observed.

Dr. Charles K. Mills thought that while multiple neuritis may occur more frequently than we have been led to think, still, we have as yet few positive diagnostic points. Pain on pressure over a nerve trunk is perhaps one of the best signs of neuritis of all forms, but this is also sometimes found in subacute myelitis of the anterior cells, and in neuralgias there is hyperæsthesia at limited points. In genuine posterior sclerosis at times limited areas of pain on pressure are present. In regard to Landry's paralysis, it seems that subacute myelitis of the anterior horns would simulate it more closely than anything else.

Some years ago, Leyden advanced the view that locomotor ataxia was due to neuritis, and since then this view has been advocated by different authorities. We find tenderness over the nerves in various spinal and cerebral affections. In some cases of brain tumor, hyperæsthesia is a marked feature. The same is sometimes seen in spinal tumors.

It might be said that in these cases there was also neuritis, but in some cases of brain tumor this is impossible. The tumor may be so high as to be remote from the nuclei of origin of the nerves. Leaving post-mortems aside, the uniform bilateral character of many of the cases classed as subacute anterior poliomyelitis is, so far as it goes, in favor of a central origin of the disease.

The suggestion of Dr. Dercum that the disease may simultaneously affect the nerve trunks and the centres seems more philosophical than to attribute all these cases to multiple neuritis. In arsenical paralysis, he believed that the nervous protoplasm was everywhere affected.

The Use of Nitrite of Amyl in the Severe Paroxysms of Whooping-cough.

By Dr. Morris Lewis.

E. B., female, æt. 13 weeks; breast-fed; a well-formed, healthy baby; rather small, and weighing about seven and one-half pounds.

At the age of seven weeks, having just recovered from the effects of a perfectly normal vaccination, she contracted whooping-cough from her brother, whose case had been one of the lightest character, rendering the diagnosis impossible for over two weeks. The infant's cough for the first week was but slight; but during the second week it began to show the characteristic symptoms.

The child was placed upon a mixture of belladonna and alum every three hours, and progressed favorably until the night of February 12, which was towards the end of the second week of the disease; it was then seized with a violent paroxysm of coughing, became purple in the face, and finally, according to the mother's statement, ceased to breathe. I was immediately sent for; but before I could answer the summons, the mother had thrust the child out of the window into the cool, damp air of a foggy night. This procedure was immediately followed by an inspiratory effort, and the child breathed again. When I arrived, the child was in an exhausted state, and was breathing regularly. After this, until the 22d of the month, but one other slight attack of this nature occurred. By this time the child was coughing in a perfectly typical manner. The medicine was continued, but in slightly larger doses, the child taking about the one-twelfth grain of extract of belladonna in the twenty-four hours.

On the night of the 22d there were three severe paroxysms, during all of which I was present.

The child would awaken with a series of violent expiratory coughs, with scarcely an inspiratory effort between them. Finally, an expiratory spasm would occur, lasting fully fifteen seconds, during which the child would struggle and become perfectly livid. This would be succeeded by complete collapse, with entire suspension of respiration, due probably to exhaustion of the respiratory centre.

During the last two of these attacks I administered ether by inhalation, and believe that thereby the spasmodic stage was somewhat shortened; but the subsequent collapse was so severe that I was obliged to resort to artificial respiration, and once had to continue it for ten minutes, as during that time there were but one or two feeble attempts at inspiration. The evening before I had placed the child on the $\frac{1}{600}$ of a grain of sulphate of atropine every three hours.

Dr. William Pepper then saw the case with me in consultation, and suggested combining a small amount of nitrite of amyl with the ether to prevent if possible the stage of exhaustion. This combination seemed to have a good effect; but, as the amount of ether required seemed to render the child drowsy and disinclined to nurse, I gradually diminished the proportion of ether until the mixture contained one-fourth part of nitrite of amyl. This mixture was kept in a small vial, and with each cough the end of the finger was wetted with the mixture and held close to the child's nose and mouth, so as to catch the first inspiratory effort. Thus administered, the child practically got nothing but nitrite of amyl. After the commencement of this treatment the child never had another attack of exhaustion, and the severity of the paroxysms seemed to be lessened, although the child coughed just as frequently, the number averaging fifty in the twenty-four hours, the amyl being given each time.

No untoward effects were at any time noticed, even when once I held the bottle, containing at least 10 drops of amyl, to the child's nose.

It was difficult to judge of the amount of flushing produced by the drug on account of the flushing caused by the cough.

I am confident of the beneficial effect of the nitrite of amyl in this one case, and although one swallow does not make a summer, I think the drug will be found of use in analogous cases.

Dr. John M. Taylor, who assisted me in watching the case, is also positive of the good effect produced.

In the short time that I have had to look up the literature of the subject, I cannot find that nitrite of amyl has been used in

whooping-cough, nor has anybody that I have spoken to on the subject known of its use.

By diluting the nitrite with ether or alcohol, it can be administered in any dose required, and could more easily be placed in pearls than the pure nitrite.

By placing it in a bottle with a small top, that can be covered easily by the finger, it can be almost immediately administered by simply wetting the tip of the finger by inverting the bottle.

The child is now doing well, and has had no complication other than a slight umbilical hernia.

Stated meeting, April 26, 1886.

The President, S. Weir Mitchell, M. D., in the chair.

Dr. H. F. Formad, by invitation, read a paper and presented specimens illustrating

Different Forms of Cerebral Hemorrhage.

Dr. Dercum said that Dr. Formad states that in no case can the blood find its way from the pia mater into the ventricles. That is true of the general surface of the brain, but not of the base. Profuse hemorrhage at the base may find its way into the lateral and third ventricles through the transverse fissure of the brain: of this he had seen an instance.

Dr. Charles K. Mills thought that perhaps the statement in regard to the first class of cases may be misleading, if he says absolutely that small hemorrhages in the fourth ventricle and in the lateral ventricle occur only from traumatism. These are of frequent occurrence, particularly in the floor of the fourth ventricle in many diseases. They probably take place at the time of death. He has seen them in cases dying in the epileptic status. They have been found in cases supposed to be hydrophobic.

The occurrence of the hemorrhage in the second class of cases opposite the point of application of the force is interesting, and he thinks is best explained by Duret in his papers on traumatism. He attributes it to displacement of the cerebro-spinal fluid with the formation of numerous vacuoles and the rupture of the blood-vessels from within outward, the largest vacuoles usually occurring opposite the seat of injury. In those cases in which the hemorrhage is in the lenticular body and works its way into the lateral ventricle, numerous ecchymoses occur in various parts of the membranes and of the brain. These occur for the same reason as when the skull is struck from the outside.

He believed that in children hemorrhages occur beneath the pia mater without any special recognizable cause. He has seen one case in which meningeal hemorrhage occurred in a new-born child, probably as result of traumatism from the use of forceps. Where children die soon after delivery, he believes that death is sometimes due to this cause.

Dr. Charles K. Mills reported a case of

Unilateral Sweating.

The patient was an unmarried woman thirty-four years old, sent to him by Dr. Deakyne. Eighteen or nineteen years ago she began to have spasmodic attacks which seemed, from description, to be epileptic. About fourteen years ago she had a stroke of left-sided paresis. About the same time she began to perspire excessively on the side of the paresis. This unilateral sweating has continued up to the present time and is more marked than before. The secretion on the right side is normal. There is also increased lachrymation on the left side. The saliva seems to be about in equal amount on both sides. Before the occurrence of the spasms she complained of a peculiar taste, probably metallic. She occasionally has slight attacks of dizziness, is somewhat absent-minded, and at one time had severe pain in the head. Four years ago the spasms ceased. The left side of the mouth is visibly drawn a little upward. There is slight paresis of the muscles supplied by the facial nerve. She cannot draw up the left side of the mouth volitionally as well as the right. The slight loss of power in the limbs of the left side is more particularly in the arm.

She has had no trouble with the bladder or bowels. At times the left side of the face reddens very much and remains so for some time. She has some pain on the left side. She has been chiefly treated for uterine trouble. She does not present any signs of the hysterical temperament. Against hysteria are the facts that, in the first place, she has paralysis of the muscles supplied by the facial nerve; second, she has contracture on the left side, which is sometimes present in old cases of facial paralysis; and, third, the persistence of the condition for fourteen years.

Dr. Edward T. Reichert thought that it is not only probable that sweat centres exist in the spinal cord, but also that there is a dominant centre in the medulla oblongata. The latter is no doubt bilateral, and while it generally acts as an individual centre, affecting in like degree sweating on both sides, the centre on one side only may be in a condition of over-excitement, as is probably the condition in the present case, thus causing unilateral sweating. The lesion must, he thinks, be above the middle of the pons in order

that there may be paralysis of the face and limbs at the same time.

Dr. Francis Dercum believed that the supposition of some lesion of the cortex going on slowly and leaving a sclerotic patch, and followed by degeneration involving these so-called sweat centres might explain the case. As regards unilateral sweating, he observed it for four or five years in a case which subsequently terminated in apoplexy. No autopsy was made.

Dr. Charles K. Mills said that Dr. Reichert's remarks would indicate a possible cause for this case. It seemed to him that it might be due to a very small tumor or patch of degeneration of some kind high up in the pons. He found, in looking up the subject, one case of unilateral sweating reported in which degeneration of one of the cervical ganglia was found. He attached but little importance to this. He had recently looked up the subject of unilateral progressive facial atrophy, of which more than fifty cases have now been reported. In a majority of these there has been diminution or entire absence of sweat on the atrophic side.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

Regular meeting held March 9, 1886.

First Vice-President, H. P. C. Wilson, M. D., in the chair. Wm. E. Moseley, M. D., Secretary.

Dr. P. F. Mundé, of New York, read the following paper:

Ovariotomy During Acute or Chronic Peritonitis.

It has been my misfortune in my experience with the operation of laparotomy for abdominal tumors to meet with the most complicated and unfavorable cases. Thus of sixteen double ovariotomies there were four intra-ligamentous cysts, three of which contained pus and were not removable except by piece-meal; in two cases the walls of the cyst were practically rotten and so friable as to break down under the slightest manipulation; in one case there was a suppurating dermoid cyst with extensive adhesions to the bladder and pelvic wall; and in two cases previous rupture of the cyst, with the production of diffused chronic peritonitis had taken place. Adding to this latter category three cases of single ovariotomy during chronic peritonitis in two of which the peritonitis was due to rupture of the cyst, and in the other to aspiration, and I have had five cases of ovariotomy performed during general peritonitis, one acute and four chronic. Certainly this array of complications does not forecast a high rate of recovery, and in reality it stands at 50 per cent. of double ovariotomies. But I have the satisfaction of knowing that one patient recovered after operation during chronic peritonitis, one after removal of a suppurating dermoid cyst with lesion of the bladder and catgut suture, one after removal of a multilocular cyst weighing fifty pounds, all double ovariotomies, and one after partial excision of a huge cyst of the broad ligament containing 48 pints.

Of my single ovariotomies nearly all recovered. But it is not my object to report here my results in ovariotomy (I must wait until the number of my cases has greatly increased before it is worth while to do this), but to relate very briefly the cases in which I have been so unfortunate as to have presented to me conditions for which I deemed it my duty to operate, and still in which the chances for recovery were next to nothing. I think that from a consideration of these cases some practical deductions for future guidance may be gathered. At all events, I hope to elicit valuable hints from the discussion. I feel it but just to myself to state that in operating upon these, often really desperate cases, I have been actuated by the rule very properly, as I think, laid down for his own guidance by Dr. Goodell, never to refuse to operate in any case which, in his opinion, offered the slightest chance for the recovery of the patient. And, with him, I have thereby no doubt greatly injured my statistics of recovery. But as we usually learn quite as much, if not more, from our failures than we do from our successes, I do not hesitate to report the five cases of ovariotomy during peritonitis, only one of which recovered, feeling that I have nothing to reproach myself for either in venturing to operate or in the after-treatment. As to the justifiability of immediate removal of an ovarian cyst during peritonitis, acute or chronic, as soon as the existence of the latter condition is discovered, there can probably be no question since the brilliant results of Keith, Freund, Veit, Tait, and many others, in operations of this kind. Some of the apparently most desperate cases have recovered after removal of the ovarian cyst and drainage. The peritonitis may be due to two causes—1. The inflammation and mortification of the cyst; and 2, its rupture and the escape of its contents into the peritoneal cavity; and it is on these two points, the diagnosis of the cause and presence of the

peritonitis and the treatment of the cyst contents effused into the peritoneal cavity, that I desire to dwell more particularly. 1. The cause of the peritonitis may be either accidental rupture of the cyst, by violence or spontaneously, the cyst walls having become inflamed or friable by torsion of the pedicle, outside violence, or without known cause. Or, a not unfrequent occurrence, aspiration or tapping of the cyst may have excited inflammation of the sac or peritonitis. The *diagnosis* of acute peritonitis in such cases is based on the general principles on which that condition is recognized. Subacute and chronic inflammation of the peritoneum, however, are more obscure and can be suspected or clearly discovered chiefly by a rise of temperature, with morning and evening exacerbations, a dry furred tongue, quick small pulse, general depression, in fact symptoms similar to those characteristic of typhoid fever. There is some tenderness over the abdomen, which is of course distended if an ovarian cyst is present, but the distention is not so prominent and ovoid as is usually found with that disease. The occurrence of rupture of an ovarian cyst may be surmised from the statement of the patient that at some period more or less remote, a sudden pain was experienced in the abdomen as though something had given way, and that thenceforth she had diffused abdominal pain, fever, and general prostration; further, from the appearance of the abdomen, which is flat, while distended, simulating ascites, with tympanitic resonance over the prominent portions and dulness in the flank, which relations do not change or but slightly on the patient assuming the lateral decubitus. If it were ascites, the area of dulness and resonance would change on altering the position, but the thick ovarian fluid does not shift so easily as the watery ascitic discharge. Besides, there is a boggy, doughy feel of the whole abdomen, different from either ascites or ovarian cyst, and similar to œdema of the abdominal parietes. The umbilicus, which is usually somewhat prominent in ovarian tumors and ascites, remains flat if thick ovarian fluid is scattered among the intestines. A wave of fluctuation is usually not perceptible or very indistinct after rupture of an ovarian cyst, unless the fluid is very thin. Per vaginam only a very diffuse indistinct sense of resistance is felt in the vaginal vault. On bimanual examination no distinct cyst with firm elastic walls is felt, but the experienced diagnostician will detect a flaccid, yielding, boggy mass in the abdomen, which varies in dimensions in accordance with the time allowed the cyst to refill since the last rupture. Only a practiced touch will recognize this peculiar sensation and appreciate its relation to the general condition of the patient.

2. The *treatment* of an ovarian cyst complicated by chronic peritonitis, be the latter due to aspiration or to rupture of the cyst, invariably is laparotomy, removal of the cyst, and cleansing of the peritoneal cavity so far as possible, followed by drainage. There can be no doubt as to the justifiability of this practice; too many operators of the highest eminence have adopted it, and its success as a whole has warranted their action. But as to the treatment of the contents of the cyst which were effused into the heretofore presumably healthy peritoneal cavity, there exists some difference of opinion. While *eo ipso* the only correct treatment would seem to be the immediate careful removal of all the noxious contents of the ovarian cyst from the peritoneal cavity by sponging and irrigation, experience seems to show that drainage will in course of time entirely and safely remove the ovarian fluid (which is often colloid, that is, thick and glutinous), and that no harm occurs to the system by allowing this usually irritating matter to remain in prolonged contact with the peritoneum. In explanation of this apparent immunity it should be noted that the peritoneum doubtless has by chronic inflammation become proof against fresh irritation. My experience warrants me in stating the belief that it is safer to leave the gradual elimination of the effused ovarian fluid (be it thick or thin) to the medium of the drainage-tube than to attempt to remove it manually (if it be stringy and colloid) by prolonged, careful sponging or by copious antiseptic irrigation of the abdominal cavity. I cannot but think that the traumatic irritation of the last procedure and the shock following the irrigation of so large a surface as the intestino-peritoneal area by an antiseptic lotion (particularly bichloride) are more injurious and hazardous than to allow free, voluntary drainage through a tube. I am impelled to this conclusion by the result of a case operated on by Lusk during the past year (reported to me by Polk, who was present at my fourth operation of this kind, and who concurred in the treatment), and another reported by Max Runze (*St. Petersburger Med. Wochenschrift*, 2, January, 1886), in both of which rupture of the cyst took place, an enormous quantity of thick gelatinous matter was found in the peritoneal cavity, which was removed gently so far as

possible, the cavity was then drained and recovery took place. In Runge's case, colloid matter was discharged from the drainage-tube as late as the fortieth day after operation. That the danger of fresh septic infection, of relighting the subacute peritonitis, and above all, of seeing the patient die from shock, stare the operator in the face in such cases can unfortunately not be denied. It is a question simply of leaving the patient to a certain and lingering death or of giving her the chance of recovery by an operation, the results of which have been often most favorable. My own individual results should be no criterion, since my cases have been exceptionally difficult and unfortunate. After these preliminary remarks, which have attained a length quite unintended, I will give a brief report of my five cases of ovariotomy during peritonitis.

Case 1. Æt. 33; single; November, 1875; apparently unilocular cyst: abdomen exceedingly tense. Operation refused. In order to gain time and to relieve tension, aspiration with fine needle under antiseptic precautions. Removal of the chocolate-colored fluid. About a week later high temperature and symptoms of subacute peritonitis. Ovariotomy, November 14; patient, with pulse 120, temperature 99.5°, exceedingly prostrated. Cyst entirely removed; peritoneum studded with flocculent lymphatic adhesions and deposits. Drainage. Death on sixth day from septic pyemia, the right parotid gland showing probable metastatic enlargement and suppuration. Earlier operation might have saved this case.

Case 2. Mrs. F., forty-four years, multipara; large—apparently solid—tumor. Operated on March 10, 1881; colloid matter escaped on opening peritoneal cavity. A large multilocular tumor adherent to bladder and intestines. Fully fifty ligatures were applied; thorough syringing; no drainage. Recovery without a bad symptom. Weight of tumor, thirty-five pounds.

Case 3. Mrs. S., thirty-eight years; single; was seen by me in September, 1883; lived in a farm-house in New Hampshire, seventeen miles from Hanover. Evidently in a septic condition. Double ovarian tumors. Advised removal as last desperate chance. Accepted. Day appointed for operation about one week later. Drove out with assistants and found patient greatly weakened by vaginal hemorrhage the night before. I discountenanced the operation, but she insisted upon it. Pulse 130, temperature 102°. On opening the abdominal cavity, gush of colloid and purulent matter; general chronic peritonitis. Right tumor largely adherent; left intra-ligamentous, rotten and removable only by piece-meal. Death of patient while inserting abdominal sutures.

In this case I should never have consented to operate, but for the urgent request of the patient and the fact that I had come so long a distance to do the operation. Had the second tumor not been intra-ligamentous and so difficult of removal, I firmly believe that I could have at least removed the patient from the table alive.

Case 4. This was the most interesting and instructive of all my cases. The patient was a multipara, who, in August, 1883, had a fall on the abdomen, and then noticed an abdominal enlargement, with severe pain, both of which had increased since. The abdomen was found, in March, 1884, when I first saw her, to be flat, with projecting sides, dull on percussion, indistinct fluctuation, which remained unaltered on changing the position of the patient. On the right side a loose flaccid mass could be felt. Aspiration was performed, but nothing obtained. On the left side deep in the pelvis was found a tumor of the size of a cocoanut, with tense walls. Diagnosis of rupture of ovarian cyst of right side (probably colloid on account of absence of fluid by aspiration) and of intra-ligamentous cyst of left side, was made and early operation advised. But as patient still felt pretty well, she decided to wait. Three weeks later she returned very much worse and desired immediate operation. Temperature 103°. On opening the peritoneal cavity, colloid, stringy matter escaped in enormous quantity, and it required careful manual efforts to remove even a semblance of all the effusion, which reached from Douglas's pouch to the diaphragm. It seemed to me, and to those who assisted me, imperative to remove as much of this supposed toxic material as possible, and I finally decided to irrigate the abdominal cavity with a 1 to 2,000 solution corrosive sublimate, with the patient on the side. The colloid matter came from a cyst of the right ovary, as diagnosed three weeks before the left cyst was enucleated, and proved to be full of fœtid pus. The colloid matter removed weighed thirteen pounds. The highly prostrated patient died of shock twenty-two hours after operation. I feel fairly confident that if I had allowed the colloid matter to find its way out of the peritoneal cavity gradually through a drainage-tube, under proper antisepsis, the patient would have stood a far better chance of recovery, as did those of Lusk and Runge.

(To be continued.)

Editorial Department.

Periscope.

Illustrations of Exceptional Symptoms and Examples of Rare Forms of Disease.

Mr. Jonathan Hutchinson thus writes in the *Brit. Med. Jour.*, July 10:

Recovery from Ascites, after Paracentesis, in a Young Man, the Subject of Disease of the Liver; Good Health Seventeen Years Afterwards.

I saw, with Mr. Alfred Kennedy, at West Ham, in May, 1884, a case of very considerable interest in reference to prognosis. Our patient was a man, named G., now aged 35. The reason for my seeing him was that he had been recently injured in a railway accident, but the interest of his case belongs wholly to his former history. Seventeen years ago, when he was 18, he had a long illness which, he said, was diagnosed as "ascites, pleurisy, and diseased heart and liver." He was treated in St. Thomas's Hospital, under the care of Dr. Bristowe. Some scars under the umbilicus confirmed his statement that he was tapped more than once for ascites. The left side of his chest was decidedly contracted. Both legs were covered by dusky stains, as if he had formerly suffered from thrombotic purpura. His heart's action was very irregular. I could not detect any *bruit*, and there was no proof of hypertrophy, but the action was peculiar and jerky, possibly from adherent pericardium. I was told that on some occasions a murmur had been detected. His liver was still very much enlarged; its edge, thickened and bossy, could be very easily felt two inches below the ribs; it appeared to be equally enlarged in all parts. The man told us that he had enjoyed excellent health, in spite of the conditions mentioned, ever since his discharge from St. Thomas's Hospital. He had never had any return of the ascites or œdema of the legs. He had led an active life, and had only suffered from a little shortness of breath and palpitation, after making unusual exertion. He had been married for six years; he looked fairly healthy, but not robust. Since the railway accident, he had suffered from palpitation, with a tendency to faintness and to hysteria. There did not appear to be any definite explanation of his former illness, for he alleged that he had always led a temperate life.

Having forwarded the above narrative to my friend Dr. Bristowe, he was so very kind as to refer to the hospital records, write out the following notes, and permit their publication:

Dr. Bristowe's Notes.—"G. G., aged 20, came under my care in St. Thomas's Hospital, November 11, 1869. The history he gave was to the effect that, two years previously, he had been laid up for three months in University College Hospital with pleurisy, from which he had recovered; that, three months later (eighteen months ago), he began to complain of swelling and tenderness in the epigastric region, and that, from that time, he had been gradually enlarging in the abdomen. He continued at work up to three weeks ago.

"On admission, he was pale and thin. The abdomen was large, containing so much fluid that only a very small area of resonance existed in front. There was no tenderness, and no definite enlargement of liver or tumor to be detected. The left side of the chest was much contracted, measuring, at the nipple line, only 16½ inches in circumference (the right measuring 18). It was dull in its lower half, and the breath-sounds were feeble or absent; no cough; no signs of progressive disease; urine free from albumen; legs œdematous. In other respects he was healthy. The abdomen slowly increased in circumference (at level of navel) from 38 inches to 41, and, on January 6, two months after admission, twenty-three pints of fluid were removed by paracentesis. He was relieved, but slowly refilled, until, on March 7, twenty pints were removed. After this he appeared to be filling again slowly, and he left the hospital on April 11, still presenting some ascites; but his general health seemed good.

"I have no record of his occupation, or of his habits, or of any statement with respect to syphilis;* and I never detected clear evidence of disease of the liver. I have not recorded my diagnosis; but I suspect that I attributed his affections, first, effusion into

*The notes from which I quote are in my own handwriting, and I believe that the absence of reference to these points means that I elicited nothing worthy of record or that seemed to throw light on the nature of his case. My notes are difficult to read. On looking through them again I find that after each tapping I examined the abdomen; that, after the first, I did not recognize hepatic enlargement; but that, after the second, I remarked that there was dulness for two inches below the right ribs, and that, in the scrobiculus there was a distinct hard edge, feeling like that of liver, but moving with the abdominal walls.—J. S. B.

the pleura, and then ascites, to tuberculosis. During the greater part of his residence in hospital, he was treated with quinine and iron. There was no disease of the heart."

Simulation of Brachioplegia by Rheumatism.

When the patient to whose case the following statements refer entered my room, with his head bent forwards and his arms held stiffly by his sides, I certainly thought, as he did, that it was a case of incomplete paralysis of the upper extremities, probably consequent on an injury to the cervical spine; and it will be seen that the history which he gave was one which quite fitted with such a diagnosis. He said that his arms were powerless immediately after a fall from a swing, and that they had remained so ever since. On careful examination, however, I came to the conclusion that nothing had happened excepting a severe contusion of the neck and shoulders, causing pain in motion, and that the enforced rest, subsequently, had induced rheumatic stiffening of both shoulder-joints. On careful inquiry, it appeared that at no time had there been any sensory paralysis. There had never been any numbness in the limbs, or "pins and needles." Although all the muscles were wasted and thin, none were especially so, excepting the deltoids. He could move all the joints of his forearms, hands, and fingers, quite well. The deltoids were so wasted, that all the bony prominences were easily seen. Both shoulders were stiff, permitting only the very slightest degree of motion; in both, there had been much aching, especially about the insertion of the deltoid, as usual in cases of rheumatic disease of the joint.

I inquired whether there was any tendency to rheumatic gout in his family, and found that his father had had gout, and that he himself had suffered from lumbago. From the manner in which he held his head stiffly forwards, and from his complaint of pain in the back of the neck and shoulders, it seemed probable that rheumatic changes were in progress in the joints of the vertebræ, tending to the production of spondylitis deformans. It is possible that he may have had some fracture of the laminæ; but, whether this occurred or not, it is clear that there were never any real indications of injury to nerves. After the fall, he had much pain in the neck, and could not use his arms. He could walk, and was able to ride home, and walked upstairs, holding his arms across his chest and his head bent forwards. He was nearly two months in bed after the accident, with pain in the neck and arms. During that time, he lay almost constantly on his back in one position.

Neuralgia of the Scalp, Probably of Gouty Origin: Detailed Description of the Pain.

A gentleman, possessed of some anatomical knowledge, and almost hypochondriacal in his tendency to self-observation, described to me the following symptoms: Early in the morning of March 2, he experienced over the middle of his left parietal bone a sharp explosion of lightning-like pain. It began exactly in the middle, and passed forwards nearly to the forehead, and backwards nearly to the occiput, being most intense in the centre. It radiated a little laterally, but not nearly so far as it went backwards and forwards, and it never crossed the middle line. It did not run in straight lines, but spread out somewhat like a coruscation of sheet lightning. It was over in a few seconds, but quivered a little, not being absolutely momentary. After one explosion, another, and often a third or fourth, would follow in quick succession, and then he would be quite free for half an hour or an hour. The scalp was not in the least tender. The pain was quite bearable; in fact, at first it rather amused than hurt him; but, as the day went on, it became worse, and the explosions were attended by a feeling as if the left half of the head were being suddenly crushed. In the evening, the explosions were both more frequent and more prolonged. On some occasions, there was the suggestion of a pain passing into the cheek and lower jaw, involving, in fact, the whole half of the head; but, in these parts, its course could not be traced with accuracy. Neither in the upper nor in the lower jaw did it run along the course of known nerve-trunks. The bicuspid tooth of the lower jaw was aching a little all day; but it was a steady ache, attended with a feeling of general numb swelling about it, and with tenderness on pressure, which prevented eating, but without any explosions of severe pain. My friend became very nervous in the evening, feeling sure that he was about to be the victim of "tic-douloureux."

I found that, on the previous day, he drank a bottle of claret instead of his usual modicum of a third; that he had eaten much more liberally of meat than was his wont; and that, on the day on which his neuralgia began, he also felt his ankles and wrists puffy and aching; and, finally, that his urine began on that day to deposit uric acid freely.

Knowing that he had for long been threatened with gout, I assured him that the neuralgia was gouty, and made him take a full dose of bicarbonate of potash at bedtime. On the next morning, both the toothache and the sheet-lightning pains in the head had ceased, and nothing remained but a very slight perception of general ache in that side of the head.

Although it is easy, in this instance, to feel confident as to the influences which were at work, and to say that the neuralgic shoots, and probably the toothache also, were caused by a gouty state of the blood (lithæmia), yet it is more difficult to explain the local mechanism of the pain. The scalp-pain always began in one and the same spot, and that not one to which any anatomical peculiarities attach. Was it a periosteal pain, and due to changes (neuritis?) in some ganglia, or other peripheral nerve-organ? Such seems the most probable hypothesis.

I could sympathize much with my patient, having often experienced pain of a somewhat similar kind. From my own observations, I can quite confirm the accuracy of his distinction between pains which are like forked-lightning, and those to which the comparison of sheet-lightning may be applied. The latter are less severe, as a rule, and always less momentary than the others. They spread over a wider area, and do not feel to run in such straight lines. Both of them differ from another kind of explosive pain, in which the shoots extend for equal distances around the centre of starting. This might be called the star-shaped pain, or bomb-shell explosion; but, if the latter term be used, it must be clearly understood that the pain denoted, although always radiating, is by no means always of any terrible degree of severity.

Irreducible Prolapse of the Rectum Treated by Amputation; Recovery.

Mr. O'Connell Raye thus writes in the *Lancet*, July 10:

A Hindoo male, aged forty-four, was admitted suffering from prolapse of the rectum of several days' duration. The protruded parts were livid and ecchymosed, with here and there isolated patches of sloughing mucous membrane. The mass was about the size of the clenched fist. The patient was in great suffering and much exhausted. He was placed under chloroform, and careful, prolonged efforts were made to reduce the prolapse, but without success. The measures commonly recommended for the relief of irreducible prolapse—such as excision of strips of mucous membrane, scoring with the actual cautery, nitric acid, etc.—seemed scarcely suitable for this patient, as the bowel had been protruded for several days, and was in a very doubtful state of vitality. Mr. Raye therefore resolved to amputate the protrusion level with the encircling skin. He acknowledged that he should almost certainly have to open the recto-vesical pouch, but hoped, nevertheless, to be able to keep the peritoneum free from contamination. The parts were carefully examined lest they should contain a loop of intestine.

For the operation a Wood's hernia needle was used, armed with a stout silk ligature about two yards long. The needle was introduced along the left index finger within the protruded bowel as far as the level of the anal orifice. The point of the needle transfixed the protrusion from within, and emerged on a level with the skin. A loop of the silk was caught, and held while the needle was withdrawn within the lumen of the bowel. The bowel was again transfixed on the same level, with the needle still threaded, so that the point emerged on the external surface of the prolapsed rectum about one inch away from the first puncture. Another loop of the silk was there similarly caught and retained. This procedure was repeated, just as in the ordinary method of ligaturing a nævus in sections, until the entire mass was included. The external loops were then cut and tied, and thus each included portion was separately secured, The next step was to amputate the mass. Expecting to meet the pouch of peritoneum, Mr. Raye began in front by carefully cutting until he came upon this structure. He dissected the pouch from its surroundings in the manner employed with the sac in some of the modern operations for radical cure of hernia. When the pouch was thus secured, it was raised out of the way and the prolapsed rectum amputated just below the transfixing ligatures. There was no hemorrhage. Two of the ligatures had transfixed the pouch. He divided these two ligatures, and as portions of the cut edges of the bowel were thus liberated, these edges were seized with Spencer Wells's clamp forceps to prevent bleeding. The prolapsed recto-vesical pouch, being now free, was drawn gently downwards a little, and its neck tied with carbolized catgut just above the point where the ligatures had passed through it. The sac was then cut off, and its pedicle allowed to slip back within the pelvis, secured by the catgut ligature. Those portions of the cut

edges of the bowel which were held in the clamp forceps were again transfixed with ligatures, which, when drawn tight, completely occluded the orifice through which the process of peritoneum had been protruding. The ring of ligatured bowel was pushed within the anal orifice, the ends of the silk ligatures hanging out for facility of removal; a morphia suppository was inserted, and the man put to bed. The operation occupied about three-quarters of an hour.

There was considerable pain for two days. On the third day the bowels were moved naturally. From the first there was no difficulty in micturition. Two ligatures were found loose on the twelfth day. Two more ligatures came away two days later on. By this time the patient felt quite well, had little or no pain on defecation, and had complete control over the action of the bowels, from which it was presumed that some portion of the sphincter remained. The calibre of the bowel was almost normal, a ring being felt where the ligatured portion lay about an inch within the anus. Whether this ring disappeared subsequently by absorption, or whether it contracted to form a stricture, Mr. Raye is unable to say, as the man absconded on the twenty-first day, some of the ligatures being still *in situ*.

A New Operation for Ptosis.

Of late years several attempts have been made to improve upon the old operation for congenital or paralytic ptosis, which merely consisted in removing a fold of skin from the lid. The principle of the operations of Dransart and Pagenstecher is to establish a connection between the lid and the occipito-frontalis muscle by means of subcutaneous cicatricial bands, got by allowing sutures to ulcerate their way out along their tracks underneath the skin. Panas (*Archives d' Ophtalmologie*, vi. 1, 1866,) has found the following operation very successful, and not followed by so much pain and swelling as Dransart's, of which, however, he admits the efficiency. An assistant applies his hand to the patient's forehead to prevent the drawing down of the skin of the lid, by which the natural arrangement of the tissues would be interfered with, and the precision of the necessary incisions affected. He first begins an incision along the line of the upper border of the tarsus. This incision is, however, not continued along the whole of that line, but interrupted so as to leave a central portion of one-third inch in extent uncut. A second horizontal incision, with a slight convexity upwards, and not quite an inch in extent, is made in the position of the fold of separation between the eyebrow and lid, and therefore about over the orbital margin. The second incision must involve all the tissues down to the periosteum, and by means of two short vertical incisions be joined with the inner extremity of the external portion and outer extremity of the internal portion of the lower incision. Finally, a third incision is made parallel to the second, and somewhat more than an inch in length, along the upper border of the eyebrow and passing down to the periosteum. The little peninsula of skin and muscle included between the middle and lower horizontal and the two vertical incisions is next dissected free from the tarsus down to its ciliary border, taking care not to interfere with the suspensory ligament of the lid. The bridge between the middle and upper incisions is then undermined, whilst avoiding periosteum and suspensory ligaments. When this has been done, the dissected flap is pressed up underneath the undermined bridge, and attached by three sutures to the upper edge of the upper incision. To prevent the traction on this medial flap producing ectropion, a suture is put in at each side, by which means the conjunctiva and suspensory ligament of the lid are united to the edges of the upper incision. Panas claims in this way to have introduced an operation which meets the indications required by a shortening of the lid to the desired extent by the raising of its tarsal portion, and causing the insertion of the occipito-frontalis muscle to occupy the position and assume the function of the absent or paralyzed levator.

Cocaine for Burns, Blisters, etc.

Before the Richmond Medical and Surgical Society, Dr. Landon B. Edwards said that he wished to emphasize the special value of cocaine in the treatment of *burns*. Recently he was called to a lady who had turned over a kettle of boiling water on one of her ankles and foot. When he arrived, the blisters that were unbroken apparently contained as much as three gills or more of serum, and the lady was suffering intensely. A number of the blisters were broken in removing her stocking. She was wearing very low-cut house-slippers at the time of the accident. She wanted something "to take the fire out." He had with him two drachms of a four per cent. solution of cocaine muriate (gr. v. to ʒij of water) which he applied with a camel's hair pencil to th

raw surfaces, and around the margins of the raised blisters. In twenty or thirty minutes she was easy. He then prescribed:

℞. Muriate of cocaine, ℈iv.
Distilled water, ℥iv.
M. S.—Apply enough to wet the raw surfaces when painful.

The pain was kept constantly relieved by these applications, made at varying intervals of from two to six hours. The next morning the lady put on her stocking—which broke other blisters—and poured the solution on it over the injured parts. Thus, against advice, however, she went about her house attending to household duties, and said she didn't need the doctor. In a few days she was thoroughly well, with some slight cicatrices. He spoke also of a cook who severely burned her arm, which he treated in pretty much the same manner, and with like good results. He further mentioned the case of a book-keeper, who by boat-rowing severely blistered his hands. The raw surfaces in the palms, due to the breaking of the blisters, were so painful as to prevent the use of the pen or handling his books. By keeping the sores painted with a three per cent. solution of cocaine, he was able to attend to his duties without pain. In many like injuries cocaine is extremely serviceable, and we should keep it at the head of our lists of "ready-relievers," in cases of cuts, abrasions, etc.

Cardiac Neurosis in Connection with Ovarian and Uterine Disease.

Dr. H. J. Boldt thus concludes a paper in the *American Journal of Obstetrics* for August:

There are a large number of patients afflicted with uterine or ovarian disorders who also suffer from nervous heart affections, and some cases who give only a history of the latter, in whom this will be found dependent on the former disorder, as is well illustrated by example No. III. The symptoms of the affection do not differ from the cardiac neurosis dependent on other causes.

It is necessary to make a careful examination, in justice to the patient, of the reproductive organs, if no other *positive* cause can be found to account for the neurosis.

That grave organic lesions may be suspected by only a superficial examination, when the condition is but a nervous imitation of disease, is well illustrated by numerous citations of cases. Flint's* case is a good example. When the neurosis is due to ovarian lesion, it is usually the left ovary which produces the mischief, as has already been pointed out by Dr. J. Milner Fothergill, and coincides with my own observations.

In conclusion I would say that the cases cited were such in which the reflex cardiac neurosis caused the greatest inconvenience to the patients when they presented themselves for treatment; and that an argument that treatment for the neurosis directed to other organs than the pelvic, would in these cases not hold good, as they were thoroughly tested previously; also that the observations are not confined to a few patients, but extend over a series of nearly two thousand patients taken as they came, after beginning my own investigation, and it is from this list that I take my per centum.

* Pepper's "System of Med.," vol. iii., p. 750.

The Treatment of Rabies with Hoang-nan.

According to the *Gazette Médicale de Nantes*, twenty-four cases of rabies have been treated with hoang-nan by Dr. Barthélemy and several other medical men of that city or of the department. The first case so treated was in the month of March, 1882, the last in April, 1885. Ten times, at least, the bites, which were most frequently multiple, were situated on the hands, once on the hand and on the face. In the majority of cases cauterization was completely omitted, or practiced several hours, or even several days after, with agents little active, such as liquid ammonia or a solution of carbolic acid. Two of the patients, who were closely observed by Dr. Barthélemy—viz., a man of thirty and a lad of sixteen—presented symptoms of rabic mania: persistent insomnia, anxiety, nocturnal agitation, the desire to run, hallucinations, barking, etc. However, none of these persons felt hydrophobic, nor have any of them, to this date, succumbed. The duration of this preventive treatment was, on an average, twelve days. The total dose of the powder of hoang-nan ingested during this time, varied in adults from six to eight grammes. It was scarcely necessary to go beyond one gramme per day to obtain the physiological effects of the medicine—exaggeration of the reflexes, cramps, rigidity, slight trismus. The maximum dose was arrived at progressively, and in some cases the treatment was terminated by gradually decreasing doses. From the above cases the author deduces either that rabies is communicated much more rarely to the human species than is generally admitted, or that the hoang-nan, administered progressively to the physiologi-

cal effects *during the period of incubation*, sufficiently and efficaciously modifies the nervous system and the entire economy to prevent the evolution of the rabic virus.

A Peculiar Accident Following an Operation for Hydrocele.

MM. Boursier and Loumeau relate the following case in the *Journal de Médecine de Bordeaux*, of June 20, 1886:

A strong, healthy man, aged 44, of good antecedents, and presenting no history, hereditary or personal, of nervous troubles, entered hospital on account of a hydrocele. There was nothing peculiar to note about the hydrocele, which occupied the right side of the scrotum, and upon which it was decided to operate by evacuation of the fluid and injection of dilute tincture of iodine. Immediately upon the injection of the first few drops the patient complained of pain in the cord and groin, and of cramps in the right forearm. The hand was seen to be slightly flexed toward the ulnar side, the little and ring fingers were completely flexed, while the middle finger and index had their two terminal phalanges extended on the first, this one being flexed on the metacarpus; the thumb was flexed and drawn toward the other fingers. In a short time the same convulsive movement took place in the left hand. There were neither convulsions nor syncope, but the painful contractions persisted for some minutes, and then gave way, the index and middle finger becoming completely flexed, the hand also being flexed on the forearm. On a question being addressed to the patient it was found that he could not articulate, the muscles supplied by the hypoglossal being also contracted. The latter soon disappeared, but the contractions in the forearms and hands persisted for nearly an hour. The authors regarded the spasms as of reflex origin, but were unable to explain their localization to the muscles supplied by the median, ulnar, and hypoglossal nerves.

Habitual Miscarriage Successfully Treated with Tincture of Chloride of Iron and Chlorate of Potassium.

Dr. W. J. Strother thus writes to *Gaillard's Medical Journal:*

I send you a report of an interesting case occurring in my practice; not claiming any credit to myself, however, for the plan of treatment adopted, as I had seen the report of a similar case and its successful treatment in one of the medical journals.

Mrs. H., thirty years of age, married seven years. Has had six or seven miscarriages, these generally occurring from the third to the fifth month. Hemorrhage would begin about the second month, and recur every four days until the fœtus was expelled.

She had a miscarriage about fifteen months ago, at which I was in attendance. Remembering reading of a case of miscarriage reported as being due to fatty degeneration of the placenta, in which tincture of chloride of iron and chlorate of potassium were employed with success in the succeeding pregnancy, I examined the placenta and found it almost one mass of fat. At the beginning of the patient's next pregnancy, therefore, I ordered the following mixture:

R.	Tinct. ferri chlor.,	f℥iij.	
	Potass. chlorat.,	℥iij.	
	Glycerinæ,	f℥j.	
	Aquæ,	f℥v.	M.

S.—Teaspoonful three times a day.

She took this regularly almost every day until she was delivered, at full term, of a healthy male child. About the third month she had a slight "show," but the hemorrhage never returned.

Wash-leather Skin.

Dr. P. H. Emerson, in a recent number of the *British Medical Journal*, discusses a peculiar condition of the skin, in which certain metals mark it with dark lines. Dr. Ferrier, in 1879, termed this condition "wash-leather skin." After a careful analysis of fifty cases observed in the wards of Kings College Hospital, Dr. Emerson draws the following conclusions:

1. As a rule, wash-leather skin does not occur in the healthy.

2. It does not occur in many diseases, being observed only four times in fifty cases of illness.

3. It occurs in patients suffering, as a rule, from diseases which directly or indirectly affect either the trophic or the secretory nerves of the skin, such as renal disease, phthisis, erysipelas, and hemiplegia.

4. Silver is the best metal to use for bringing out the marks.

5. It may precede bed-sores.

6. It is of diagnostic value in testing the vitality of the skin, and the site for experiment is the lumbo-sacro-gluteal region.

Dr. Emerson thinks it probable that this peculiar condition of the skin may be the combined result of (*a*) general malnutrition, and (*b*) injury to the trophic fibres of cutaneous nerves from pressure, and consequent changes in the skin due to an hydræmic paralysis leading to degenerative changes.

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VACCINATION WITH ANIMAL LYMPH.

Basing his conclusions upon a large number of observations extending over a period of five years, and also deducing them from the experience of large institutions, where vaccination is compulsory and carried on under the direction of the German government, Dr. Riesel, in Halle, establishes the following as guiding principles in the vaccination with animal lymph (*Deutsch. Med. Zeit.*, July 19, 1886):

The Italian as well as the Dutch method have no advantages whatever; the best is Reissner's procedure, consisting in scraping off the ripe pustule with a sharp spoon under strong pressure, and while stretching the skin to the utmost so as to cause a state of anæmia of the latter at the time the lymph is thus obtained from the animal.

The dry lymph powder, while remaining in full strength for a very short time longer than the fluid lymph, has the disadvantage of forcing the operator always to prepare the lymph fresh each time he desires to vaccinate, a loss of time, especially of great moment in institutions where a large number of individuals have to be vaccinated.

Glycerine, whose property to protect animal tissues against decomposition, has also proved amenable in the preservation of animal lymph, the various manners of employing it for this purpose being but of subordinate importance.

Additions of aseptic material to glycerine lymph are useless in small and hurtful in larger quantities, for in the latter case they also destroy the activity of the virus, while in the first they do not protect.

Animal lymph must be employed in such a way that the operation is performed with a lancet as dull as possible, and superficial, not bleeding, lengthwise scratches are produced by scraping rather than by cutting.

The local phenomena of inflammation which accompany the protecting vaccine pustule, due to animal lymph, frequently appear to the uninitiated as erysipelatous in character, though they are nothing of the kind.

The areola of the genuine vaccine pustule has nothing in common with erysipelas; the first runs a typical concentric course, the second not.

Erysipelas has a period of incubation of from 15 to 61 hours; the so-called early erysipelas is from 16 to 24 hours.

Against accidental infection of the vaccination wound or of the destroyed pustules, animal lymph offers as little protection as humanized lymph.

Cleanliness of the body, the clothing, and the residence of the person vaccinated, and also of the hands and the instruments of the operator, and of the room in which the vaccination is performed, are of the utmost importance, and serve as the only aseptic precautions which can be observed.

In first vaccinations the strict adherence to the rules just mentioned will always be attended with success.

A NEW ACUTE ERUPTIVE DISEASE.

During the last ten years American practicing physicians will often have been not a little puzzled when called upon to make a differential diagnosis between rubeola, morbilli, and scarlatina. We have occasionally seen cases which partly resembled measles and others again which looked more like scarlet fever, while both evinced all the special peculiarities of rubeola. In some of these cases there was no doubt of the disease being rubeola, for the child had already suffered from morbilli as well as from scarlatina.

In this respect an article published by Dr. Nich. Filatow, of Russia (*Arch. f. Kinderheilk*, Bd. vii., H. 4), is of importance and great interest.

F. distinguishes a rubeola morbillosa, that form which is described in systematic works on medicine, and which mostly resembles morbilli, and another variety less known and less frequent, and appearing more like scarlatina: *rubeola scarlatinosa*. This is a special, acute, infectious, and contagious exanthematous disease of its own, which is characterized by an eruption resembling that of scarlet fever, but which differs from the latter by its uniformly mild course, and by the peculiarities of its contagion. The symptoms are identical with that of the mildest contagion; the eruption has a pale rose-color, is confluent, thickly punctated or marmorated, and *never attacks nose, lips*, and *chin*. Temperature 100° to 101°, moderate pharyngeal redness; no angina. Duration of the eruption sometimes but a few hours, generally from 2 to 3 days, and without being followed by desquamation.

The proof for his assertions F. finds first in the analogy of measles "rötheln") rubeola morbillosa), variola, varicella, etc., and next in the fact that he himself observed several cases where children after suffering from the disease were later attacked by scarlatina.

To be sure, his statement cannot be accepted as final. Cases happen where one attack of scarlet fever does not insure immunity against others, and it may be possible that his scarlatinal form of rubeola is simply a modified variety of the latter. Still, we ourselves feel inclined to F.'s view, and await the observation of those whose position as physicians in charge of large children's hospitals give them an opportunity to determine the question.

ECLAMPSIA.

Our knowledge of eclampsia is not yet very great. If an individual, suffering from some demonstrable organic lesion, is seized with convulsions, which, however, do not frequently return after longer or shorter intervals, we call the disease eclampsia. The definition shows that we consider it the same malady as epilepsy, only that in the latter that permanent alteration has developed in the brain which gives rise to repeated seizures.

With such little knowledge of an important and but too often fatal complaint, it is only natural that we welcome any new information. After years of study Dr. Jüegeur, of Berlin, seems to have made an important discovery in this direction. At the July meeting of the Berlin Medical Society (*Deutsch. Med. Zeit.*, July 19, 1886,) Jüegeur remarked that one lesion he had invariably met with in eclampsia, viz., hemorrhage of the liver. It begins at the periphery and thence spreads and is accompanied by destruction of the hepatic parenchyma. In consequence of this latter process small particles of liver-tissue are found in the blood, and their presence may be demonstrated at any time by a microscopical examination of the blood contained in the right ventricle of the heart of persons who died with the disease.

In all fatal cases some fatty degeneration of the vessels of the brain was found, and fat particles had emigrated or given rise to embolism. In individuals with a very moderate amount of adipose tissue hyaline masses take the place of fat.

J. believes that the lesion of the liver is the main point in eclampsia, while to us it seems as if the morbid appearances described seem to indicate a primary affection of the vaso-motor nervous system. In conclusion, we may mention that long since Virchow proved the existence of fat emboli in the kidneys in cases of eclampsia. This is an interesting subject well worthy of further investigation.

GRATUITOUS MEDICAL SERVICE.

One of the greatest evils in the profession to-day in large cities is the abuse of medical charity. We, of course, do not mean to say that those who are honestly unable to pay for it should be denied the benefit of medical treatment; but we do say most emphatically that a large proportion of those who avail themselves of the free services of dispensaries are abundantly able to pay for medical services, and it is only a spirit of contemptible meanness, unworthy of a true man or woman, that induces them thus to accept, as a charity, that for which they are fully able to pay.

The remedy lies in restricting the service of dispensaries to those who furnish evidence that they are unable to pay a physician for his services. Do this, and give the young man a chance.

CONSULTANTS AND GENERAL PRACTITIONERS.

"A medical association is being formed in London, the members of which bind themselves to call into consultation only such consulting practitioners as are known to confine themselves to purely consulting practice."

Every large city in this country should have a similar association. It is a heartless shame for the *ancient* and distinguished members of our profession to engage in active practice for the smallest fees, when, by so doing, they are ruining the prospects of capable and aspiring younger men. When they have wealth and eminence, they should retire from active practice, limit themselves to consultations, and thus give the young men a chance. It can be only a mean spirit of avarice that thus keeps them in harness, when they have every right and reason to be in repose.

Notes and Comments.

Ocular Disturbances Caused by Dental Irritation.

At the recent Ophthalmological Congress in Paris, M. Paul Redard described a number of cases in which dental affections were evidently the source of ocular disturbance, such as glaucoma, amaurosis, amblyopia, and cloudy vision. In asthenopia, without any apparent cause, the teeth should always be examined. M. Gayet mentioned a case in which disturbance was produced by a tooth fixed on a pivot; the symptoms appeared and disappeared according as the tooth was removed or replaced. M. Fieuzal had observed so many of these cases of correlation between ocular and dental affections, that he had urged that a dental clinic should be annexed to the Quinze Vingts Hospital for blind people. M. Suarez and M. Galezowski mentioned similar facts. M. Javal mentioned a series of cases, of an inverse order, in which dental disturbance disappeared after operating for glaucoma.

Iodism Cured by Sulphanilic Acid.

As iodism is one of the unpleasant sequelæ that will, sometimes, interfere with and complicate and even debar the use of the iodides, we should know how to relieve it. The *Medical Chronicle* says that the extremely depressing effect and severe catarrhal symptoms occasionally produced by the administration of iodides, and known as iodism, have been explained by Ehrlich as due to the fact that nitrates in the presence of weak acids set free the iodine, and on this theory he has experimented with sulphanilic acid as a remedy for the symptoms produced. This substance, having a powerful affinity for nitric acid, possibly prevents this reaction, since, when given in doses of 4, 5, or 6 grains, in half the cases the iodism vanished as if by magic. As much as 7 grains has been given. To render it soluble, one part of bicarbonate of sodium is added to the water used for each 1½ parts of suphanilic acid.

Boric Acid Tooth Powder.

For various obvious reasons, a tooth powder that is antiseptic has advantages over one that is not. Hence we give the following, which Dr. A. D. MacGregor (*Brit. Med. Jour.*, July 10,) has used for years:

Boric acid, finely powdered, 40 grains; chlorate of potassium, ʒss; powdered guaiacum, 20 grains; prepared chalk, ʒi; powdered carbonate of magnesia, to ʒj; otto of roses, half a drop. The boric acid in solution gets between the teeth and the edges of the gums, and there it discharges its antiseptic functions; the chlorate and guaiacum contribute their quota to the benefit of the gums and mucous membrane generally; the chalk is the insoluble powder to detach the particles of tartar which may be present, and the magnesia the more soluble soft powder which cannot harm the softest enamel.

Indurated Chancre of the Ear.

A woman, aged forty-two, was admitted into the St. Louis Hospital, under the care of M. Fournier, on November 21, 1885. She

said that at the beginning of September she had noticed a small lump behind one of her ears. This gradually became larger, in spite of poulticing and blistering. On admission, on each side of the auriculo-mastoidean sulcus was a prominent coppery-red mass, with ulceration between the two. The glands behind the sterno-mastoid muscle were enlarged. There were syphilitic erosions on the velum, and some pigmented stains on the body. On November 24, roseola appeared, and an erosive syphilide on the genitals. The woman could give no explanation of contagion, except that her husband might have kissed her behind the ear. On examination of the husband, he was found to be suffering from syphilitic patches of the mouth and tongue, enlarged glands, and roseola.

Traumatic Tetanus Treated by Venesection and Morphine.

At a meeting of the Societatea Medico-Militara din Jasi (the Jassy Military Medical Society) Dr. Acontz (*Spitalul*, April, 1886) related a curious case of a robust trooper who, having received a blow in the hepatic region, instantly fell insensible and remained so for two hours, by the end of which time there suddenly appeared tetanus (trismus). A venesection was performed, and leeches were applied to the hepatic region. Both of these means, however, failed to rouse the patient. He came round only after a hypodermic injection of five centigrammes of hydrochlorate of morphia. The further treatment was expectant. The man improved from day to day, and after a ten days' stay left the hospital quite well.

Syphilitic Chancre of the Eyebrow.

A man, aged forty-two, was admitted into the Lariboisière Hospital, under the care of M. Siredey, for paralysis of the fingers, probably due to lead-poisoning. On examining the skin, he was found to be suffering from a secondary syphilide. The patient said he had not had sexual intercourse for a year, that he had been in another hospital six weeks before, when the doctor there said he had mucous patches on the scrotum and examined the penis, but found no trace of a sore. On examination, an indurated cicatrix was found on the left eyebrow, and the corresponding pre-auricular gland was enlarged. Afterwards, syphilitic erosions appeared in the mouth. The man stated that, during a quarrel three months previously, he had been bitten by his antagonist on the left eyebrow.

An Enormous Tumor.

The great size of a tumor will often cause a patient to hesitate about consenting to its removal, for in his eyes the danger is in proportion to the size. Of course we know that this is not so. In the *Central. f. Chirurg.*, Dr. W. Stankiewicz reports the case of a patient who had a tumor in the lumbar region, which had been growing for fourteen years and was of such a size that it hung down to the knees. Its base was forty-four inches in circumference. It was removed by operation, and weighed, after extirpation, forty pounds. Unfortunately the result is not stated, so that we are left in the dark as to the effect of the shock to the system of the removal of so large a growth.

To Prevent Mammary Abscess.

Although Dr. Goodell ridicules the idea of *aborting* mammary abscesses, which he does not think can be done, yet Mr. Miall (*Brit. Med. Journal*) says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms rapidly disappear in a few hours, under the influence of fomentations with hot water and carbonate of ammonia. He uses an ounce of the carbonate in a pint of water, and when solution is accomplished the temperature of the fluid will be hardly too high for fomentation to be commenced, with cloths dipped in the liquid. He applies them for from half an hour to two hours, at the same time protecting the nipples. He has often had immediate relief, and seldom requires to make more than three applications.

Serious Oral Bleeding after a Leech.

In the *Vratch*, No. 12, 1886, p. 214, Dr. E. N. Mikhnevitch describes the case of a middle-aged, moderately nourished, non-hæmophilic peasant woman, who was brought to him with all the usual symptoms of severe acute anæmia, and with incessant spitting of blood. According to her statement, having suffered for three days from toothache, she applied a leech to her gum. The leech fell off, but since then (more than twenty-four hours) the wound was bleeding profusely all the time, in spite of the use of cold and a solution of perchloride of iron. The hemorrhage was immediately arrested by plugging with styptic cotton-wool (*gossypium ferratum*).

Blood Changes in Endarteritis.

It is a somewhat interesting question whether the blood itself is affected by mor-

bid changes in the blood-vessels. Some light seems to be thrown upon the subject by the case which Dr. Simeon T. Clark reports in the *Buffalo M. and S. Jour.* for August. The case was one of "chronic endarteritis," and he says that it proves to his mind that, in endarteritis, changes takes place primarily in the intima of the vessels; and after the blood-making membrane becomes somewhat generally affected, the blood itself becomes a changed fluid, tending to deposits, clots, thrombi, pigmentary immigrations, and even exudates of adventitious products.

Phlebotomy in Puerperal Eclampsia.

In a paper before the Clinical Society of Maryland, Dr. Wilmer Brinton, of Baltimore, describes several cases of puerperal eclampsia. His principal reliance was upon the lancet, and the results were satisfactory. The late Dr. Isdell, of Dublin, published, many years ago, a pamphlet in which he advocated phlebotomy in eclampsia, and enumerated a number of cases in which he got the best results. Many of Dr. Isdell's cases occurred in strong countrywomen, and probably the same success would not have attended similar treatment of city women.

Quinine in Whooping-Cough.

This is not a new recommendation, but cumulative evidence serves to entitle it to an estimable place in our consideration. Dr. Ernest M. Lyon, of Newark, N. J., writes to an exchange that he has used it extensively and successfully in his practice, as follows:

R. Quiniæ bisulph.,	ʒj.
Elix. simplic. rub., U. S. P.,	ʒjss.

M. Sig.—Teaspoonful to a child aged five years and upwards.

He gives it every three or four hours until cinchonism ensues, and keeps the patient under its influence, his guide for its administration being the frequency and severity of the paroxysms.

Subpreputial Medication.

The *Medical World* claims advantages in the treatment of gonorrhœa by what is termed subpreputial medication. The method consists in rubbing up morphine and cocaine in lanolin (wool-fat), and inserting it under the prepuce after thorough cleansing. Dr. Taylor claims that this at once relieves all pain by producing complete numbness of the whole organ. He claims that the advantage of lanolin over other vehicles is the readiness with which it is absorbed.

Fatal Effect of Collodion in Small-pox.

M. Comby related a case before the Société de Chirurgie of Paris of a woman suffering from small-pox, and whose face was covered with a solution of collodion to avoid the cicatrices. The eruption was at first retarded, but soon diffuse suppuration took place under the collodion, and the face was converted into a vast suppurating sore, as that which is seen usually after a burn. The patient succumbed after a few days in great pain and high fever, and the post-mortem revealing nothing abnormal, death was attributed to the topical application.

Calabar Bean in Epilepsy.

Herr Rush, of Fritslar, recommends Calabar bean in epilepsy, in cases where other drugs have failed. He records some successful cases in the *Deutsche Med. Zeitung:*

R. Ext. Calabar bean,	gr. 7½.
Spirit etheris,	♏ 80.
Aq. menth. pip.,	♏ 300.

Five to ten drops three times a day for children; eight to fifteen for adults. For children he begins with five drops, and increases the dose by one drop daily until the maximum of ten drops is reached. He then diminishes the dose by one drop daily until the initial dose is reached.

It may be tried, but we doubt (from experience) its efficacy.

Treatment of Bruises.

The *St. Louis Med. and Surg. Jour.* says that for bruises there is nothing to compare with the tincture or a strong infusion of *capsicum annuum* mixed with an equal bulk of mucilage of gum-arabic, and with the addition of a few drops of glycerine. This should be painted all over the bruised surface with a camel's hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done immediately after the injury is inflicted, this treatment will almost invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic, sore, or stiff neck.

Rheumatic Urethritis.

Rheumatic urethritis is what M. P. Riel (*Lyon Médicale*, March 14, 21, 1866,) names a form of urethritis occurring in the course of rheumatism, accompanied by a discharge of purulent fluid and other symptoms common to gonorrhœa, but differing from it in the complete absence of gonococci. M. Riel depends upon the gonococcus for his diagnosis of specific urethritis. He reports two cases of this form of urethritis, but hesi-

tates to ascribe them solely to the rheumatism, and assumes that there must be certain as yet undiscovered organisms in the secretion to render it purulent.

White Clay in Epididymitis.

According to the *Journal d Med. de Paris*, March 28, 1886, white clay, such as is used by sculptors, has been used in Russia with much success in many cases of gonorrhœal epididymitis.

It is made into a soft mass, spread upon a square piece of linen cloth, and applied to the whole scrotum.

Boskine attributes the therapeutic effect of the *argile*, as it is called, to its refrigerating and metallo-therapeutic properties.

Apone: A New Kind of Pain Expeller.

As we imagine from its counter-irritant action, it would be very likely to relieve pain, we note that the following is said to be the mode of preparation of a sort of pain-killer recommended by Poulet (*Pharm. Zeit.*) under the name of *apone:*

Capsicum	20 parts.
Water of ammonia	10 parts.
Oil of thyme	1 part.
Chloral	1 part.
Alcohol, 60%	100 parts.

Digest the capsicum with the alcohol and ammonia during four weeks, filter, and add other ingredients.

Snuffs for Coryza.

Rabon (*Deutsche Med. Wochen.*) recommends the following powders to be used as snuff in coryza:

1. Menthol,	2	parts.
Roasted coffee,	50	"
White sugar,	50	"
Mix, and take as snuff.		
2. Cocaine hydrochlorate,	1	part.
Roasted coffee,		
White sugar,	āā 50	"
Mix, and use as before.		

Treatment of Aphthæ of the Vulva.

Sarazin, in cases of aphthæ of the vulva occurring in children recovering from measles, recommends the following (*L'Union Medicale*, June 26): By means of a badger-hair brush a layer of iodoform to be painted on the inflamed parts, and a piece of lint covered with iodoform to be inserted between the lips of the vulva. The powder is to be removed every twenty-four hours until recovery. Appropriate internal treatment should also be given.

Lotion for Gouty Joint.

Dr. Rothe (*Memorabilien*) speaks highly of the following solution in an attack of acute gout: Liquor plumbi acetat., 15 parts; spiritus vini, 25 parts; tr. opii ammoniat., 5 parts; aq. font., 300 parts. Having first used frequent cold douches, he applies compresses wet with the above solution and covered with mackintosh. The treatment gives great relief from pain, and shortens the attack.

Abortion.

Dr. Fry recently exhibited to the St. Louis Medical Society some bits of rusty wire removed from the vagina of a patient who had aborted at the third month. The patient had been under the care of an ignorant abortionist. Dr. Fry supposed that this man had endeavored to introduce the wire into the uterus, but the wire having become entangled in the cervix, was cut off and left there, after he had in vain endeavored to extricate it.

Application for Warts.

The following formula, a modification of that recommended by M. Vigier for corns, is largely used by Vidal:

R. Acid. salicylici,	1	gramme.
Alcohol, 90°,	1	"
Ether,	2½	grammes.
Collodion,	5	"

M. The solution should be painted over the affected surface each day.

Painful Dentition.

The following is said (*L'Union Medicale*) to be an excellent preparation in painful dentition:

Cocaine hydrochlorate,	
Sodium borate,	āā gr. iv.
Syrup of althæa,	♏ 64.
Syrup of poppy to make,	♏ 100.

A little to be rubbed on the gums several times a day.

Catarrhal Headache.

Iodide of potassium is said to quickly relieve the dull headache so often accompanying an ordinary cold in the head. Two grains may be dissolved in a glass-full of water, which is to be taken in little sips during half an hour. Dr. Davis recommends this simple remedy, and says he has hardly ever known it to fail.

Urticaria and Pruritus.

Menthol is said to relieve the itching and

cure the disease. In pruritus ani, and in eczema, the parts should be moistened with menthol solution, containing from five to ten grains of menthol to the ounce of water.

Treatment of Diabetes by Massage.

At the Medical Congress held recently at Wiesbaden, Herr Finkler recommended treating diabetes by massage. He tested this method on a considerable number of patients, and ascertained that glycosuria is lessened by it, even when the patients have a mixed diet. A short time after the treatment begins the patients perspire profusely; they also increase in weight.

Warm Medicated Enema for Acute Menstrual Pains.

For the relief of the violent pains that in some women precede the menstrual flow, Dr. Meniere (*Rivista Balear*) gives a warm water enema containing 30 grains of chloral and 30 grains of bromide of potassium. For young women only half the above quantities should be prescribed.

Glycerole for Cutaneous Pruritus.

R.	Acidi carbolici,	gtts. xv.
	Sodii biboratis,	3 grammes.
	Glycerinæ,	30 "

M. Apply with a brush over the pruriginous surfaces.

News and Miscellany.

Canada Medical Association.

At the nineteenth annual meeting, held in Quebec, August 18 and 19, the following papers were read:

"Keratoscopy as a Means of Diagnosis in Astigmatism," by Dr. Desjardins, of Montreal.

"Tracheotomy in Membranous Laryngitis," by Dr. James Bell, of Montreal.

"Treatment of Tuberculous Glands of the Neck," by Dr. Fenwick, of Montreal.

"Some Details of Uterine and Ovarian Operations," by Dr. Trenholme, of Montreal.

"Excision of the Tarsus in Tuberculous Disease of the Bone," by Dr. Shepherd, of Montreal.

"Evacuation of an Abdominal Hydatid Cyst," by Dr. Kerr, of Winnipeg.

Dr. Kerr reported two cases of "Gunshot Wound of the Hip-joint."

"The Treatment of Acute Purulent Ophthalmia," by Dr. Buller, of Montreal.

"Ainhum," by Dr. Shepherd, of Montreal.

Dr. Fenwick, of Montreal, reported a case of "Amputation at the Shoulder-joint for Myelo-sarcoma of the Arm."

Dr. A. Lapthorn-Smith read a paper on "Alexander's Operation, and the Treatment of Displacements of the Uterus."

OFFICERS ELECTED FOR NEXT YEAR:

President—Dr. J. E. Graham, of Toronto.

Vice-Presidents—For Quebec, Dr. Russell; for Ontario, Dr. Dupuis; for Nova Scotia, Dr. Wickwire; for New Brunswick, Dr. Currie; for Manitoba, Dr. Crowther.

Local Secretaries—For Quebec, Dr. J. Bell; for Ontario, Dr. McKeough; for Nova Scotia, Dr. Trueman; for New Brunswick, Dr. Lunam; for Manitoba, Dr. Kerr.

Place of Next Meeting—Hamilton; Chairman of Committee of Arrangements, Dr. Malloch.

The Population of Paris.

The *London Lancet* says that the rate of increase of population does not appear to be governed by any fixed laws. Paris has only added 16,000 to her population in the course of five years. Is this a matter for congratulation, or the reverse? Looking at the state of poverty in the gayest city in the world, we think that Paris is to be congratulated on her want of fecundity. But, regarded in another light, this slow increase may not be a favorable condition. A population that neither increases nor diminishes may be vigorous and capable of holding its own in the international struggle of existence, but the chances are against this supposition. Excessive fecundity, on the other hand, may not be a spring or sign of strength. Too rapid growth taxes the resources of a nation, and may prove too much for them, thus becoming a source of weakness. A large population of sickly or puny individuals living in a fertile country would soon be exterminated; for unopposed strength knows no peaceful international laws. The slow increase of population in Paris need excite no apprehension if the health of her individuals is not below the normal. Indeed, nothing can be learned from the mere rate of growth of a population as to its state of health. Moreover, we cannot judge accurately of the strength of a nation by the state of its urban population. Fluctuation is rampant in the metropolis of most countries; the numbers may remain the same. Cities are characterized by the presence of the greatest and hardest workers, and any falling out of the

ranks of these is quickly replaced by those who can take their place.

Prehistoric Dentistry.

Dr. Marter, of Rome, has for some time past been devoting considerable time to examining the skulls in the various museums in Italy, and in Etruscan and Roman tombs, and he has given an account of his investigations in the *Independent Practitioner*. In the ruins of one of the Etruscan tombs, about the date 500 B. C., he found a partial denture. It was an arrangement for holding in position three upper artificial teeth by banding them to the adjoining natural teeth. These teeth were carved out of some large animal's teeth. Another denture found in an old Roman tomb consists of two natural teeth fastened by means of soft gold bands to the contiguous teeth. The most recently opened and oldest Etruscan tomb yet discovered in Italy was lately excavated at Capadimonti; this tomb belongs to the sixth century B. C., and amongst several articles of jewelry a denture, very similar to those above described, was found. Dr. Marter was unable to discover any stopped teeth, although many cases of caries and other dental diseases presented themselves. It is certain that dentistry must have been extensively practiced in the early history of the world, and that gold must have been used largely; otherwise the early Greek or Roman legislators would not have mentioned the matter in the celebrated laws of the twelve tables. Law 5th, de Jure Sacrorum, is as follows: "Quoi auro dentes vincti sicut in cum ollo sepelire, se frande esto."

The Brain of Gambetta.

M. Duval (Director of the Laboratory of Anthropology) has recently given to the Society of Anthropology at Paris a detailed description of the external configuration of the brain of Gambetta. He draws special attention to the fact that the cortical structure in the neighborhood of Broca's convolution has become markedly augmented. Usually this part of the brain assumes the form of an M, the two vertical limbs or sulci enclosing a small valve-like portion in the shape of a V. In the brain of Gambetta, however, as has been noted in other cases as well, this V-shaped portion has become doubled on itself, and assumed the form of a W instead of a V. When we recall the fact that Broca, in his memoirs, attributes to this part of the cerebral cortex (left or right-sided, according as the individual is right or left handed) the function of articulate language, the unusual development of this convolution in Gambetta and others confirms, to a certain extent, this opinion now generally accepted. Gambetta was a great orator, his memory for words being most remarkable. He had acquired a rapid and most exact method of expressing his ideas. It, is therefore, somewhat admissible to associate his great oratorical power with this increased growth of cortical tissue in the neighborhood of Broca's convolution.

Medicine in the Middle Ages.

Before the Abernethian Society of London (July 8th), Mr. Henry Power, F. R. C. S., traced the gradual growth of medical science from the Arabic and Greek physicians up to the time of the then learned Spanish schools, and later to those of France, Italy, and Vienna. He showed how the restrictions for the practice of medicine enacted by these schools were far more stringent than in the present day, and especially with regard to the title of Doctor, a subject that was absorbing the attention of the medical profession. He explained that the expense and labor necessary for the attainment of this much-coveted title, would well compare with some of the higher examinations at our universities. The art of medicine, in those days, was in a far more advanced state than that of surgery, the latter being largely in the hands of so-called "specialists," men who journeyed from place to place, advertising in the street-corners their skill, and the triumphs they had achieved. The utterly absurd intricacies of the medical prescription laid the foundation for numerous quack nostrums, a baneful legacy which has been handed down to the present day. The lecturer concluded by remarking what pride each one present must feel in belonging to an institution which could trace its career back early into the Middle Ages, which had raised up men of such eminence, and which had proved such a blessing in alleviating the misery of suffering humanity.

What a Frenchman can do with a Hair.

Of Gen. von Manteuffel, the late German military governor of conquered Alsace, who hated all that was French, it is said that he once, at a public dinner, engaged in a dispute with a French diplomat, who maintained the superiority of the French workmen over the artisians of all other nations. "A thing so ugly does not exist that the skill and genius of a Frenchman cannot

make of it a thing of beauty," he said. Angered by the contradiction, the old soldier pulled a hair from his bristly gray mustache, and, handing it to the Frenchman, said curtly, "Let him make a thing of beauty out of that, then, and prove your claim." The Frenchman took the hair, and sent it in a letter to a well-known Parisian jeweler, with a statement of the case and an appeal to his patriotic pride, giving him no limit of expense in executing the order. A week later the mail from Paris brought a neat little box for the General. In it was a handsome scarf-pin made like a Prussian eagle, that held in its talons a stiff gray bristle, from either end of which dangled a tiny golden ball. One was inscribed "Alsace," and the other "Lorraine;" and on the eagle's perch were the words, "You hold them, but by a hair."

Life Among the Lepers.

We learn from a lay contemporary that the Roman Catholic missionary priest, Father Damen, who has been called the "Apostle of the Lepers," and who, some few years ago, so nobly devoted himself to assuage the terrible misery of the lepers of Hawaii, by voluntarily going to reside in their midst, has himself taken the disease, and is likely ere long to succumb to it. Lady Brassey, in her "Cruise of the *Sunbeam*," it will be recollected, wrote of the visit she paid to the leprosy island of Molokai, which is used as a leper settlement, where all the lepers in the Hawaiian Archipelago are sent, in order that this terrible, loathsome, and incurable disease may be as much restricted as possible, as follows: "In this island are many tiny children, fatherless and motherless; parents without children, husbands without wives, wives without husbands, all condemned to watch the repulsive steps by which each of their doomed fellows goes down to a loathsome death, knowing that by the same road they, too, must pass."

Ice in the Sick-room.

A correspondent of the *National Druggist* writes:

The writer's son suffered with typhoid fever during the heated term of last summer, when the temperature of the room often rose to 90° or 95°, and the patient's temperature ran up to 105° F. and over.

A number of tubs were placed in the room and kept filled with ice, and the doors kept closed. The temperature of the room sank to 80° or less, an average of 12° or 15° below the temperature of the other rooms in the house, and the cooler atmosphere not only added to the comfort of the patient, but aided in keeping down the body temperature, and materially contributed to a final recovery.

We would strongly urge the use of ice in the room as a measure of comfort and luxury for all who are confined to their beds during hot summer days.

Medical Incomes in Canada.

The *Evening Post* quotes from the *Toronto Globe* as follows: "There is only one medical man in this city who last year earned $5,000 from his profession, combined with the interest he received on his previous savings. There is not one man on the list who had $4,000, and only four who touched $3,000. When we come to the comparatively modest and moderate $2,000, we naturally conclude that we shall have a full legion. But no, we have only fourteen all told who came up to this figure. When we come to between $2,000 and $1,000, the number becomes encouragingly large. As many as fifty-one of the best-known and greatly-sought-after doctors of our city are put down under their own hands and seals as having last year lived on from $1,000 to $1,800. Some of these are professors. There remain only the unfortunates who worry along with from $800 down almost to zero. Of these, we are sorry to say, there were last year thirty-six."

Mississippi Valley Medical Society.

At the meeting held in Quincy, Ill., the following officers were elected for the ensuing year:

President—I. N. Love, M. D., St. Louis.

First Vice-President—Joseph Robbins, M. D., Quincy.

Second Vice-President—Jacob L. Geiger, M. D., St. Joseph, Mo.

Third Vice-President—T. B. Harvey, M. D., Indianapolis.

Secretary—J. L. Gray, M. D., Chicago.

Treasurer—A. H. Ohmann-Dumesnil, M. D., St. Louis.

Assistant Secretary—Edward Alcorn, Houstonville, Ky.

The Editor's Work.

The *Courier-Journal* says that some people estimate the ability of a periodical and the talent of its editors by the quantity of its original matter. It is comparatively an

easy task for a frothy writer to string out a column of words upon any and all subjects. His ideas may flow in one weak, washy, everlasting flood, and his command of the language may enable him to string them together like bunches of onions, and yet his paper may be but a meagre and poor concern. Indeed, the mere writing part of editing a paper is but a small portion of the work. The care, the time employed in selecting is more important, and the fact of a good editor is better shown by his selections than anything else, and that, we know, is half the battle. But we have said, an editor ought to be estimated, his labor understood and appreciated, by the general conduct of his paper---its tone, its uniform, consistent course, aims, manliness, dignity, and its propriety.

The Wonderful Drug Clerk.

The most satirical shot at illegible prescriptions that we have yet seen is the following from the *Medical Age:*

A gentleman received a note from his lawyer which he was unable to decipher. On his way to his office he met a friend at the door of a drug store. The friend, after vainly attempting to read the note, suggested that they step inside and hand it to the druggist, without comment. The druggist, after studying it in silence for a few minutes, stepped behind his prescription case, and in a short time returned with a bottle of medicine, duly labeled and bearing directions. When the gentleman saw his lawyer, he was informed that the note was a notice for him to call at his office between three and four p. m. of the following day. It is a pretty difficult matter to "stick" the regulation druggist.

Americans at the Meeting of the British Medical Association.

Among the Americans registered as present at the meeting, we notice the names of Drs. T. A. Emmet and Fordyce Barker, of New York; J. S. Billings, of Washington; Wm. Brodie, of Detroit; J. R. Chadwick, of Boston; N. S. Davis, of Chicago; Frank Donaldson, of Baltimore; Chas. Warrington Earle, of Chicago; H. O. Hitchcock, of Kalamazoo; F. H. Hooper, of Boston; Howard A. Kelly, of Philadelphia; W. T. Lusk, of New York; Hunter McGuire, of Richmond; R. B. Maury, of Memphis; W. H. Pancoast, of Philadelphia; W. F. Peck, of Davenport, Iowa; S. J. Radcliffe, of Washington; H. P. C. Wilson, of Baltimore; Jas. C. Wilson, of Philadelphia; and W. Gill Wylie, of New York.

Medical Novelists.

The *Boston Med. and Surg. Journal* remarks of this class of writers: Sir Henry Thompson is among the noble army of the medical novelists, or, as we might almost say, has gone over to the majority. The neurologist novelists have a fund of experience in their specialty which is often available for the purposes of fiction. But what Sir Henry finds in his specialty to adapt for such ends, is a matter of curious conjecture. The title of his latest work is announced as "All But." Theories are rife among those who have as yet failed to obtain the book, as to whether the plot turns on a case of defeated catheterization, or of the persistence of residual fragments after a lithotrity.

The "Quack" Convention.

The *St. Louis M. and S. Jour.* says that one of the most amusing things in connection with the welcome given the members of the American Medical Association by the citizens of St. Louis generally, was a window piece gotten up by Frazer, the Candy Man, at 609 Olive street. He obtained a large number of young ducks, had their skins stuffed and mounted, and seated them in chairs in a little amphitheatre. The desk in front of each was marked with a parody upon some quack nostrum, and advertisements of patent remedies graced the walls. Among the delegates was a black duckling, labeled "hoodoo." The whole was entitled "The other Convention." The hit was palpable, and enjoyed by the visiting medicos.

To Distinguish Oleomargarine from Butter.

J. Horstler recommends the following procedure: A piece of oleomargarine the size of a hazelnut is placed in a test-tube, and the end made air-tight. Into another test-tube a like quantity of butter is treated in the same way. When both test-tubes are held in the hand, the oleomargarine soon liquefies, forming a clear solution; whilst butter requires double the time for solution, and when dissolved is not so clear as the oleomargarine solution. When the tube is filled one-third full with ether, the oleomargarine is easily dissolved, and does not produce any turbidity or precipitate on the addition of alcohol. Butter when treated in like manner yields a precipitate.

Not a Doctor.

Young Wife—"There is a gentleman in the parlor, dear, who wishes to see you."

He—"Do you know who it is?"

Young wife—"You must forgive me, my dear, but that cough of yours has worried me so of late, and you take such poor care of your health, and—and O, if I were to lose you, my darling!" (Bursts into tears.)

He—"There, there, dear. Your fondness for me has inspired foolish and unneccessary fears. I'm all right; you mustn't be alarmed. But I'll see the physician, of course, just to satisfy you. Is it Dr. Pellett?"

Young Wife—"N-no, it's not a doctor; it's a—a—life insurance agent."

The Best Beef Tea She Ever Had.

A physician prescribed beef tea for a patient, giving the following directions: "Inclose the finely-chopped meat in a glass bottle, then boil by placing the whole in a pot of water." The directions were carried out as far as the boiling the bottle of meat in the pot of water was concerned. But instead of then mixing the finely-chopped boiled meat with the water and giving it to the patient, the lady gave the sick person the hot water in which the bottle was boiled, who said that she hadn't tasted anything so good in a long time.

What New York Drinks.

A recent official report by the New York health authorities states that the Croton water-shed embraces 239 square miles, and has a population of 20,000, with 1,879 dwellings and as many privies, about as many barnyards, pig-pens, and cess-pools, besides cemeteries, graveyards, slaughter-houses, and other sources of contamination, *and with no drainage except by the surface*, which conducts it to the aqueduct. Yet the Croton is the best water supply enjoyed by any large city in America or elsewhere!

Minnesota Opium.

During the year 1885 Emil Weschke experimented on the cultivation of different species of Papaver at New Ulm, Minn., and from the unripe capsules of P. somniferum prepared a quantity of opium which, in the air-dry condition, contained 2.8 per cent. of moisture, and, after drying, yielded 15.230 per cent. of morphine, 0.325 per cent. of narcotine, 0.416 per cent. of codeine, and 3.500 per cent. of meconic acid. The author does not believe that the cultivation of the poppy for the production of opium in this country would be attended with profit.

A New Adulterant of Castor Oil.

A new adulterant of castor oil is being pushed. It is sold to wholesale dealers at 62 cents per gallon for shipment at Cleveland or Chicago, and is known to the trade as "C. C. Castor Oil." The *Druggists' Circular* thinks that it is a heavy, light-colored, neutral mineral oil, worth 20 cents a gallon. Its consistence and density are similar to those of castor oil, but it has a heavy greasy odor and persistent bitter taste. It does not dissolve in alcohol, and in this way can be easily distinguished from castor oil.

An Irreparable Loss.

Railroad President.—"Don't you think that rather exorbitant, Mr. Badger—$11,000 for the loss of your wife and her diamonds in the accident?"

Mr. Badger (indignantly).—"Exorbitant? Well, I should say not. I value the diamonds at $10,000 alone."

A Pair of Centenarians.

There has recently died in St. Petersburg Madame Goruli, a contemporary of the Empress Catherine II., and a lady of the court of the Emperor Paul I. She is stated to have been 114 years old. Among those who attended her funeral was her sister, who had attained the age of 113, but who was still so robust as to be able to follow the bier on foot.

Personal.

—Dr. James R. Chadwick, of Boston, represented Harvard University at the Heidelberg Quinque-centennial.

—The Queen, upon the recommendation of Mr. Gladstone, upon his retirement from office, has conferred the honor of knighthood upon Dr. B. W. Foster, President of the Council of the British Medical Association, and late Member of Parliament for Chester.

—Dr. Wm. C. Dabney, of Charlottesville, Va., has been elected to the Chair of Practice of Medicine, Obstetrics, and Medical Jurisprudence, in the Medical Department of the University of Virginia.

—The *Boston Post* says that "barbers were originally surgeons," and adds, apparently with much feeling, "a great many of them are now."

Items.

—Pasteur is a doctor at last, having been given a degree *honoris causa*.

—In the last five years Billroth has performed operations on the stomach in 32 cases, with 19 fatal results. Out of 15 gastrectomies for cancer, there were 7 recoveries.

—The Kentucky School of Medicine had the misfortune to lose by fire, on June 10th, its entire premises and outfit. It has already secured a new and commodious building, however.

—A correspondent of the *New York Medical Record* says that in Germany the operation for gastrotomy is so common that few care to witness even Billroth's operations for gastrotomy.

—Dr. R. P. Howard having resigned the position of Vice-President of the International Medical Congress, to be held in Washington next year, Dr. J. A. Grant, of Ottawa, has been appointed to the same office by the Executive Committee.

—She was a sweet girl graduate of a female seminary. She had just been married and was preparing to keep house. Some one recommended her to buy some spring mattresses. "Yes," said she, sweetly, "if they are in season, we'd better have some."

—In one of President Cleveland's vetoes he calls attention to the fact that the wound for which a man asks compensation from the government was received while he was engaged in a private pillaging expedition, and was hunted down by the Home Guards.

—"You have large imagination, you ought to write poetry," said a phrenologist to a man whose head he was examining. "I do write poetry," replied the individual, "and the bump of which you are now feeling was caused by a blow from an editor to whom I offered a poem. Please don't bear on so hard."

—"My dear," said a frightened husband in the middle of the night, shaking his wife, "where did you put that bottle of strychnine?" "On the shelf next to the peppermint." "Oh, Lord!" he groaned, "I've swallowed it." "Well, for goodness sake," whispered his wife, "keep quiet, or you'll wake the baby."

—M. Boher, the inspector of lighting in Dresden, has found that the belts even of ordinary steam engines often develop electricity enough to illuminate Geissler tubes and to perform all the ordinary experiments for which electrical machines are used. He thinks that many of the explosions in flouring mills may have been produced by such electricity.

—The habit of some druggists talking to customers while compounding a prescription should be condemned. The habit of leaving a prescription partially prepared to wait on customers is equally reprehensible. Mistakes in putting up prescriptions occur oftener from haste, and trying to do two things at once, than from incompetency.

—During the cholera epidemic in Nashville, Tenn., the late Dr. Bowling attended an old blind negro, who eked out an existence by playing the flute at the street corners. He recovered, and with a heart overflowing with gratitude he took his flute and sat under the doctor's bed-room window and played it the whole night long. Of all the large fees he ever received, the doctor said this was the largest.

"I want some preserves on my bread," whined a boy to his mother. "Johnny," coaxed the mother, "that nice butter and sugar is the thing for little boys." "Wow, wow," he howled, "I won't have it. 'Taint nothing but glucose and oleomargarine, and it's pizen. Gimme preserves if you don't want your little boy to die." He got the preserves.

—A hypercritical medical man found fault with Mary Anderson because of her assuming the stiffness of a corpse immediately on being killed in one of her plays, holding that cadaveric rigidity does not set in until five or six hours after death. The fair actress naïvely inquired whether it would not be a very severe strain on the patience of the audience to oblige it to wait for six hours until she became stiff after the fashion of nature.

—The following occurred in a chemist's shop in the neighborhood of Liverpool. The wife of one of the merchant princes of that city entered and said: "Oh, Mr. R., are not Epsom salts sold at 2 oz. for 1½d.?" On receiving a reply in the affirmative, madame continued with a sweet smile, "Oh! then I am entitled to an ounce for a halfpenny, as my daughter got an ounce yesterday, and paid a penny for it." And she placed one halfpenny sterling on the counter, as she took a seat and spread her silk robe around.

QUERIES AND REPLIES.

Lanolin as a Vehicle for Cocaine.

Eds. Med. and Surg. Reporter—

Have any trials been reported of the use of lanolin as a vehicle for cocaine, and with what success?

Cotton Gin, Texas. H. W. Moore, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

TYPHOID FEVER.*

BY PROF. WILLIAM H. DRAPER, M. D.,

Of New York.

The next patient, J. O., is single, 24 years of age, was born in Ireland, and is a laborer. He does not use alcohol to excess, has never had syphilis, gonorrhœa, rheumatism, or malaria. Five weeks ago he became troubled with headache, loss of appetite, nausea, and vomiting, which lasted for two days; but since then he has felt pretty well, though not entirely so. He was treated by a physician at that time, and his symptoms subsided. He has had no cough or sore throat, and no diarrhœa until his present attack began. But six days ago he was suddenly taken quite ill with a profuse diarrhœa, and for two days he had twenty passages a day, which were dark and fluid in character, but contained no blood. Five days ago he suffered from nausea and vomiting, headache, epistaxis, and a chill followed by fever. His urine was diminished in quantity and high colored, and he had a little cough, but with only a slight expectoration. Two days ago he was brought to the hospital, and he was then in a weak condition; he had swollen ankles, a flushed and livid face, and he complained of pain only in the forehead, with great thirst, and a dry mouth and tongue. On his admission, November 29th, his temperature was 103.8°, and his pulse 102, and his respirations 44 per minute. He says he has recently been living on Madison Avenue.

Gentlemen, you have heard this man's history, and you will observe that he has been ill to some extent for five weeks, but you must note that up to four days before he came into the hospital, his symptoms were not severe enough to keep him in the house or to prevent his working. But then he suddenly had the symptoms which indicate the invasion of a violent fever, namely, chilliness, headache, nausea, vomiting, diarrhœa, and an elevated temperature. We need not, therefore, take any special notice of the symptoms which originated five weeks ago, for they have no special connection with this attack. But we will begin with the symptoms which started six days ago. These were the ordinary symptoms of fever, and they lasted up to the time of his admission on November 29th, at one o'clock in the afternoon. At that time his temperature was 104°, pulse 102, and respirations 44. In taking the vital signs of a patient when first brought to the hospital, you must always make some allowance for the variations caused by the disturbance and excitement of moving. So it was found in this case that after the lapse of four hours there was a slight fall in the temperature. But that night it went up again to 104.5°, and it kept high throughout the whole day on the 30th, and at one o'clock this morning it stood at 104.8°, and now at 3 p. m. it is 104.1°. So you see that he has had a very high temperature ever since he came in. It has not gone below 103.7°, and much of the time it has been 104.8°, which is a very high grade.

When he was first brought in, the doctor on duty sought for the cause of this high temperature. He made a careful examination of the chest and abdomen, and then

* Abstract of Clinical Lecture.

took into consideration all the subjective symptoms. But he found no evidences of pneumonia, bronchitis, or pleurisy, nor of peritonitis or any visceral lesion, to account for it. So he concluded that he had to deal with what is called an essential fever, that is, a fever which is not secondary to any local lesion. This is the diagnosis which has been carefully made by a process of exclusion, and this is the plan that is often followed in making a diagnosis. The same mental process is gone through with as in making a diagnosis of an external disease of the integument. But here you take the symptoms of fever to start off with, and you seek for the possible causes; and at last, by excluding the various inflammatory diseases, you are brought down to the diagnosis of an essential fever, as the cause of the symptoms. The essential fevers include the eruptive fevers, and typhoid and typhus fever. But you could here exclude all the eruptive fevers at once, because at the time of his admission he had already passed the period of invasion which precedes the eruption in these diseases, and yet the characteristic lesion of small-pox, scarlet fever, and measles, was not to be found. It remains therefore to make the diagnosis between typhus and typhoid fever. The invasion was more like that of typhus, for it was sudden, and attended by chilliness, headache, a flushed face, and digestive disturbances, such as nausea, vomiting, and diarrhœa. A diarrhœa coming on within the first three or four days is rather earlier than is common in typhoid fever. But you could not say certainly that it was typhus from the character of the invasion alone, for typhoid also begins suddenly sometimes. But now the element of the eruption would help you in the diagnosis between these two; for an eruption first makes its appearance on the body of the patient on the seventh or eighth day in typhoid fever, and on the fourth or fifth day after the invasion in typhus, as a rule. This man came here on the fifth day of the fever, and the doctor now informs me that he then had an eruption of the same character as that which you will now see as soon as I expose the patient's body. It is, you observe, a quite copious erythematous and macular eruption, which involves the limbs, the chest, the abdomen, and the back. These spots are rather dark-colored for typhoid, and they do not entirely disappear under firm pressure with the finger, yet they are not so well marked as the petechial eruption in typhus usually is. The typhus eruption is an exanthematous one, in which there is a deep staining of the skin just over the spots, which, therefore, do not disappear on pressure. Another peculiarity in the eruption which, however, will not yet aid us here, is that in typhus it comes out and remains out as long as the fever lasts, while in typhoid there is a succession of crops, each one disappearing after three or four days, and another then making its appearance. Now, from the fact of the eruption coming out on the fourth or fifth day, and from the characteristics in color and distribution which it presents, I am inclined to look upon this case as one of typhus fever. But I should rather reserve expressing my final opinion, until I see what is to be the course of the eruption. The marked congestion of the face here is also much more suggestive of typhus than typhoid. Besides, in typhoid, during the first week, the fever usually develops gradually, with daily morning remissions and evening exacerbations, and the fever is lighter each evening than at the same hour the preceding day. But in typhus there is usually a sudden invasion and a high degree of temperature from the start, and this has been the character of the fever in this case. If it is typhus fever, by the time you come here again next Thursday, or a day or two later, he should have defervesced. But if it is typhoid there will be a gradual falling off of the temperature, while the fever will still be continuous.

The treatment of such cases consists mainly in the treatment of the fever. This man's surface has been sponged, and he lies naked in bed as you see, partly for convenience in sponging him, and partly because it aids in cooling him. This method of artificial cooling by sponging we now adopt here to the exclusion of the bath, because it saves the patient from the disturbance caused by moving him to and from the bath-room, and we find that frequent spongings are all that is necessary to reduce the temperature and keep the patient comfortable. This matter of reducing the temperature by sponging is important in all fevers, for if you can save the patient only one degree of fever, you are doing him a great deal of service. A too high degree of fever will be followed by rapid emaciation and wasting, while the blood becomes charged with the products of combustion and with effete matters which are poured into it; and this may result in the production of cerebral symptoms which may be attended with serious consequences. This man has not yet developed any cerebro-spinal symptoms. There has been no delirium and no subsultus, and his heart-sounds are still good, and the pulse is not very

rapid, and his general condition is fair with this high temperature. But he may develop delirium, or symptoms of spinal exhaustion at any time, and even before to-morrow morning, perhaps.

There are still other means of reducing the temperature. Diaphoretics and diuretics will do this to some extent; and at the same time you should keep the emunctories open so as to allow the effete matters to be discharged. You should also allow the patient to drink freely of water or other appropriate draughts, in order to cool the blood, and at the same time favor the excretion of effete matters.

It is believed by some that there are certain antipyretic medicines which act on the nerve centres, which are supposed to control the development of animal heat, and so they reduce the temperature. Quinine is thought to be one of these; and indeed, it is in many diseases of a certain class. But in these cases I think it owes its power to its specific effect upon the essential cause of the fever, that is, upon the poison of marsh gas which causes malarial fever. But I very much doubt if it has any effect upon typhus and typhoid fevers, except as a tonic. And the records of this hospital, I believe, bear me out in this statement. In a raging non-malarial fever I do not believe that it has any antipyretic effect. And if it is ever an antipyretic, it is only by reason of some special power over those periodical fevers which are due to marsh miasm.

Alcohol is supposed by some to be an antipyretic of some power in the essential fevers. But I doubt if it is fair to say that it does good by virtue of its antipyretic powers—though no doubt it does do good. But I believe that it does good by furnishing food to the system in a form which it is very easy to appropriate. This man has been taking twelve ounces of whisky every day since he came in, and I think that I shall probably increase the quantity still further, considering his high temperature. I shall not give it to reduce the temperature, but to diminish the risks to which this high temperature subjects him. It will both tend to sustain the heart, and act as a food, and thus supply the force which is so rapidly being destroyed by this great heat—for each degree of heat means so much force destroyed. He cannot convert all this heat into motion, or into the performance of intellectual processes, but it is all going off and being wasted. So he is almost powerless to lift his hand, and his mental faculties are so exhausted that he can scarcely think or speak. Now, you have got to make some provision for this great exhaustion, by feeding the patient. But he cannot digest beef and bread and solid foods, as he could in health, so he has got to have an abundance of an easily-appropriated food. So, in addition to the alcohol, he is taking milk and the various animal broths, and he disposes of all that is given him. The alcohol does not intoxicate him, for no odor of it can be perceived in his breath, but it is all being consumed as food.

Communications.

CONVENTIONALISM IN MEDICINE.

BY W. M. HEPBURN, M. D.,
Of Freehold, N. J.

Conventionalism, in art, we are told, is that which is in accordance, not with the absolute principles of beauty in form and color, but with the opinion and sentiments with reference to form and color which chance to prevail at a particular time, in a particular country, or social class.

The practice of medicine gives, we think, a peculiarly favorable opportunity for the spread of conventionalism, for many reasons, among others these: Professional life is attractive to the present generation, medical colleges are numerous, and diplomas very easily procured, all of which tend to crowd the profession, and thus conduce to increase the number of those who lean entirely upon the opinions formed by others. If these opinions are good, to a certain extent the "leaning" on them is proper, yet it tends to produce a class of practitioners who are governed in their treatment "not by absolute principles thoroughly tested and cautiously received, but by the opinions and sentiments which chance to prevail at that particular time."

Again, we have no specifics. If we had a certain drug which could be relied on to cure a particular disease, and if every disease had a "specific," then the great essential would be to be able to diagnose the disease—the treatment would be a simple matter. We would have absolute knowledge on which to rest. But what are the facts? A glance at the journals or perusal of our current medical works will soon display them. Each writer seems to be convinced that at last the "best medicine" (specific is usually left for quacks), has been discovered. This being the case, the young M. D. just facing

the world fails to remember all he hears and reads; and, unless he be a man of positive opinions, having confidence in self, together with capacity to judge of drugs and practice to test them, he must inevitably take some one or few leading lights as his guide or guides, and is apt to find himself in accordance with "opinions and sentiments which prevail at this particular time," in his exclusive circle, and which may or may not be founded on "absolute principles."

It is not our intention to attempt to assert what are the absolute principles which do, or ought to, govern us in our practice, but simply to state a few of the "conventionalisms" of our day, and our opinion as to whether they are in accordance with the principles which should control us. And first we would speak of hypodermic medication, and especially of the hypodermic use of morphia.

I read, a short time since, in *Puck*, that a physician had cured his patient of alcohol habit by morphine, and broken up the morphine habit with cocaine, and was now looking around for something to give him to cure him of his appetite for the last-named drug. Unfortunately there is enough truth in the picture *to us* to make it appear anything but a joke.

But lately I was told by an aged physician of a man at a summer resort rousing him early in the morning to give him a hypodermic of morphia. The man was half crazy for it, full of hypodermic pricks, and disgusted with the physician's charge because—as the patient said—he had been given injections, by a doctor, for ten cents each. Would it not be well to open morphine saloons, and license men to sell morphine drinks, rather than to have our profession stained by tolerating such physicians?

A patient sends for us. On arriving at the house we find him in great pain. Shall we say, morphine relieves pain, therefore I will give it? Such an opinion arrived at by such an argument, is because the physician is cramped in his resources, or very devoid of professional responsibility. Any tyro could, by such conclusion, from such premises, practice, and practice ably. What then? Shall we refuse to use an anodyne? That depends on whether or not it would be the "proper" treatment, and if it be, it will be because it is founded on absolute principles, whether or not it be in accordance with the sentiments of this particular time.

But let us take a still more aggravated case. Suppose we are called to a patient who has, or thinks he has, suffered for months with pain, and has been "fed" on morphine. He is a good patient, one we wish to please; excellent pay, and in most ways desirable. He knows, or thinks he does, what he needs, and expects to get it. What are we to do with him? The morphine should be stopped (unless dying with cancer, or some other incurable and fatal disease). But to stop it means for us to probably excite his enmity, lose his patronage, or if he consents, his will power being weakened, we will have to struggle for him, take his appetite, study to overcome it, buoy him up, cheer him, and work as if the disease were our own.

That may all be so, but what do we enter the medical profession for? We read of men, in the ardor of the moment, clearing a tube clogged with diphtheritic membrane by applying their lips to the opening, and they are spoken of as martyrs; yet we say a man is an extremist who tells us to take, if necessary, our patients' appetites on us, and struggle with them rather than yield. We can safely say that to one who fully realizes his responsibility not one bill, of a large amount, is on his "books," but that the case has lost him ten times the amount of his account, and some of them could never compensate him by any pecuniary gift. The practice of medicine is of all professions the most responsible, the most to those who are influenced not by conventionalism, except the conventionalism is founded on absolute principles of honor and right. Do we realize that when we gaze at wrecks from the use of narcotics, they are often the results of our "skill." I think we can state it as a fact that comparatively few cases need continuously repeated doses of morphine, except those suffering from incurable and rapidly fatal diseases, and that in cases not necessarily fatal, continuously repeated hypodermics so prostrate the nervous system as to ultimately be the cause of the neuralgia (nerve pain).

Another conventionalism is the repeated changing of drugs during an attack of sickness. I have known a physician, a man of good medical knowledge and large practice, who wrote a new prescription each day and after each visit he made his patient. The sick room soon began to resemble a small drug store. This state of affairs certainly ought not to exist.

It is not, cannot be, a scientific use of drugs. To get proper constitutional effects, in most cases, small, frequently-repeated and *continued* use is necessary. Why then is there a tendency to change drugs each visit, and thus do great injury to the stomach and

no good to the system? Certain conditions, at the present day, tend to produce this evil. One reason is that so many drugs are now put on the market.

Our fathers could carry in small saddle-bags their whole stock, but if one wishes to appreciate how little he knows, let him gaze at the list of "new remedies"—and as to the older drugs, I count two hundred and eighty extracts (fluid and solid). When we come to include tinctures, elixirs, decoctions, aquæ and numerous other preparations and drugs, we get a faint conception of the materia medica and pharmacy which confronts a beginner.

What makes it doubly harassing is the fact that leading firms now advertise their proprietary preparations, and quote such eminent authorities as to their efficiency, that we must be lost to all sense of the glorious advantages open to rising men, unless we test these remarkable combinations.

Let us do them justice. I believe, once in a while, the advice is given to only use the drug by prescription of the physician, as it is too powerful to be otherwise taken, thus allowing the doctor to timidly give his opinion. We object to druggists prescribing, yet is it or is it not a bid for this practice, when combinations are made in which the virtues of the drugs, their use and dose, are given in full? These proprietary medicines may be composed of drugs of the purest kind, and yet to some of them at least, strong objections, of a practical nature, may be brought. Let us cite chloral as an example. If we can believe such an authority as Dr. Ward, Supt. of the Trenton State Insane Asylum, we must accept the following as true: "We still continue to employ chloral hydrate (when not contra-indicated), as our principal hypnotic, and, after using it for several years in the institution, we see no reason for discontinuing it; it is more prompt and certain in its action than most other hypnotics, and in *not a single case* have we ever *known of any untoward result* following its proper administration. The *drug should always* be kept *free from exposure to light and air*, and *always given freshly dissolved*. That it does undergo change when these precautions are not taken, and does not answer the indications for which given, we have had abundant proof. In this state it becomes an irritant, and is frequently followed by vertigo, nausea and other unpleasant symptoms."

We see then that chloral hydrate has an entirely different action according as it is or is not freshly dissolved and properly protected before dissolving. Dr. Hurd further states: "It has been our custom to give it in fifteen to twenty-grain doses, dissolved in one or two ounces of *spring water*," (thus sparing the stomach the effort to digest syrups, etc., and not mixing with other drugs—in fact, getting the true action of chloral).

We hear it stated in the business world that "articles made to order are"—other things being equal—"better than ready made." Here is an impressive illustration of its practical value in medicine.

Again, the simpler form a drug can be given in, the more certain we are of getting its proper action. Small amounts at a time and freshly prepared is preferable to using long-kept drugs, and it is a good thing to know the value of drugs of authenticated virtue before enlarging our list of remedies.

Blessings may become a source of danger. Certainly we ought to be very thankful for the excellent way in which medicines are now prepared. Granules which in their size and appearance would please an ardent homœpath, and containing virtues in proportion greater than our former bulky pills. So with gelatine capsules, and all other proper efforts to disguise disagreeable medicines. But is not the desire to give agreeable preparations carried to such an extent as to take out of our list valuable drugs, such as Huxham's Tincture, etc.?

Horrible mixtures usually do far more harm than good, by causing nausea and disgust for everything, food included; but we do protest against the pandering to public taste to such an extent as to justify preparations of such elixirs as those which, though pleasant to taste, yet cannot possibly contain the amount of medical properties which is said to be in them; and in making this assertion I take the expressions of responsible and able druggists. A prominent city druggist was regretting to me the necessity which compelled them to sell so many of the "agreeable to taste remedies," and neglect the not very unpleasant but antiquated preparations containing true medicinal properties.

A conventionalism which we ought to properly appreciate, is the sentiment which now prevails as to the place drugs should occupy in the prevention and cure of disease. A gentleman, about eighty years of age, gave me a short account of the manner in which he was treated for pneumonia when a young man, by a well known practitioner.

The condensed statement is this: Bled every day, once until he fainted, and given calomel till salivated. In such treatment we see the doctor evidently relying on drugs to cure the disease, and nature (as we say)

curing in spite of the doctor. Drugs in that (and all such cases) take the first, last, and every place. They are the one, the only essential; and what agony nature must suffer in attempting to undo or overcome the wrong innocently inflicted!

But what is our attitude to-day as to the place drugs occupy? First of all, the effort is made to prevent the need of drugs by warding off disease. The common belief is that disease and the physician are closely and clearly related to each other. How then can we explain the devotion of great men to the task of finding means to prevent the arrival of our "friend?" How explain the lives of toil, with but little remuneration, which have for their object the finding of means to keep out cholera and yellow fever? how to prevent mortality of small-pox—how, when they have invaded our shores, states, towns, or families, to prevent the spread of the disease? How many lessons have we been giving as to ventilation, cleanliness, pure water, disinfection of clothes, rooms, and dejections, of hands and instruments? As we attempt to enumerate the steps taken, and view the work accomplished, we feel how weak our efforts are.

But not alone in contagious diseases: what advances in the broad grasp of all diseases. How different our relationship to nature. How rapidly we are learning to come as humble assistants, and, as our age is an age of physical deterioration, owing to many causes, what aids are constantly given us to bolster up our rapidly used-up bodies. Who now would be considered as doing his duty in simply giving drugs, and not advising his patient as to the innumerable details of dress, food, exercise, rest, etc. So that although, once in a while, we still have individuals eating heartily mince pie and such included, while just recovering from acute attacks, yet it is not now the exception but the rule for physicians to realize that drugs *in themselves* are of but secondary importance. What use of treating catarrhal troubles, even with our knowledge of modern instruments and preparations, if we say nothing about underwear, rubber shoes in wet weather, etc.

With all honor for the medical work done in past ages by noble men, yet can we not say that the "sentiments and opinions" of the present place drugs in their proper place by making them only *one* of *many* essentials in the prevention and treatment of disease? Has not our profession attained an eminence —not by isolated cases of progressive individuals—but *as a fraternity*, never before known? Is not this recognition of the place drugs should occupy due to the "sentiments and opinions" of our day? And is it not a conventionalism which we are becoming more and more convinced is founded on "absolute principles."

Conclusions.—Avoid as much as possible the use of drugs giving exhilarating and fascinating sensations. They are not often needed; appetites are so easily acquired and so hard to get rid of, that by using them the last state of our patient may be far worse than the first.

A few good drugs thoroughly tested, and their action known, will prove of greater value to us than our constant attempts to prove the virtue of every newly vaunted remedy.

If I have learned one lesson during my professional life, it is to know the drugs I use, and to know why I use them.

Within the last ten days two cases have come under my notice who had suffered intensely, one with pruritus ani, the other with gastralgia and enteralgia. Both of them had been in the hands of deservedly well known specialists in this country, and one of them of English specialists. Both of them went through many kinds of treatment, and both of them were most relieved by very simple and well known drugs—the one by *hot* water applied by a sponge, followed by a mild mercurial ointment, the other by magnesia, rhei and aromatics.

Our third conclusion is to use as palatable preparations as possible, by using (when not contra-indicated), small, frequently-repeated doses, but avoid simply palatable preparations.

In other words, to be able to appreciate any good conventionalism, but not become a conventionalist.

EPITHELIOMA OF THE CERVIX UTERI.*

BY R. M. HALL, M. D., OF BALTIMORE, MD.

My object in bringing this subject before the Society this evening is two-fold—first, to show how it is possible for a practitioner to err in his diagnosis; and, secondly, to show what has been denied by many practitioners in this part of the country. I remember seeing it distinctly stated a year or so ago, in a New England medical journal, that cancer of the uterus has not been known to occur in the negro race. In the southern part of this country, according to statistics of nearly

* A paper read before the Clinical Society of Maryland.

2500 deaths among whites, one in every 121 was from cancer, while among colored people only one, in about 251. Many physicians, no doubt, in this section of the country, may not even have seen a case of cancer of the uterus among the colored people. I have had three cases that have come under my personal observation: one in a bright mulatto woman, age 65, who died from cancer of the cervix. During her illness I called in consultation the late Dr. McKew, who concurred in the diagnosis; another, a woman aged about 60 years, who died from what I diagnosed as cancer of the cervix, taking all the symptoms into consideration; and from the third case I have the pleasure of presenting the specimen to the Society this evening.

But to return to my first proposition, I confess that in the light of subsequent events I erred in my diagnosis of the case. Knowing the rarity of cancer of the uterus among colored people, and taking into consideration the age of the patient, together with all the various symptoms connected with the case, I concluded I had a case of syphilitic ulceration of the cervix and vagina.

The literature of syphilitic affections of the uterus and appendages is very meagre, so far as I have been able to learn. Bumstead and Taylor, in their late work, say syphilitic affections of the ovaries are rarely met with. According to Lanceraux, they present a close analogy to syphilitic affections of the testicle. This author has only met with the diffuse form after it has arrived at the stage of atrophy; the ovaries were of the usual size or smaller than natural, fibrous in their structure, with scattered cicatrices, and destitute of Graafian vesicles, although the patients had not arrived at the usual age for the cessation of the menses. Lanceraux gives a representation of a case furnished by Richet, in which there was circumscribed deposit of gummy material similar to that found in syphilitic orchitis. The symptoms of these affections are said to be a slight dull pain in the region of the ovaries, possibly at the outset some increase in the size of these organs, perceptible on abdominal and vaginal palpation, a loss of sexual passion, and sterility. It is evident that these signs, taken in connection with the history of the case, can only furnish a probability of the nature of the disease, which may be further increased by the success of anti-syphilitic treatment. No instance is known in which the Fallopian tubes have been affected with syphilis. Certain cases in which uterine tumors in syphilitic subjects have yielded to the internal administration of iodide of potash and mercury, render it probable that this organ is not exempt from the late manifestation of syphilis, but nothing definite is known upon the subject, since post-mortem investigation has been wanting.

Thomas says that upon theoretical grounds it might be supposed that the diagnosis of ulcerated cancer would be so simple that few errors would occur in reference to it. This is far from the truth. A skillful diagnostician would indeed generally arrive at a correct conclusion, but I know of no disease of the genital organs of the female, unless it be pelvic peritonitis, which so frequently gives rise to errors of diagnosis with the inexperienced.

Among other diseases he says it may be confounded with syphilitic ulcer, sarcoma, and so on. From these a differentiation should be arrived at by careful study of the progress of the case, by the degree of constitutional implication, and by the results of microscopic examination. A positive conclusion is not always easy. He says, let it be borne in mind too that syphilitic ulcers have been known to eat into the bladder and rectum, and create very much such a state of things in the vagina as carcinoma develops.

On Friday, November 20, 1885, I was called to see Rachel C., colored, age 32. She was the mother of five children, the last one born in July, 1885. Four of the children are still living, and the last was still-born. She stated that in the birth of the last child the head was delivered naturally, but owing to inertia of the uterus, the child was finally delivered by a physician. So far as I could obtain the history of the case, it seems as though her health began to fail her from that confinement, although she was able to be up and about for some time afterwards. After the birth of the child she complained of pain more or less in the lower part of her abdomen and back, with metrorrhagia. On making inquiry of the family, I learned that her husband was and had been suffering from some sort of disease which was offensive, and made him somewhat lame. The patient, when I was called, was pale and very much emaciated—the pulse was weak and about 100—the temperature was normal. She also complained of sore throat, but on examining the throat the pharynx and tonsils were free of ulcerations, neither were they congested. The tongue was sore, red, glazed, and dry. There was no eruption upon any part of the body, and the hair of her head did not fall off. On the right side above Poupart's ligament, there was a glandular enlargement

which was soft and fluctuating. The patient stated that the swelling gave her great pain, and I concluded it was an abscess, plunged my lancet in it, and there exuded only bloody serum. The mons veneris was partially destitute of hair, and at the superior part of the nymphæ there was a small ulcerated surface, larger antero-posteriosly than from side to side. It was not excavated, but even with the surface. On examining her per vaginam I found the vagina nearly filled with a number of granulations springing from its posterior wall; these were soft to the touch, but did not bleed on manipulation. The cervix had sloughed away so far that I was unable to discover the os. She suffered from incontinence of urine, necessitating the daily use of catheter. The vulva was swollen, and a portion of the thighs was excoriated. The discharge from the vagina was not profuse, neither was the smell offensive. As I stated above, believing that I had a case of syphilitic ulceration, I placed her on anti-syphilitic treatment, consisting of the bi-chlorate of mercury and iodide of potash. On Saturday, the 21st, when I saw her again, the tumor I lanced was as large as before, and she said it still gave her pain. I continued the treatment, and painted the tumor with iodoform in a solution of collodion.

On Tuesday, November 24th, I called in consultation Dr. B. B. Browne, who examined her and coincided with me in the diagnosis. The tumor on the right side being quite soft and fluctuating, the doctor lanced it quite freely, and there gushed from it nothing but bloody serum. He advised the continuance of the above named treatment, also the washing out of vagina with a 1 to 1000 solution of bichloride of mercury. On the next day, the 25th, the tumor had regained its orignal size, and the cut surface had healed. Notwithstanding the treatment the patient went from bad to worse, and the fæces were passed in bed, unless controlled by the use of opium.

On examining her per vaginam, on the 1st of December, I noticed that there was exuding from the vagina fæces, and on passing my finger up the rectum about one inch, it passed directly into the vagina, the ulceration having completely destroyed the recto-vaginal septum.

I concluded there was no further use in trying the remedies I was giving, and hence discontinued them and gave her only tonics.

She, however, continued to decline, and on Saturday, December 12, she died. About 10 a. m. I made a post mortem, taking out only the uterus, which was so firmly adherent to the left side that I had to cut it off. Dr. Keirle was kind enough to examine the specimen for me, and reports as follows:

The cells of the villi (uterine neck) are hyperplastic and heteromorphous; over-production of large round and oval cells causes enlargement and distortion of the villi, in which there are sparse and not very characteristic pearly globes: clumps of cells have invaded the masculature, which is not arranged as a stroma but displaced and destroyed, thus indicating malignancy.

The growth is a carcinoma of surface epithelium (surface-epithelioma) having its homologue in epiblastic epithelioma (cuticular epithelioma), which conflicts with the mesoblastic origin of the uterus, and is at variance with the opinions of Virchow, whose views, however, are in accord with such origination, he admitting a mesoblast carcinoma, and holding the connective tissue corpuscle to be omnigenerative, denies that the muscular tissue had been *invaded*, and asserts that the carcinoma cells therein are antochthonous, and that the villous overgrowth is an innocent result of common irritation—Vid. "Cellular Pathology." Art. Cauliflower Tumors.

N. G. Keirle, M. D.

To R. W. Hall, M. D.

Medical Societies.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

(*Concluded from page* 302.)

Case 5. Mrs. K., 47 years, 1 child 28 years ago, was brought to me on the first of this month for an abdominal swelling and great prostration, dating only five weeks back. I found a well-nourished but cachectic looking woman, whose abdomen was but little distended, but in whom I could detect, on careful bi-manual examination, a flaccid tumor of the size of an adult head, on the right side. Percussion resonant, except on the right side. Considerable diffuse abdominal pain. Diagnosis, apparently growing ovarian cyst; indication, speedy operation, on account of cachexia.

On March 3d, while stooping, sudden abdominal pain and collapse. Temperature 102.2°; pulse small and thready. Operation having already been fixed for March 4th, was not postponed; on the contrary, the indication for speedy operation seemed in-

creased by the recent urgent symptoms. Feel and appearance of abdomen changed since last examination, tumor less distinct and in the centre. On opening the abdomen, gush of evidently ovarian fluid in large quantity; peritoneum highly congested and covered with recent lymph deposits, certainly much older than eighteen hours (date of pain, etc., day before). Tumor proved to be of left ovary, was very friable, and certain loculi contained pus, which escaped into the peritoneal cavity while the mass was being removed; small pedicle. Thorough sponging, but no irrigation of peritoneal cavity; no shock; drainage. Symptoms of peritonitis on second day. Temperature 102.8° (above which point it never rose). Obstinate vomiting in spite of absolute discontinuance of nourishment or medication per oris, and death yesterday morning—that is, on the fourth day. But very little bloody serum escaped through the drainage tube.

I confess that when I decided to speak on this subject before this Society, I hoped and believed that I had every reason to expect this patient to recover. But although sorely disappointed, I feel that I have not been to blame, and that but for the uncontrollable vomiting (which of course was reflex from the peritonitis) the patient might have recovered.

I have not come before this learned Society to offer advice, but merely to bring before it my experience in this particular class of ovariotomies, with the hope of learning some points from the gentlemen present which may aid me in improving my record of recoveries in cases complicated by acute or chronic peritonitis.

Dr. T. A. Ashby remarked that Dr. Mundé had called attention to grave troubles following the rupture of cysts into the abdominal cavity. He would like to ask the doctor if he had had any experience with cases in which the cyst contents had been poured into the peritoneal cavity as the result of accidental rupture of the cyst wall, and still no unfavorable result had followed. Dr. A. thought this was an exceptional way in which nature dealt with certain cases, the cyst wall being accidentally ruptured by some violence, and the cyst contents effused into the peritoneal cavity. Being of an unirritating character, it was absorbed and eliminated. He referred to a case reported by Dr. J. E. Atkinson, of this city (*Maryland Medical Journal*, vol. iv., p. 229). This case was one of a cyst within the abdomen, diagnosed as *probably* ovarian, *possibly* of the broad ligament. The tumor had reached the size of a pregnant uterus at the seventh month, when it ruptured, and its contents were poured into the abdominal cavity. The growth had not returned at the time the case was reported.

Dr. B. B. Browne said that after the rupture of the cyst in Dr. Atkinson's case, there was discharged a large amount of fluid from the bladder, and the question arose whether, from chronic peritonitis, the cyst had become adherent to the wall of the bladder and ruptured directly into that viscus, or the contents had escaped into the abdominal cavity, and had been taken up and passed off by the kidneys. The patient made an uninterrupted recovery.

Dr. W. P. Chunn thought Dr. Mundé deserved great credit for operating upon so unpromising a set of cases, and also for so fully reporting his results. A correct prognosis could only be arrived at after the collection of a much larger number of statistics than we now possessed. It was in just such cases as those reported by Dr. M., that abdominal surgery had made some of its greatest advances. He felt comforted by the doctor's remark, that it was unnecessary to sponge every particle of effused fluid out of the abdominal cavity, as the drainage tube could be depended upon for its ultimate removal. He referred to a case upon which he operated, and in which some of the cyst contents, a thick sticky fluid, even after careful sponging, had to be left in the abdominal cavity. A drainage tube was used with a good result. He thought Dr. Mundé's remarks upon the diagnostic signs were of special value.

Dr. H. P. C. Wilson thought the position taken by Dr. Mundé was the correct one; that if there was the least chance of saving a patient's life, we were in duty bound to give her that chance without considering what our record might be in a given number of operations. He did not consider the cutting into an abdominal cavity involved in general peritonitis as desperate a procedure as had been supposed. As bearing upon the subject, he related the following case: A woman was sent to him by a skilful physician for the removal of a cystic tumor of the ovary. The patient was about thirty-eight years old, the mother of seven children, the youngest two years old. She reported that she had never had a day's sickness in her life, and in this was confirmed by her physician. There was no abdominal tenderness. A careful examination by himself and Dr. R. T. Wilson left no doubt in their minds that the case was one of simple ovarian cyst. Under antiseptic precautions, including the

spray, Dr. R. T. Wilson opened the abdomen, when about one and a half gallons of greenish-yellow fluid escaped. The case proved to be one of general peritonitis, with a circumscribed peritoneal dropsy, the fluid being confined to the lower front part of the abdomen, and the cavity was formed by agglutination of the intestines behind with adhesions of the omentum and layers of lymph. The patient made a good recovery. He would not hesitate to cut for an ovarian tumor because of the presence of acute or chronic peritonitis. He agreed with Dr. M. that the abdominal cavity should not be sponged out more than absolutely necessary, and very gently.

With regard to washing out the abdominal cavity with antiseptics, he would say that, in a case in which he made an exploratory incision, with the view of removing a kidney, he found a fibro-sarcoma of such dimensions and adhesions that the operation was abandoned. It was necessary to use drainage, and two soft rubber tubes were placed by the side of the tumor and the incision closed. Bichloride solution (1–2000) was injected through one tube, and allowed to run out through the other, twice daily for several days, until, the incision being nearly healed, and the water coming away clear, the drainage tubes were removed, and the patient was considered out of danger. On the eleventh day symptoms of tetanus set in, and the patient died on the seventeenth day. Dr. W. said he thought the antiseptic had nothing to do with the patient's death, and that had it not been used she would have died of septicæmia.

In a case which was sent to him as a simple ovarian cyst, and which he considered such, the patient, shortly before the time appointed for operation, upon trying to rise from her bed, felt a sharp pain followed by collapse. Subsequently examination showed that the tumor had disappeared. The patient made a good recovery, and has had no return of her trouble.

Dr. W. E. Moseley would consider it wiser in all cases, where the cyst contents found their way into the peritoneal cavity, to remove as much as practicable of the fluid. He would not favor violent sponging, as much harm might be done in that way, but he thought a great deal could be accomplished by irrigating the abdominal cavity. He had seen this resorted to by Dr. T. A. Emmet, and did not think any untoward result could be attributed to its influence in any case he had had the opportunity to study. He would not be willing to use a 1–2000 solution bichloride of mercury in this free manner within the peritoneal cavity, as however carefully it was drained out, the large amount of surface would retain a considerable amount of the fluid, and he would fear poisonous effects. He thought that water, freshly boiled in covered vessels and used directly from them, and at the body temperature would be thoroughly aseptic, and would be as effective in every way, and devoid of the irritating properties of the bichloride solution. He did not feel that his experience warranted him in speaking with any great degree of positiveness, but his predilection, in cases of colloid or purulent material, would be in favor of careful irrigation as described, with the use of the drainage tube, if necessary, as an adjunct.

Dr. P. F. Mundé, in closing the discussion, said he was satisfied that in many cases cysts ruptured into the abdominal cavity and their contents were absorbed without any peritonitis resulting. In one case reported by Dr. T. G. Thomas, rupture had taken place several times, temporarily delaying operation. In one of Dr. M.'s own cases, a small tumor, the cyst had ruptured and had never filled again. He had also ruptured a small cyst intentionally without bad results. Dr. Noeggerath had reported that he had ruptured small ovarian cysts in several instances with good results, as had also Dr. Polk, of New York.

As to just what character of fluid was irritating to the peritoneal surface, we had no positive knowledge, but probably the most irritating was the thick, tenacious, so-called colloid material. He did not wish to convey the impression that he disapproved of carefully sponging the abdominal cavity, except in cases where there was present a thick colloid material which would require an excessive amount of manipulation, and even a decided scraping for its removal.

He thought Dr. Moseley's remarks were very pertinent. The case in which he had irrigated the abdominal cavity with sol. bichloride mercury 1–2000 was operated upon some three years ago, when our knowledge of the deleterious effects of this antiseptic was much less perfect than at present. Of late he has always spoken against the use of the solution stronger than 1–5000 or 1–10,000 in irrigating any large cavity. He thought the warm freshly-boiled water was much safer than the bichloride solution, and equally effective in washing out the peritoneal cavity. He considered that the cases reported by Runge, Lusk, and others, and referred to in his paper, demonstrated the fact that in those cases where the cyst contents

were of a thick, tenacious character, the drainage-tube was the proper treatment, and only moderate, careful sponging should be employed.

Dr. F. Chatard, Jr., read the following paper:

Extrusion of Fœtal Membranes at Seventh Month with Subsequent Retraction.

Mrs. B., second pregnancy, up to date of March 7, the thirty-third week, nothing unusual had occurred. On that date I was hurriedly summoned, and obtained from the husband the following data:

Mrs. B. had that afternoon taken a walk of considerable length, and decidedly more than was her custom; as a result, she felt more than usually fatigued, and complained of a sense of weight and fullness about the genitals. Her husband, who was of a rather inquiring turn of mind, made an examination and found a purplish mass protruding from the external genitals. He at once directed her to keep quiet in bed, and sent for me. I saw her about three hours after her walk, and in making an examination found protruding from the labia a soft fluctuating tumor about the size of a small chicken egg. This could be traced by the finger within the vagina, and extended up to and within the external os uteri, which was dilated to about the size of a silver quarter dollar. The tumor was nearly cylindrical in shape, moderately tense, contents perfectly fluid, with walls about the thickness of the membranes at term. There was no apparent uterine contraction at the time of my visit, no pain, and the sensations complained of immediately after the walk had almost entirely disappeared. I directed her to remain quiet in bed, and if labor pains came on to check them with an anodyne mixture of chloral and morphia, as she was still within six weeks of her expected date of confinement. At my visit the next morning I learned the patient had passed a comfortable night, had experienced no pains or uncomfortable feelings, the tumor had retracted so that the lower portion was about half way between the os uteri and external genitals. Directed continued rest in bed. On third day I found the tumor projecting only slightly at the mouth of the womb, which was now contracted to about the size of a three-cent piece. On the fourth day the os returned to its normal size and condition, and no membranes could be felt. The patient completed her term of pregnancy, and was confined on April 11. The labor was normal, the bag of waters forming as usual. The point of interest presented by the case just related is the extreme distension of the bag of waters at this early date, and its subsequent gradual and steady retraction until it returned to its normal situs within the uterine cavity. This, coupled with a corresponding steady contraction of the dilated os and the continuance of the period of gestation, makes a unique case so far as I have been able to investigate the literature of the subject. The distensibility of the membranes has abundant clinical demonstration at term and immediately preceding the rupture of the bag of waters by the efforts of nature, but the retractility is not often made so manifest, though the possibility of such power has been demonstrated by the researches of Baer, Remak, Vulpian, and others. Their investigations have proven the existence of two layers of the amnion, an internal or epithelial layer and an external, composed of connective tissue, more condensed as it approaches the epithelial layer, and of non-striated muscular fibres. It is by the presence of these muscular fibres that we can explain the phenomena which in the present case is demonstrated clinically. At the same time, the history of the case conclusively proves that a marked degree of dilatation of the os, with corresponding protrusion of membranes, by no means necessarily results in immediate or even proximate completion of the uterine effort, if we can by any means arrest further expulsive action. In fact, the presentation of the bag of waters, as here described, may be considered as indicating laxity of the membranes and feebleness of contraction of some duration, a condition offering the best chance of successfully arresting the progress of a threatened premature labor before rupture of the membranes occurs.

Dr. F. E. Chatard, sr., had never met with a case similar to that reported. He had always considered that any considerable protrusion of the membranes made speedy labor inevitable, and he had always acted in accordance with that idea. He now recognized that his reasoning had been wrong, and thought the case of great interest, as showing to what an extent extrusion of the membranes could take place and still the labor go on to full term.

Dr. A. F. Erich said that so far as his experience went, the case reported by Dr. Chatard was unique. He suggested that the membranes were forced out by contractions of the uterus, and the subsequent relaxation of that organ allowed them to retract to their original shape. All cysts have a tendency to assume the spherical form. He thought

this a more plausible explanation than that it was due to contractility of the membranes.

Dr. Mundé, so far as his experience and reading went, considered the case unique. He was inclined to think that Dr. Erich's theory better accounted for the facts than those brought forward by Dr. Chatard.

Dr. Ashby said the case reported by Dr. Chatard must be one of extreme rarity; he had never met with any similar case in his own practice, but he recalled a case which had been recently reported, and which was perhaps more remarkable in some respects than Dr. Chatard's. The case he referred to was reported to the Chicago Gynecological Society, January 13, 1886, by Dr. H. T. Byford. The case occurred in the practice of Dr. C. R. Parke. A discharge of the *liquor amnii* took place, labor pains came on, and the umbilical cord became prolapsed. Dr. Parke replaced the cord and gave ergot. As labor did not progress, he gave morphia and the pains ceased. Three months subsequently, the patient gave birth to a living child. Dr. Ashby said he considered this case unique in character, and, but for the well known reputation of the gentleman who had reported it, he would feel inclined to question the correctness of the observation.

Dr. P. C. Williams thought it very difficult to believe that there could be a rupture of the fœtal membranes sufficiently large to permit a prolapse of the cord, and yet pregnancy go on for any considerable time. Such a rupture must be central, must needs lead to complete draining of the amniotic fluid and be speedily followed by labor. He had often seen cases in which the "waters" would escape during the recumbent position, but would cease so soon as the patient resumed an upright position. In these cases he supposed the rupture was slight and near the *fundus uteri*. Whether the explanation was correct or not, the fact remained that the amniotic fluid might, under certain circumstances, escape in considerable quantities and yet the pregnancy not be arrested.

Dr. H. M. Wilson referred to a case in which there was a pretty constant discharge of the amniotic fluid for two weeks before labor.

Dr. L. E. Neale thought that the presence of muscular fibres in the membranes would sufficiently explain their retractility, and as this explanation was given by such authorities as Tarnier, Chartreuil (1882), and Charpentier (1883), it was worthy of consideration. Although it did not directly pertain to the case reported, he would like to elicit the opinion of the Society upon the more practical question of the treatment of the membranes during labor. Dr. Byford had recently advanced the opinion that the membranes should not always be ruptured after complete dilatation of the os uteri, but that every endeavor should be made to preserve them intact until they protruded at the vulva, with the object that they might also serve to dilate, by water pressure, the vagina, perineum, and vulva. He (Dr. N.) could say nothing in favor of this opinion, either from a theoretical or practical standpoint, but would be pleased to hear from the Society, and especially from Dr. Mundé.

Dr. Mundé did not agree with the teachings advanced by Dr. Byford. He thought that any advantage gained by the dilating effect of the unruptured membranes in the vagina would be more than counterbalanced by the delay in the labor.

Dr. Moseley exhibited "Searby's douche-pan," manufactured by Tirmann, of New York, and sold by Andrews and Thompson, of this city.

Dr. Neale exhibited a modification of Braun's cranioclast (craniotractor, Mundé). The principal modification was in the solid blade of the instrument, which terminated in a *screw-tip* for boring through the fœtal skull, thus combining the perforator and cranioclast in one instrument. Such a modification had been exhibited before one of the European German medical societies and published, he believed, in a number of the *Centralblatt für Gynäkologie*, 1883, and hence was not original. Dr. N. had substituted his entirely removable compression thumb-screw, at the end of the handles, for that of Braun. The instrument was for sale at Mr. Charles Willnis's, of this city.

Dr. W. P. Chunn read the following paper:

A Case of Ovariotomy with Supra-vaginal Amputation of the Uterus.

In perusing the history of the following case, we meet with several points which are interesting. A woman with an enormously distended abdomen not due to ascites is always an object of curiosity to one who has seen something of these cases. In an unusual case, where the diagnosis is gradually narrowed down to a selection between a very large unilocular ovarian cyst and a fibro-cyst of the uterus, the interest taken is still greater; and when, in addition, such a patient has the physical signs and history which would apply to either diagnosis, added to an African descent, we have in hand a case that calls for diagnosis as well as treatment. Such a case was referred to me

through the kindness of my friend Dr. Charles Mitchell, of this city, and the diagnosis and subsequent treatment of this patient is the reason for my presenting these lines to the Society to-night. Upon first seeing the patient I was struck by the very large size of the abdomen, and upon inquiry elicited the following history: She was a mulatto, was rather dark in color, and might consequently be called a negress, although not coal black. She was twenty years of age, the mother of one child 6 years old, had suffered no miscarriages. About three years before I saw her she had noticed that her abdomen was gradually enlarging, symmetrically, from below upwards, until it had attained its greatest size. Her menstrual flow had been regular in regard to time, but slightly exaggerated at some of the periods. She measured fifty inches in circumference around the largest part of the abdomen, and the tumor was prominent and projected the abdominal walls decidedly forward. Palpation showed fluctuation very plainly in all directions. Percussion gave flatness all over the abdomen except high up over the transverse colon and stomach, and to a slight extent in the flanks. Where there was resonance in the flanks, I also discovered fluctuation, showing ascites to be present. Vaginal examination being practiced showed that the tumor did not project into Douglas's pouch, but on the contrary had carried the pelvic floor aloft with it in such a manner that the pouch was obliterated. The vagina was so pulled up in the pelvis that the cervix could not be felt by the examining finger, but the position of the uterus was readily determined by palpation, to be high up on the anterior aspect of the growth, about an inch below the umbilicus. Every motion imparted to the tumor gave a similar impulse to the uterus. Owing to the position of this organ, it was impossible to make use of the uterine sound. Knowing how rare ovarian disease is among the African race, and bearing in mind the physical signs presented, I was inclined to think that I had a case of fibro-cyst of the uterus to deal with. A number of other gentlemen saw the case with me, and, with one exception, confirmed the diagnosis; Prof. Wm. T. Howard, however, thought differently, and pronounced it ovarian, saying that although fibroids were very frequent in the African race, fibro-cysts were as seldom met with as ovarian cysts, and moreover as he had never heard of a fibro-cyst under 27 years of age, he was opposed to the diagnosis of ovarian disease. The literature on the subject proved scant. Thomas, Emmet, Barnes, Courty, Edis, Tait, and Wells, do not mention having seen ovarian dropsy in the colored race. As the patient was rapidly going down hill, it was evident that if her life was to be saved something would have to be done speedily. Her urine being examined was found to contain albumen and all sorts of tube casts in the utmost profusion. However, I decided to do an exploratory incision at any rate, and afterwards be guided by circumstances, being prepared to do hysterectomy if necessary.

On December 22d, the patient was etherized and the usual incision made in the linea alba. With a few strokes of the knife the peritoneum was opened and a glistening pearl-colored cyst came into view. The appearance of the growth showed its ovarian origin. The patient was then turned on the side and about a quart of ascitic fluid was allowed to drain away. The cyst was then tapped with a large Wells' trocar, and three or four pails full of a dark chocolate-colored fluid withdrawn. As the fluid drained away the sac was pulled through the abdominal incision, the hand having been introduced into its interior to break down smaller cysts. As the sac emerged still further, two large attachments to the omentum had to be separated and tied with silk. Both of the ligatures were returned into the abdomen after being cut short. Steady traction being now made, the lower part of the sac was delivered through the abdominal wound, and with it also came the uterus. This organ, as was diagnosticated before the operation, was found six inches above the pubes, imbedded in the anterior wall of the sac. The left side was covered by the broad ligament, which embraced also the lower part of the cyst on that side. On the right lateral border the uterus was free from attachments, but the posterior aspect was imbedded in the cyst wall in a sort of bas-relief fashion. So then it was seen that the uterus was firmly attached by all of its left side by the fundus, and by its posterior aspect. This appearance led me to decide that it would be impossible for me to separate the uterus from the cyst wall, and so I decided to clamp the cervix and pedicle of the sac as low down as possible, and trust to the extra-peritoneal method of treatment.

With this idea in view, the cyst was pulled through the abdominal wound, and Dr. H. P. C. Wilson kindly adjusted his chain-clamp around the pedicle, while I supported the parts, the chain being so manipulated as to embrace the cervix about the

vaginal junction, together with lower part of the ovarian sac, nearly all of which could be pulled up into the bite of the chain. The left broad ligament was also included, as it encircled the lower segment of the tumor on the left side. Fearing that by some chance the bladder might be included in the clamp, I had a sound passed before the chain was tightened; but the sound in the bladder seemed to show that so far from the bladder being grasped by the clamp, it was really nowhere near it. Everything being now in readiness, the chain was tightened up and the tumor rapidly cut away, along with the uterus about the vaginal junction. The stump was then adjusted in the lower angle of the wound, the upper portion of the cervical canal cut out and cauterized, and the overlapping part of the stump closely trimmed off. As some of the ovarian fluid had unavoidably escaped into the abdomen, a Davidson's syringe was used to thoroughly wash the peritoneum. It was found impossible to get all the fluid out of the peritoneal cavity, so after repeated spongings a drainage tube was put in the wound just above the stump, and the incision sewed up with seven or eight silk sutures. The small number of ligatures used was due to the thickness of the stump, which filled up a good deal of the lower part of the abdominal opening. Persulphate of iron was used to tan the parts projecting above the clamp, and iodoform being plentifully sprinkled over the parts, the usual dressing was applied and the patient put to bed. Time of operation, one hour and thirty-five minutes. Pulse 120, temperature 98½ (December 22).

December 23, the day succeeding the operation, at seven o'clock in the morning, the pulse was 150, temperature 101. In the evening of the same day pulse and temperature were the same as in the morning. At night, however, the pulse beat a hundred and sixty to the minute, with a temperature of 102. The patient seemed bright and fully conscious. On the third day the pulse, under digitalis (30 gtts.), came down to 120, and I began to be more hopeful. There was no nausea at any time, and at six o'clock in the evening flatus was passed by the rectum, giving considerable relief. All the while a great deal of serum was coming away through the drainage-tube, but as this discharge ceased, on the fifth day after the operation it was withdrawn, and the opening closed by a suture, which had been before introduced for that purpose. The pulse and temperature, however, remained rather high (pulse 126, temperature 102½), and on the eighth day fluid was detected in the lower part of the pelvis, and fluctuation finally became evident. The position of the fluid was just in front, above and a little to the right side of the remains of the cervix, and caused the abdomen to project just as if the bladder was distended with urine. As the fluid was evidently just beneath the abdominal walls, and as there was great danger of wounding the bladder or ureters by an incision through the anterior wall of the vagina, I decided, with the assistance of Dr. H. P. C. Wilson, to do a second laparotomy. The patient refused any anæsthetic, and consequently I operated without any. An incision was made in the median line about three inches above the symphysis, and the tissues divided layer by layer until the peritoneum was reached. This membrane being finally divided upon a director, a quick gush of foul serum found vent, and the swelling immediately disappeared. A Davidson's syringe was introduced into the cavity, with a view to wash out the whole lower part of the abdomen, but the water was almost immediately returned, showing that the cavity I had to deal with was a shut sac. A drainage-tube was left in place, and the abscess was washed out three times daily, after which it gave no further trouble. The pulse and temperature at once came down as a result of treatment. About the seventh or eighth day after operation a clear fluid was noticed to wet the bandage, and to be continually dribbling away from the abdominal wound. This secretion had the odor of urine, and careful examination afterwards proved it to be such. On January 1, 1886, the temperature rose, and in the morning the thermometer registered 104⅘, or between that and 105. This temperature kept up for three days off and on. At times by sponging and the hypodermic use of quinia and urea, I could reduce it to 103. On the morning of the 3d of January the temperature stood 104⅘. I then gave ʒss of antipyrin at one dose, and on coming back in the afternoon at 3 o'clock found the temperature had come down to 102. The pulse was full and regular at 110. I had no more trouble with the temperature after this, as 20 or 30 grains of antipyrin would always reduce it to 100 or 101. The pulse would also become stronger and less frequent. This treatment was tried and always with the same result. The high temperature was in part due to a pelvic peritonitis which became developed in Douglas's cul-de-sac later on. As this mass behind the posterior wall of the vagina became soft and œdematous, I resolved, also, to make an

incision into the posterior vaginal wall. The patient being lifted on a table, and fortified with a good drink of whisky, was placed on her back, and in this position I stuck a sharp-pointed bistoury into the swelling, and was rewarded by a slight quantity of serum. The swelling, however, did not materially disappear, as much of it was due to inflammatory infiltration in the cellular tissues. This inflammatory attack kept the temperature and pulse somewhat elevated, and affairs progressed as in any ordinary case of pelvic peritonitis.

On the 5th of February a small pelvic abscess burst into the abdominal wound, and afterward convalescence rapidly ensued. The patient went on then to an entire recovery, and is now perfectly well. The clamp came away on the thirteenth day after operation, but the stump had to be trimmed frequently afterwards, and great care was necessary to keep the part aseptic. The pedicle in the beginning was hard and leathery, but as pus welled up around it from the healing of the wound it became quite offensive. Among the questions that might be asked as bearing on the case is the query: What became of the other ovary? To this question, I am free to confess I do not know, as I neither saw nor felt it during my manipulation about the tumor, nor while I had my hand in the pelvic cavity. Other operators have left an ovary behind with no bad result, and I did not feel at liberty to enlarge the incision, to hunt up an organ which would never be of further use. Since the operation she has passed over three menstrual periods, with no disturbance of any kind, and without any flow of blood from any organ, and I see no reason why this condition of things may not continue. The discharge of urine from the wound about the fifth day inclined me to believe that I had included one of the ureters in the clamp, as I have already stated, but I was led to change my mind by the following facts: If the ureter had been included, what would have become of the urine that should have been excreted from that ureter during five days? And again, later on, when the patient began to get about, owing to the upright position, not near as much urine drained away, as did while lying down; and, moreover, when she was up, and emptied her bladder frequently, still less discharge was noticed than ever before. I believe Prof. Simon, of Germany, had a case somewhat similar, where the ureter was tied, and afterwards gave rise to an urinary fistula. He did a second operation, and cured his patient by taking out the corresponding kidney. If only the bladder is constricted, it seems to me that it would prove comparatively easy to open the abdomen and separate the bladder from the adhesion to the cicatrix, and thus close the fistula. As in time the stump will settle deeper and deeper in the pelvis, it may come to pass that the attachments between the bladder and the abdominal wall may become so attenuated that the fistula will be obliterated. Another point of interest about brings the history to a conclusion. Before the operation the urine was examined and found to be full of albumen and tube casts in the utmost profusion. I looked upon this condition as merely the results of pressure and malnutrition superinduced by the abdominal tumor, and another examination two months after the operation confirmed the correctness of this view, as the urine was then without albumen or tube casts of any kind, and only showed some oxalate of lime crystals. So far then from regarding casts and albumen in the urine as a contra-indication for operation, I think the operation in large tumors should be looked upon as the only means of relieving that condition. If I mistake not, a certain operator on the continent did a hysterectomy, and for some good reason left one of the ovaries behind. The woman recovered, conceived again, had an abdominal pregnancy, and was delivered by laparotomy. This case caused me to consider the advisability of entirely closing up the cervix by Emmet's operation, and thus preventing possible accident. In closing, if I may be allowed to mention the idea most forcibly impressed upon my mind by this history, I would say that while the extra-peritoneal method of dealing with the stump may be unavoidable at times, it gives rise to grave accidents, which a secure intra-peritoneal method does not engender, and that it will not be the method of the future.

Discussion postponed until next meeting.

Height and Weight.

Dr. Broca, the eminent French anthropologist, is the author of a formula relative to the height and weight of the human body. It is that the body should weigh as many kilogrammes as it measures in centimetres, after deduction of the first metre. Thus a man measuring one metre eighty centimetres should weigh eighty kilos. Should his weight be more or less, he is too stout or too thin. As men grow older they lose their weight, but as a compensation they diminish in height also.

Editorial Department.

Periscope.

Bright's Disease without Albumen.

We have frequently cautioned our readers that the presence or absence of albumen is not proof of the presence or absence of Bright's disease.

At a recent meeting of the Société Medicale des Hôpitaux, M. Dieulafoy described several cases of Bright's disease without albuminuria. Last November a woman was admitted to the hospital who presented symptoms of gastric ulcer—vomiting, pain, and hæmatemesis; the vomiting increased, and became incoercible. Milk diet was adopted, and cocaine, mixed with morphine, was administered, with negative results. The patient suffered from constant intense headache. The urine was examined daily, but albumen was not detected in it. The temperature was normal, varying from 37° to 36° Cent. (98.6° to 96.8° Fahr.). Subsequently, she was seized with epileptiform convulsions, became comatose, and died. On the day of her death, and the preceding night, the temperature rose to 38° Cent. (100.27° Fahr.). At the necropsy, the stomach was observed to be in a normal condition. There was a limited area of suppurative pneumonia, and mixed nephritis.

A second case was that of a patient who suffered from violent oppression. The dyspnœa was not accompanied by cyanosis. The lips were red and fever was absent, characteristics of dyspnœa in Bright's disease. Three years ago, the patient had suffered from violent attacks of suffocation, accompanied by angina pectoris. She passed urine ten or twelve times in a night, suffered from headache, and presented the phenomenon of "le doigt mort" (the dead finger). Besides these symptoms, when auscultated on her entry, a *bruit de galop* was heard. The patient passed 200 grammes of urine free from albumen. She was put on a milk diet, and the quantity of urine passed every twenty-four hours, in a fortnight's time, increased from 200 grammes to 600, the feeling of oppression disappeared, and a daily examination failed to detect the presence of albumen. The patient was attacked with congestion of both lungs and died. On the day of her death the urine was slightly cloudy. The necropsy showed that there was congestion of both lungs, and indications of former aortitis; the kidneys were normal in size, but the capsules were adherent; two or three small cysts were observed. The cortical tissue was thin and hard. Microscopical examination revealed interstitial nephritis.

In another case described by Dr. Dieulafoy, the patient suffered from attacks of dyspnœa, vomiting, and the sensation of "the dead finger." The urine was examined every day for a month, but no traces of albumen were detected.

In a fourth case, the patient was ususually obese. She frequently suffered from a feeling of oppression, also from attacks of vomiting. The symptom of "the dead finger" was present; in this instance there was also entire absence of albuminuria. The urine was carefully analyzed during eight months; the result was negative. At the end of that period there was œdema of the lower limbs, and albumen appeared in the urine. The patient was seized with epileptiform convulsions, and died in a state of coma. M. Dieulafoy considers that the facts above enumerated prove that Bright's disease can progress, and yet albuminuria may not appear for weeks or months. To this proposition belongs its corollary proved by another series of observations, that chronic albuminuria may exist independently of Bright's disease. M. Dieulafoy cited a case in which the patient passed urine containing albumen, and had done so for more than two years. It would, therefore, appear that the presence of albumen in urine is not a symptom of semeiological importance, as it is supposed to be; and M. Dieulafoy considers that in these numerous cases where chronic nephritis is free from œdema and albuminuria, the diagnosis should depend on a careful clinical examination, and the grouping together of certain characteristic symptoms, such as buzzing in the ears, slight deafness, itching, frequent nocturnal micturition, the sensation of "the dead finger," especially sensibility to cold, a phenomenon localized in the lower part of the thighs, knees, and legs, *bruit de galop*, etc.

M. Dieulafoy injected into the veins of a rabbit, weighing 2 kilogrammes, 70 grammes of urine, passed by a patient suffering from Bright's disease, without albuminuria. The results were negative; but 90 grammes increased the respiration. An injection of 160 grammes of this urine caused death, but not a smaller quantity. Another rabbit, after

having 160 grammes of urine from a patient with Bright's disease, but free from albumen, injected into its veins, was slightly affected, but perfectly recovered; another survived any doses below 285 grammes; that proved fatal, and would cause death in consequence of exaggerated vascular repletion, independently of the toxic properties of urine.

Beautifying the Skin.

The *Southern California Practitioner* tells us that in the work on diseases of the skin edited by Professor von Ziemssen, Dr. Heinreich Auspitz, of Vienna, makes the following observations upon this subject:

1. A healthy integument is not necessarily beautiful. Even if all requirements concerning diet, residence, atmospheric and climatic conditions, etc., are carried out, the complexion is often extremely bad. The general condition of health has no influence upon the beauty of the complexion, though it has upon the health of the skin.

2. Cleanliness is a *sine qua non* of the beauty of the complexion, though it does not play a great part in the health of the skin.

3. Water is serviceable to the skin in only moderate amounts and at moderate temperature. Very cold or warm baths, when used to excess, diminish the elasticity of the skin and its power of resistance to external irritants.

4. Distilled and so-called soft water are more suitable for washing, and less irritating than hard water.

5. The hard soda soaps are usually preferable to the soft potash soaps for toilet purposes. The quality of soaps depends upon the quality of their constituents and the thoroughness of their saponification. Good soaps must not contain free alkali, or any foreign irritating substance. The addition of moderate quantities of perfumes does not materially change the quality.

6. Simple, finely ground powders, such as starch, magnesia, etc., are entirely innocuous, and often act as a useful protection against external irritants.

7. Frequent application of alcohol abstracts the water of the skin, makes it dry and brittle, and impairs its nutrition. This is also true of glycerine. All toilet washes containing alcohol to any considerable extent should be avoided.

8. This is true to a still greater extent of other additions to washes, such as corrosive sublimate, mineral acids, certain metallic salts, etc.

9. Camphor acts merely as a bleaching powder. This is also true of benzoic resin, sulphur flowers, and substances containing tannic acid.

10. The use of sweet-smelling oils and fats should be employed to a greater extent than is now done for toilet purposes.

11. This is particularly true with regard to the growth of the hair. The nutrition of the scalp should be increased by the rational application of fat (for example in the form of oil baths by means of the application at night of a sponge soaked in oil upon the scalp), and the greater use of simple pomades. These should be applied to the roots of the hair rather than the shafts.

12. Substances should be avoided, or sparingly used, which abstract water from the skin and the roots of the hair.

Case of Simultaneous Amputation of the Right Thigh and Disarticulation of the Left Knee for Railway Injury—Recovery.

Mr. R. A. Stirling thus writes in the *Lancet*, July 31:

This case is put on record as an instance of singular tenacity of life under injuries which usually prove rapidly fatal.

John S., aged 19, was admitted at midnight on December 18, 1885. An hour previously, while engaged shunting on the government railways, which are situated a mile from the hospital, he had fallen on the rails, was struck by the buffers of a carriage in motion, and sustained, through the wheels passing over him, a compound comminuted fracture of the lower part of the right thigh and the upper part of the left leg, with extensive laceration of the soft parts. Hemorrhage had been profuse, and on admission he was suffering much from shock, but was sensible and could speak in a whisper.

The patient, a strong-looking, very muscular lad, was given a few whiffs of the A. C. E. mixture, and in this incompletely anæsthetic state the right thigh was amputated in the usual way at the junction of the middle and lower thirds, with skin flaps and circular muscles. During this operation the pulse flagged much, although not more than a few drops of blood were lost. Enemata of peptonized beef-tea and brandy, with hypodermic injections of ether, were given. While an assistant was dressing the stump, disarticulation at the left knee-joint was performed, the injury being confined to the leg, and the soft parts, though in a doubtful state as regards bruising, still warranting the hope of vitality. Mr. Pollock's method by the long anterior flap was most suitable. The patella

and cartilages were retained. The second procedure added little to the shock, and little blood was lost. All the large vessels were tied with kangaroo tendon prepared after Mr. Girdlestone's plan. Antiseptic precautions and dressings were used for the first but not for the second operation, as to save time I dressed the knee-stump with carbolic oil and opium dressing. In an hour and five minutes from admission the patient was in bed in the ward.

At 10 a. m. the next morning his temperature was normal and pulse 120. He suffered from persistent vomiting for several days, retaining nothing but a little thick gruel, and being fed by enemata. The progress towards convalescence was retarded by the buffer injuries of the left side, including fracture of the sixth and seventh ribs and emphysema. There was no tendency of any of the flaps to slough, and the left stump healed quicker than the right. He was discharged on February 15, 1886, with soundly healed stumps, and when last seen was growing very stout.

Statistical Researches in Connection with the Ocular Manifestations of Syphilis.

Badal (*Archives d'Ophthalmologie*, April, 1886,) has met with 631 cases of ocular syphilis amongst 20,000 eye patients in Paris and Bordeaux. In a number of cases the manifestations were not confined to one region of the eye, but the following table gives the number of cases met with in each region, and shows the relative frequency with which they are attacked:

Iris and ciliary body	242 cases.
Choroid	141 "
Optic nerve	139 "
Third nerve	107 "
Retina	57 "
Sixth nerve	28 "
Centres of vision	25 "
Lens	16 "
Cornea	12 "
Lids and conjunctiva	11 "
Bones of orbit	5 "
Fourth, fifth, and seventh nerves	9 "
Lachrymal passages	1 "

Of the cases of iritis only five per cent. were gummatous. Nearly one-half of all the cases of specific iritis occurred within the first year of inoculation, one of the remaining quarters during the second year, and the other spread over the next thirty years after. Badal, therefore, considers that syphilitic iritis is not, as many maintain, a manifestation of the disease intermediate in time between secondaries and tertiaries, but is most frequently one of the early secondary symptoms. In a third of his cases of syphilitic iritis there were other complications, most of the later cases being accompanied by choroiditis. Of the cases of choroiditis, more than one-half occurred in the first five years after the disease was contracted, one remaining quarter during the next five years, and the rest in the twenty years following. Two-thirds of the cases of specific choroiditis were complicated by other lesions—iritis, optic neuritis, paralysis of ocular muscles, etc.

Operation for Non-Union of Fracture of Tibia.

Dr. J. M. Lewis thus writes in *Daniel's Texas Medical Journal:*

Mr. N. Moody, farmer, aged about sixty, weight about one hundred and seventy pounds, in good health, was thrown from a wagon and his left leg fractured about six inches below the knee (both bones broken).

From the use of badly-adjusted splints, the bones failed to unite. Mr. Moody was not able to bear any weight on his leg, and walked by the aid of crutches. The leg could be moved in any direction, and did not cause much pain; the union was ligamentous. This was his condition when I first saw him, about two years after the accident.

I explained to him that the only relief was in an operation. With the assistance of Dr. J. H. McCain, who administered chloroform, I made one straight incision about three inches long, over the false joint, and crossed it with one of about the same length; dissecting the flaps back, exposing the place of fracture with a small saw, removed the ligamentous tissue, and at the same time *freshening* both ends of the bone (*i. e.* tibia, for I did not operate on the fibula).

After removing all spiculæ of bone, the edges of the wound were brought together with adhesive plaster, and a small point left open for drainage (if any).

The leg was then wrapped in cotton batting, and over this a plaster-of-Paris bandage applied; the leg was elevated and a small opening made in the plaster over the wound to allow drainage; and over this cloths wet in solution of carbolic acid.

The wound healed nicely, and no discharge. The plaster-of-Paris was kept on for about five weeks, when the bandage was removed; union (bony) had taken place, and in a short time he could bear his weight on same, and in three months was walking without the aid of crutch or stick. He is a farmer, and does heavy work on the farm. The operation was a complete success.

The Diagnosis of Tetany.

Dr. Henry M. Lyman thus concludes a paper in *The Neurological Review* for July:

The principal diseases with which tetany may be confounded are:

a. Tetanus.

b. Organic diseases of the brain and spinal cord attended with contracture.

c. Epilepsy.

d. Professional cramps and Thomsen's disease.

e. Spasmodic phenomena of ergotism.

From tetanus it may be distinguished by the absence of trismus, by the advance of the spasm from the extremities toward the trunk, and by the non-occurrence of traumatism. Careful comparison of the course of the disease with the well-recognized phenomena of organic nervous diseases will suffice for their exclusion. In like manner, the uniform preservation of consciousness during the paroxysms, the mode of their development, the usually tonic character of the spasms, the invasion of the limbs by preference, rather than the trunk, the appearance of opisthotonos when the trunk is attacked, and the results of treatment, will discriminate against epilepsy. Professional cramps, or Thomsen's disease, may be recognized by their seat and by their history, as also by their well-marked features. Ergotism is rather rare, and will be usually identified by its association with the faulty diet that gives it origin.

The treatment of the disease must be directed in a general way against the fundamental instability of the individual constitution. The mild form of attack requires no special mode of therapy; but the severe attacks often demand the energetic use of narcotics and anæsthetics for their relief.

Dislocation of Astragalus.

To the St. Louis Medico-Chirurgical Society, Dr. Prewitt presented a patient, a man, who, in October last, fell from a scaffold forty feet, lighting upon his feet and injuring both his ankles. He came under Dr. Prewitt's observation recently. It was difficult to say what the character of the injury was. Both ankles were very much injured, and the patient stated that the physician who saw the case soon after it occurred, thought that there was no fracture, but there was already a great deal of swelling, and of course he was liable to error in diagnosis. Dr. Prewitt was inclined to think there was a fracture of the malleolus in one foot; the other he didn't feel so sure about. There was a projection backwards that was difficult to understand, unless there was a displacement of the astragalus. There certainly had been either a fracture or a partial dislocation, and just which it was now difficult to say. In the ordinary condition of things, the tendo Achillis occupies a position some distance behind the bones of the leg; there is always a space through which one can easily thrust two fingers. In this case that space is occupied in both feet by bone, and what bone it is, is the question. Dislocation of the astragalus backwards is such a rare accident that it is of more than usual interest when we hear of it, and, of course, the reporter of a case of this kind should be very confident of the diagnosis before reporting it as such. He had reported a case of that kind something like a year ago, and presented the patient. In that case there was a peculiar deformity, viz., that peculiar twisting of the foot which is said to accompany dislocation of the astragalus.

Hydrophobia and Imagination.

Dr. W. H. Forwood thus concludes an article in the *Chicago Med. Jour.:*

1st. Rabies in canine species, though probably liable to epidemic outbreaks, is quite rare, but many other diseases of dogs have been mistaken for it, thus giving rise to numerous spurious cases and much unnecessary alarm.

2d. The bite of a rabid dog does not always, nor even in a majority of cases, infect the animal bitten, just as vaccination does not always "take" in children, although the virus may be good. It may not be introduced into the blood, or may be washed off before it has been absorbed, or possibly the system may be from some unknown cause protected against its effects. Of a given number of animals bitten, all remain well for a longer or shorter period, and then a small proportion sicken and die, and the rest show no ill effects other than those resulting from the slight wounds inflicted, which are more serious than if made by a healthy dog. But once the symptoms of hydrophobia appear, death is inevitable. There is no middle ground. Recovery, so far as any well authenticated instance to the contrary is concerned, is *prima facie* evidence of non-infection and erroneous diagnosis. Prevention by means of washing, cauterization, etc., of the wounds, is the only effectual treatment.

Imagination plays an important rôle in medical pathology, and fear is a serious complication in many cases, and it is to be ex-

pected that among intelligent beings, fully conscious of all the horrible consequences liable to follow the bite of a rabid animal, there should be more or less nervous disturbance and mental agony which in certain persons may lead to serious or even fatal results; but this will not hold good in the case of babies, idiots, insane persons, or any of the lower animals, quite as liable to hydrophobia as the most imaginative men or women in the full possession of their mental faculties.

Sudden Death from Hemorrhage into Abdominal Cavity during Menstruation.

We read as follows in the *Brit. Med. Jour.*: E. J. Penny was called to R. E. T., aged 27, suddenly taken seriously ill. Arrived within ten minutes, found life extinct with evidence of collapse present. Nine hours previous patient was perfectly well; later complained of pain in region of stomach, which she attributed to her present menstrual flow. Pain increased, dyspnœa followed, death ensuing. Necropsy, made forty-eight hours after, revealed the following: (Thoracic viscera normal.) Body well nourished, rigor mortis present, surface blanched, external genitals blood-stained. Right abdominal cavity contained large quantity of fluid and semi-coagulated blood. Large clot size of fetal head in right iliac fossa. Clot found to have originated from right ovary. Two ruptured Graafian vesicles were seen, to one of which an ovum was adherent. Surrounding blood vessels distended with clot, one of them being distinctly ruptured, at which site clot was adherent. Left ovary showed signs of recent activity. Uterus normal. Abdominal hemorrhage due to rupture of Graafian follicle, which is admitted by various authors to be rare. Hemorrhage in this case was slow, occupying nine hours, while the amount of blood extravasated was enormous.

Treatment of Chronic Metritis.

Dr. Arnsteen, in the *Revue de Therapeutique Medico-Chirurgicale*, recommends the cauterization of the uterine cavity for the cure of chronic metritis. He says in substance that chronic metritis, as is well known, is always attended with irregular menstruation, the flow being too abundant or too scanty, and particularly during the period of induration the patient may at certain times flow freely and at times not at all. When the menstrual function is again regularly established, it will be found that the uterus has regained its normal state. The efforts of the physician should therefore be directed to the restoration of normal menstruation. This result may be brought about by the active congestion induced by the cauterization—the introduction of the cauterizing instrument causing a contraction of the uterus which induces a rush of arterial blood which displaces the venous blood accumulated in that organ. The breaking down of the eschar during the following days brings about frequent contractions which have the same result. The cauterizations may be made, without the patient being confined to bed, every eight days, afterwards twice a week. Sensitiveness of the uterus, exudations, and inflammation of the neighboring organs, are contra-indications for the operation.

Reflex Nasal Cough.

Dr. E. Creswell Baber, in the *Practitioner*, says:

The conclusions which my observations appear to justify are:

1. Reflex nasal cough is only exceptionally produced by probing the anterior part of the inferior and middle turbinated bodies and the tubercle of the septum.

2. In children it is not very uncommon to find that a slight hacking cough can be produced by irritating the anterior end of the inferior turbinated body.

3. The cough reaction may occur without erection of the inferior turbinated bodies and may be intermittent in character.

4. Reflex nasal cough and the act of sneezing are very closely associated, and probably represent different forms or degrees of the same irritation.

The practical outcome of these considerations is, that in cases of spasmodic cough not otherwise to be accounted for, we should do well to examine carefully the nasal cavities in regard to the reflex irritability of their lining membrane.

Efficient Sedative Cough Mixture.

When Dr. H. C. Wood recommends anything, it is a guarantee of its merit. Hence we take the following from the *Therapeutic Gazette*:

R.	Potassi citratis,	ʒj.
	Succi limonis,	ʒij.
	Syr. ipecac,	ʒss.
	Syr. simplicis, q. s.	ad. ʒvj.

M. Sig.—A tablespoonful from four to six times a day.

When there is much cough or irritability of the bowels, paregoric may be added.

THE

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OF

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THE HIGHER EDUCATION OF WOMEN.

This was the subject of the President's address at the recent meeting of the British Medical Association, and, reasoning from physiological data, the author held that it was not to be encouraged. The burden of his address was that women were not intended to be men, but rather the mothers of men, and he argued that higher mental development tended to interfere with the functions of maternity, understanding by this term not only child-bearing, but child-nursing as well. He cited numerous distinguished authorities in proof of his assertion, which was meant to apply not only to women in medicine, but to the higher education of women generally. His address was a very fair, impassioned, and impartial exposition of the question, and, as we have said, was directed to show that women are not intended, physiologically, to rival men in the higher developments of cerebration, and that when the force within them is so diverted from its intended channel, the naturally intended physiological processes of women must suffer in consequence.

In support of the view that women are not intended by nature to compete with men, he cites the fact that "Music, painting, poetry, literature, and cookery, have been as free to women as to men; and yet a Beethoven, a Titian, a Shakespeare, a Bacon, or a Soyer has never yet appeared in their midst; and we may rest assured that the day is far distant when a Hippocrates, a Harvey, a Haller, or a Hunter, will adorn the ranks of the lady doctors."

We have always held, and do still hold, very decided views on this question. While we agree with the author's assertion, that it is not wise, neither is it calculated for the welfare of the human race, that woman should endeavor to occupy the places hitherto filled by men; yet, in a free country, we believe that women should be allowed to do as they choose. Let them practice medicine, law, and theology; let them engage in the various mercantile pursuits if they have a mind; and let them also drive street cars in the cold days of winter, let them work the farm in the broiling days of summer; let them *fight in the field*, as well as vote at the polls and legislate at the capitol; let them earn their bread by the sweat of their brows; in a word, let them join man in all his labors and his pleasures, if they wish so to do. Put no obstacle in their way, though, as we have said before, we do not think it wise for women to have this ambition.

Dr. N. S. Davis, of Chicago, in proposing

a vote of thanks to the speaker, remarked upon the influence of the high intellectual cultivation of American women. He believed that woman was abundantly able to occupy her own sphere. She was specially created for it, and should be satisfied with the exercise of these high and noble functions. When she attempted to go beyond them, she must necessarily be a failure. She could no more compete with man in his sphere than could man in hers.

It would be interesting to have some data in reference to the reproductive functions of women who engage in the practice of medicine, as it bears directly on this subject, and we should be pleased to hear from our readers on this subject.

DR. BILLINGS AND THE INTERNATIONAL CONGRESS.

When we heard that Billings was to deliver the address in Medicine before the British Medical Association, in place of the late lamented Flint, we feared that he might be guilty of the impropriety of using this opportunity to give "a slap" to the present management of the International Congress, with which, it is to be presumed, he is not in hearty sympathy. We are pleased to say that our apprehensions were nearly groundless, for the speaker had nothing derogatory to say. His only insinuation was when he referred to the Southwest as the malarial section of our country, and when he intimated that malaria and science were incompatible. However, very shortly later, he informed his hearers that from this very malarial belt had come such men as Marion Sims, McDowell, Battey, Gross and Campbell. The temptation was great, but, like a true soldier and gentleman, Dr. Billings successfully resisted it, and he is to be congratulated on having made the profession of Great Britain much more familiar with the ways of the profession of the United States than they have hitherto been.

VINEGAR AN ANTISEPTIC.

If we consider how rapidly cucumbers would decompose, were they not kept pickled in vinegar, and if we reflect how long they continue in a good condition when thus preserved, we can only wonder that vinegar has not long since been looked upon as a good disinfectant. Certainly we know that the acid fermentation is due to the presence of bacteria, but we also are acquainted with the fact that some innocuous microbes are of great service in the destruction of pathogenic germs.

Dr. Engelman (*Cbl. f. klin. Med.*, 14, '86), has made a number of experiments with vinegar in diphtheria, and come to the conclusion that it is a powerful antiseptic of almost specific effect in that disease. He employed either common vinegar or the officinal acetum, internally 1:4, as gargle 1:2, and undiluted, as spray 1:2 to 3, if applied with a brush, undiluted. An addition of 3:10 vinegar sufficed utterly to prevent the growth of the micro-orgrnisms. It is a special advantage that the taste is not disagreeable, and that, even when applied undiluted, there is no danger of any cauterizing or intoxicating effect.

CANCER AND LONGEVITY.

The curious fact was developed, in the course of Dr. Billings' address before the British Medical Association, that the prevalence of cancer may be taken as an indication of the healthfulness of a locality. Though, seemingly, an Hibernianism, yet the process of reasoning by which this proposition was elaborated is perfectly logical. Thus, Dr. Billings tells us that cancer causes a higher proportion of mortality in those localities which have the greatest proportion of population living at advanced ages, and, in our country, these localities are the New England States. Therefore he deduces, logically, from this fact, the statement that a large proportion of deaths from cancer indicates, to a certain extent, that the locality in which it occurs is a healthy and long-settled one, since it has probably a relatively large proportion of inhabitants, and especially of females, of an advanced age.

NOTES AND COMMENTS.

Hot Baths in Puerperal Peritonitis.

Try them, for Dr. F. W. Fitzgerald, of Chicago, reports a very severe case wherein baths of a temperature of 150°, wherein the patient was kept one hour at a time, thrice daily, acted most happily. When first put into the bath she was so weak, and the tympanitis so pronounced, he could not keep her head from sinking under the water while the body floated. He had recourse to a heavy log surmounted by a pillow, on which he rested her chin, her being face down, in order to facilitate the escape of gas *per anum*, which took place in about half an hour after

immersion. It was most offensive, and the room had to be disinfected and ventilated to prevent her from vomiting. The gas continued to escape in large quantity during each immersion. The benefit derived from the first bath was so marked that for the first time in three weeks she slept soundly for at least four hours, and on awakening could take some burned brandy. She gradually gained, and on the third day asked for the bed-pan, under the impression that her bowels were about to be moved. On removing the pan he was surprised to find from a pint to a pint and a half of pure laudable pus instead of fæces. The discharge of pus continued for about a week, when it ceased entirely. She made an excellent recovery, no fistula being discoverable.

Crushing the Granulations in Trachoma.

Dr. Kramsztyk, writing in the *Gazeta Lekarski*, advises a method of treating granular lids or trachoma which was proposed by Dr. Wicherkiewicz, and which consists of a forcible crushing of the granulations. The eyelid is everted and held by an assistant, and is then subjected to pressure between the two thumb-nails, the operator moving his thumbs to and fro so as to act on as much of the eyelid as possible. Where the granulations cannot be reached in this way, such as those situated at the canthi and on the plica semilunaris, they are pricked with a needle, and then crushed by means of a pair of forceps or some other suitable instrument. The operation is very painful, and cocaine seems to be of little use. Under chloroform, the whole of the granulations can be crushed at a single sitting. Otherwise the length of time and the number of sittings required to effect a cure depend on the abundance of the granulations and the patient's power of endurance. Where other disease of the conjunctiva exists, it must of course be attended to, and different measures adopted. The after-treatment consists in the prolonged application of cold water dressings to the eye.

Pemphigus of the Conjunctiva.

A case of this rather rare complaint, which Dr. William Dickinson reports in the *St. Louis Courier of Medicine*, was thus treated:

Generous diet and tonic regimen from the first was persistently pursued. Quinine and iron, singly and combined, were administered in full doses, and during the last three months arsenic was added. Local treatment by collyria of ac. boracici, and to the blebs local applications of mild solutions of arg. nit. and ox. hydrarg. flav. (amorph.) Galvanism was also employed through the closed lid, one rheophore being applied to the nucha or held in the hand, and during the last month he applied it directly to the conjunctiva, it having been first rendered insensible by instillations of cocaine. By this agent he hoped to reinforce the vaso-motor factor of the great sympathetic, which had become paretic, and which gave rise to the chronic congestion, the extravasation of serum, and the resulting formation of blebs. Eserine was also at periods instilled. Incipient cataract was present in both eyes.

As a summary, and in conclusion, he is not convinced that any agent employed proved itself curative, though temporary benefit was often manifest.

Memorizing Doses.

Dr. G. A. Wiggins, of Philadelphia (*Med. World*, August, 1886), gives some general rules with their exceptions, which are thoroughly reliable.

1. The dose of all infusions is 1 to 2 ozs., except infusion of digitalis, which is 2 to 4 drs.

2. Dose of all poisonous tinctures is 5 to 20 minims, except tincture of aconite, which is 1 to 5.

3. Dose of all wines is from ½ to 1 fl. dr., except wine of opium, which is 5 to 15 minims.

4. Of all poisonous solid extracts you can give ½ gr., except extract of calabar bean, which is $\frac{1}{15}$ to ¼ gr.

5. Dose of all dilute acids is from 5 to 20 minims, except dilute hydrocyanic acid, which is 2 to 8 minims.

6. Dose of all aquæ is from 1 to 2 ozs., except aqua lauro-cerasus and aqua ammonia, which are 10 to 30 minims.

7. Of all syrups you can give 1 drachm.

8. Dose of all mixtures is from ½ to 1 fl. oz.

9. Dose of all spirits is from ½ to 1 fl. dr.

10. Dose of all essential oils is from 1 to 5 minims.

Croton Oil, in Ringworm of Scalp.

Dr. Windham Cottle writes to the *Pacific Record of Medicine and Pharmacy* that the following case of tinea tondens, which he has selected from among his notes, will serve to elucidate the action of the croton oil and salicylic acid in the treatment of this disease. This was an instance of tinea tondens affecting the scalp. Fungus was present, and none are noted as "well" till fungoid growth was unable to be discovered.

Henry C., aged 71, was admitted at the hospital for diseases of the skin. The disease was first noticed in November, 1877. Nearly the whole scalp was occupied by well-marked ringworm. He was treated by ordinary methods till October 9, 1878, under the use of which the disease had become limited to one large patch on the vertex. On October 9th, linimentum crotonis was applied to the patch. On November 6th, slight suppuration had resulted. Linimentum crotonis was reapplied. Salicylic acid ointment (twenty grains to one ounce) was applied night and morning. On November 20th, he was improved. On December 18th, no evidence of the disease could be detected. He remained under observation till January 31, 1879.

Occlusion of the Os Uteri as an Impediment to Labor.

What will you do when you encounter such a case? Do, if possible, what Dr. F. E. Waxham (*Chicago Med. Jour.*) did.

In one case he detected a very slight dimple in the centre of the presenting tissues. By keeping the finger upon this slightly thickened tissue, he discovered that it became very much thinner with every pain, while as the pain subsided the tissues assumed a very slightly umbilicated appearance. By firm and continued pressure upon this suspicious spot an opening was at length effected and the os gradually dilated.

In another case the os was patulous only to the extent of admitting the very finest surgeon's probe. After this had been introduced and worked about, a second probe was passed, and by separating them the os was gradually and sufficiently dilated to allow the finger to enter. The os was then rapidly dilated, and labor progressed normally.

Bear these cases in mind, and do not get frightened when you find an occluded os.

Rabies.

"Make haste slowly," is a good maxim. We must not accept all that we hear as gospel truth. We have always been skeptical about Pasteur's inoculation for rabies, not because we doubted that preventive inoculation was a possibility, but because we failed to see how its efficacy could be proven, since no one could positively affirm that those who were inoculated and escaped the disease, would have had the disease if they had not been inoculated. We now learn that a farmer from Roumania, who had been bitten by a mad dog, was placed under Pasteur's treatment in Paris. Notwithstanding, the disease developed in due time and proved fatal. This makes the eighth death from hydrophobia after having been subjected to a pretty fair test by inoculations by Pasteur himself. The Roumanian was reported to have been bitten only thirteen days before coming under treatment by Pasteur. It is true that Pasteur has inoculated some 1,400 persons, and only the small number of eight have had the disease and died. But what an infinitely small proportion of those who are bitten by dogs ever develop any ill effects therefrom. Let us wait a while yet.

Revolver Bullet Lodged in the Brain; Recovery.

At the Society of Surgery of Paris, on May 26th, M. Prengrueber presented a man who had fired a revolver at the middle of his temporal fossa. The ball, seven millimetres in diameter, lodged in the brain. The three days following the accident the surgeon abstained from interference, as the only symptoms were general prostration, with lowering of the temperature. Epileptiform attacks having occurred on the fourth and fifth day, M. Prengrueber exposed the cranial wound and removed several bony spicules, which had penetrated the brain. A stilet having failed to detect the bullet, though passed along its course to a depth of five centimetres, nothing else was done. The epileptiform seizures did not recur, and the patient left the hospital at the expiration of a month without any cerebral complication.

Bromides in Hyperpyrexia.

Dr. W. E. Hacon, of New Zealand, thinks that we may reason from other cases of nervous origin that the cause of the high temperature is due to an affection of the nervous system, and if so, the practical point in watching for this symptom is to be most careful that the nervous system has proper rest from sleep. The best typhoid cases are often the most drowsy. Although he is a firm believer in the use of baths, still he thinks much benefit might be gained from the use of the bromides and other sedatives; he really thinks that bromide of potassium every four hours, in full doses, has a claim upon our notice. Even at the onset of a rise of temperature the drug might be tried, and no case of typhoid or rheumatic fever should be allowed to pass more than two bad nights without a sedative being administered.

Manganese in Menstrual Disorders.

It is a strange commentary on the unscientific aspect of medicine, how some men will laud, while others decry a particular drug in a similar class of ailments. Such diversity of views, we suppose, must be explained by invoking the law of individual idiosyncrasy. Some men will say that manganese is a valuable drug in menstrual disorders, others say it is not. The latest writer of the first class is Dr. Thomas J. Kearney, of New York, who, in the *Med. Record* (August 28th), states that he has derived good results from its use in menstrual irregularity in doses of two grains, night and morning. He, however, emphasizes the caution given by Ringer and Newell, that it must not be used in cases of acute congestion and in general conditions of sthenic reaction, neither would he use it during pregnancy.

Gonorrhœa Communicated by Bathing.

Dr. Aubert, in the *Lyon Medical*, reports a case where a little girl, four years of age, was brought to him with a purulent vulvar discharge accompanied by dysuria. He discovered that the mother was suffering from a similar affection, and that the child had first complained four days after having taken a bath with her mother.

It is also related that at the public baths of Santa Lucia, Florence, fifty-five girls were seized with vulvar discharge, some of whom were also affected with purulent conjunctivitis. The evidence seemed to point to the water having been previously contaminated by some one using the bath.

The author concludes that the same water should never be used for a second person.

Anteversion Extraordinary.

Dr. Aveling (*London Lancet*) relates the following: The patient, a lady thirty-eight years of age, was struck in the left eye by the head of one of her children, in October, 1884. Six weeks later she experienced noises in the ears, tenderness of the nose, and pain at the back of the head when she stooped or had the bowels moved. Speech was also affected—she hesitated and stammered when she spoke. The symptoms grew worse until March, 1885. March 22, she complained of having a constant feeling of weight in the pelvis, and could only pass a small quantity of water at a time, and with great effort. Examination revealed extreme anteversion of the uterus, with a full bladder. The uterus was replaced, and later a cradle pessary adjusted, *when all the head symptoms disappeared.*

Venesection in Puerperal Convulsions.

The venerable heart of our distinguished and respected friend, Dr. Corson, will beat with satisfaction when he learns that Dr. McPheeters reported to the St. Louis Medical Society a case of violent convulsions in a woman at the sixth month of pregnancy. Œdema of the feet and general anasarca led to an examination of the urine, which was found loaded with albumen. There were violent abdominal pains in the hypochrondrium, with great headache and a flushed face. The doctor bled her a full quart, with complete relief to her pain, nor has there since been recurrence of the convulsions, which the doctor considered uremic. He was now addressing remedies to the relief of the kidneys. He believed in venesection in such cases, as well as those which could be more properly called puerperal convulsions.

Hybrid.

Before the St. Louis Medical Society, Dr. Funkhouser exhibited a specimen of an embryo five days old, the result of the union of a rooster and a duck. This was the only fertile specimen of sixteen such eggs hatched in an incubator. The doctor thought his experiment tended to upset prevailing ideas about species, general orders, and classes. All sources of error with regard to the roosters and ducks had been carefully avoided. The duck, if kept with a rooster, will allow his approaches. He regarded it as an extraordinary event, that a member of the order of swimmers being crossed with the order of scratchers, should have produced a living result, thus jumping over not only species, but also further. The duck and the rooster are of the same class, but belong to different orders.

Breast Milk for Consumption.

We fear that for obvious reasons, both moral and physical, this treatment of consumption will never come into general use. Yet it has been tried, for the *Medical Record* tells us that Dr. Caius, some four hundred years ago, when an old man, tried to regain his youth by suckling the breast of a woman. He died of stone—not of old age, at least. A more successful application of this remedy is reported to us by a correspondent, who says that a party who had every indication of the last stages of consumption has regained former health, and attributes it to obtaining his nourishment from suckling a healthy nursing woman.

Hen's Blood in the Treatment of Anæmia and Chlorosis.

An exchange truly says that it is not easy to take seriously the claim of Dr. Francesco Brancaccio, of Naples, that the blood of the domestic fowl is an efficient remedy in pernicious and simple anæmia and chlorosis. Dr. Brancaccio, however, reports in detail eight cases to substantiate his opinion, two of these being of primary anæmia. All were first thoroughly treated with the ordinary remedies—iron, arsenic, quinine, and oxygen—but with no success. Hen's blood was then given in doses ranging from eighty to two hundred grammes daily. Examination with the globulimeter were made to determine the diagnosis and progress of the disorder.

The Ice-Bag.

Dr. Thornton Parker tells us in the *Va. Med. Mo.* that in the German hospitals every bed has its framework for the proper attachment of the ice-cap, which hangs just touching the patient's head, so that he can move without upsetting the cap. In almost every disease where the temperature rises above the normal, the ice-cap, if of proper material and properly applied, is indicated. A nail in the wall or a hook in the ceiling will aid in adjustment. The ice-bag is, no doubt, a good thing, but there is such a misfortune as getting too much of a good thing. Look out for gangrene of the scalp, for instance.

A Neat Method of Performing Heller's Test.

Dr. Thomas K. Morton, of this city, is responsible for the following: Take a very small test-tube, two and one-half inches long and one-third inch in calibre. Fill one-third with nitric acid; fold one or more three to three and one-half inch diameter filter papers twice, thus making a funnel, and insert its point into the mouth of the test-tube, supporting it by the forefinger holding the tube. Then pour into the funnel about a drachm of the suspected urine; it will run through quite clear, and form a sharp-cut white ring at the junction of the two tubes if albumen be present.

Red Ants and Leucorrhœa.

Dr. Gillette recently reported to the New York Obstetrical Society a case of vaginitis, with profuse leucorrhœa, which was due to the entrance of red ants into the vagina. The woman had been in the habit of using a fountain syringe in which, when not in use, the ants were in the habit of taking up their abode. On using the instrument they were poured into the vagina, where they caused irritation by their bites. The *Med. Age* says that microscopists will do well to bear this case in mind when searching for the gonococcus prodigiosus, in cases of vaginal discharge.

Vaginismus.

That there is a cause for every effect is a self-evident proposition, and the following case, which Dr. Dixon reports to the St. Louis Medico-Chirurgical Society, warns us always to look for the cause. It was the case of a young lady, married for about five years, who was troubled with vaginismus. She had been confined twice, and the vaginismus was so excessive that it even hurt her on locomotion. Examination showed a number of caruncule myrtiformes, the excision of which relieved the trouble. Some of them were an inch long, and from a quarter to three-eighths of an inch thick.

Unalterable Cocaine Solutions.

Solutions of cocaine, as those of morphine, atropine, and some other alkaloids, when made with simple distilled water, rapidly become spoiled through the growth of a fungus. Such impure solutions may cause injury to the tissues when injected, or may excite inflammation of the conjunctiva when employed in ophthalmic practice. In order to obviate this, Dr. George Abbott recommends a solution in camphor water. He has kept solutions of atropine to which camphor (one grain to the ounce) was added, for over a year, and has not seen any microorganisms develop.

Ergot in Uterine Fibroids.

When ergot is given for a long time it is apt, in some, to create nausea and disgust. This, Dr. Charles T. Parkes (*Chicago Med. Jour.*), obviated by combining it with morphia, and he reports four cases that resulted in recovery by expulsion of the growth. The ergot may also cause severe uterine pain, which can be controlled by morphia. The preparation used was the fluid extract; dose, half to one drachm every six hours. Duration of treatment, from six days to six months.

Urinary Fistula Maintained by a Calculus.

Before the Chicago Medical Society (July 6th), Dr. Charles T. Parkes reported a case

of urinary fistula of twelve years' standing, from gunshot wound of thigh. The track of the bullet had been such that the urine could escape through the wound on the thigh. Several unsuccessful attempts had been made to close the fistula. While examining the bladder with a sound, Dr. Parkes discovered a stone. Lithotomy was performed, and now the patient urinates per urethram, and the fistula is closing. The calculus was the size of a pullet's egg, and the nucleus consisted of a piece of bone.

The Cause of Inertia Uteri.

Speaking of post-partum hemorrhage from inertia of the uterus, Dr. Walter Coles very wisely remarks, in the *St. Louis Courier of Medicine*, that the more we study the pathological physiology of such cases, the more apparent does it become that the real causes of *inertia uteri* lie hidden far back in the deeper recesses of the nervous system. They are undoubtedly numerous, varied and sometimes obscure, and these must be intelligently sought after and reached before we can expect to find in every case the true physiological remedy, either in the way of prophylaxis or treatment.

Tin Oleate for the Nails.

Thomas H. Irquhart thus writes to the *Therapeutic Gazette*: "I used the tin oleate some months ago on my finger nails, which commenced to split and break soon after I left the army, the result of scurvy, contracted in the military service. I anointed the nails every day with the oleate, and at night applied it on a narrow flannel bandage. In about two months all the nails were sound and tough. I applied the oleate to the nails of a young lady friend, with like success. It is also a beautiful polish for the nails."

Puerperal Fever.

Dr. Hiram Corson thus writes in the *New York Medical Journal:* Of this I can only say that if it is a disease different from peritonitis, I know nothing of it. It is a disease exceedingly rare in the country. If it is caused by the germs that are so guarded against in cities and especially in hospitals, they are inactive if they exist at all in the country; and therefore the directions so urged by Dr. Elliott, Carl Braun, and others, are not needed with us.

The Treatment of Singultus.

To the numerous plans recommended for the relief of hiccough, Dr. R. B. Willliams adds a new one. It consists simply in giving the patient a good pinch or two of "catarrh snuff" to produce immoderate sneezing. He states he has seen the happiest results from it in hiccough of as much as two days' persistence. A simple "catarrh snuff" for the purpose may be made by mixing one part of powdered veratrum album with about four parts of pulverized liquorice root.

Antiseptic Paper.

Dr. Bedoin, of the military hospital of Vincennes, makes light, cheap, and effective applications for wounds by using instead of gauze, unglazed paper (filtering or cigarette paper) first sterilized in a drying cupboard at 110° C., then rendered antiseptic by immersion in a solution of carbolic or boric acid, sublimate, etc. This can be used in layers or plugs, and is covered with thin sheets of gutta-percha.

Malarial Insanity.

What a title! nomenclature gone mad! What are you talking about?—we can hear our readers say when we tell them that there is such a thing as malarial insanity. Yet Dr. Green recently told the St. Louis Medical Society that he had treated two such cases, pronounced by their friends to be insane, but not recognized as such by himself, with antimalarial remedies. In both, permanent recovery ensued.

Reflex Insanity.

We imagine some of our readers will commence to talk about *editorial* insanity, but we must report what we find reliably stated, and we do so find that when Dr. Green told about his cases of malarial insanity, (See above). Dr. Washington mentioned a case of mild insanity which disappeared when he had successfully performed perineorraphy, for an old laceration. Must we not call this *reflex* insanity?—if not, then what?

Sulphide of Calcium.

Sulphide of calcium has been much recommended, in doses of one-tenth of a grain, frequently repeated, in the treatment of boils, carbuncles, acne, etc., and good results are said to have been obtained. It is best administered in the form of pills made by triturating the sulphide with sugar of milk, adding sufficient glycerine of tragacanth to make a pill-mass. The preparation, however, is very apt to undergo decomposition.

Poison Ivy Eruption.

An excellent remedy is said to be an infusion of the sweet fern (Comptonia asplenifolia). This is rubbed freely all over the affected surface, and left to dry. The slightly yellowish stain left by its application wears off in a few days.

The Treatment of Severe Endocarditis.

Dr. A. Ernest Samson (*Practitioner*) reasons out that in cases of severe endocarditis we should give a due trial to the plan of administering the sulpho-carbolate of sodium, or other suitable antiseptic in sufficient doses.

News and Miscellany.

The American Physican.

Dr. John S. Billings thus describes him in his address before the British Medical Association: "I have spoken to little purpose if I have failed to show you that there is a great deal of human nature in American physicians, and it is a kind of human nature with which you are tolerably familiar. Our ancestors were restless, fighters, freebooters, and from these ancestors we have the common inheritance of energy; of what we call "firmness," and our opponents unreasonable, pig-headed stubbornness; of liking to manage our own affairs, and, at the same time, to exercise a little judicious supervision over those of our neighbors; of hatred of humbug and lying; and in spite of our discontent, of a firm belief that our wives and children, habits and houses, mode of business and of treating disease, are, on the whole, better than those of any other people under the sun. Privately, and between ourselves, we grumble and declare that the country and the profession are going to the dogs—nay, we must do so, or we would not be of true English blood: but there is no need for me to tell you that these are only 'growing pains,' and not symptoms of progressive ataxy."

That Bile.

An "old country doctor" thus writes in the *Southern Med. Record*: "A man hobbled into my office one morning, and after seating himself, said: 'Doctor, I have a *bile* on my leg that pains me very much; please examine it, and tell me what to do for it.' On examination, I found a small furuncle just below the knee; 'O,' said I, 'apply some slippery elm bark to it, and it will soon be ready to open.' He left, and the next day returned, hobbling still worse, saying: "Doctor, I don't think I can possibly stand the slippery elm treatment any longer; I have got worse ever since I applied it.' I asked him to let me see it. On examination, I found he had applied a piece of elm bark, about an inch square, firmly to the part with a bandage. I made a poultice of elm bark and applied it properly, telling him that was what I meant the day before. 'Well,' said he, 'I generally try to follow instructions just as I get them, and I don't want no palaver and big words in mine.' I relate this circumstance merely to impress upon the minds of my junior brethren the importance of being very plain and full in giving instructions to ignorant patients."

Syphilis at Nishni Novgorod.

At a meeting of the syphilis section of the Moscow and St. Petersburg Medical Society, a female practitioner, who had been commissioned by the government to inspect the common women frequenting the great annual fair at Nishni Novgorod last year, communicated the results of her experience. There were two inspection stations open from June 16, to September 3, during which time 2,812 examinations were made of 355 women, of whom 49.3 per cent. were frequenting the fair for the first time, and 27.7 per cent. for the second time. Some were professional prostitutes, and some were servants and peasant women who only practiced prostitution during the time of the fair. Of those examined, 6.2 per cent. had urethritis (*sic*), 1 per cent. soft chancres, 0.2 per cent. hard chancres, 5.1 per cent. syphilitic condylomata, and 0.2 per cent. gummata. The conclusions arrived at were, that the main cause of the spread of syphilis is public and private prostitution, such as that carried on at the fair; and that the examination regulations must be improved.

Measurements of Body Surfaces.

According to some measurements made by P. Putilov, of Omsk, the surface of a man's head is 27 times as large as that of an average fœtus at term, while the trunk and upper and lower limbs have respectively 7.5, 7, and 10.8 times the superficial area in the adult that they have in the infant. The mucous membrane of the respiratory apparatus appears to increase much more than that of the œsophagus; the former measuring 13.5 times as much in the adult as in the infant, while the latter only measures 4.7 times as much. The stomach is 50 times, and the small and

large intestine 18 and 22 times as large. The internal surface of the digestive canal is given as 1,200 square centimetres in the baby, and 18,300 square centimetres in the adult; and the surface of the liver is 199 and 774.5 square centimetres in the two bodies respectively, that of the adult being 3.9 times that of the baby.

The Viennese Doctor who Gives no Medicine.

A correspondent of the *Weekly Medical Review* on his way to Vienna met, at Paris, an Englishman. "You are going to Vienna to study?" said the latter. "Yes." "Well, I want your card, for I am going to America next year and may need a doctor, and I want one who has studied at Vienna." "Why?" "For this reason: The old school give large doses of medicine, homœpaths give small doses, but the Vienna school give none, and that is what suits me." And the correspondent remarks, after he has had a Vienna experience, that the Englishman was about right. Prof. Bamburger gives no aconite, in fact no arterial sedative, digitalis as a heart tonic and diuretic, quinine only occasionally, where a high temperature exists which does not at once yield to cold baths or sponging. His frequent use of calomel reminds one of his father's practice, forty years ago. He often devotes an hour and a half to the delineation of a case, and closes with about five minutes' talk on its therapeutic management.

An Ancient Prescription for Hydrophobia.

We learn from a Chicago paper, that a physician in Illinois recently wrote to the State Controller at Albany, N. Y., for a copy of a prescription for an infallible remedy for hydrophobia, on account of which the State appropriated $1,000 in 1806 to pay to one John M. Crous, who claimed to have discovered the cure. A search for the paper resulted in the finding of the warrant upon which the money had been paid, and upon the back of it was written the receipt of Dr. Crous, dated March 25, 1806. The prescription was not found in the Controller's office, evidently having been stolen. The *Albany Gazette* of March 31, 1806, was found to contain a copy. The remedy was compounded of one ounce of the jaw-bone of a dog, burned and pulverized, the false tongue of a newly-foaled colt, dried and pulverized, and a "scruple of verdigreas," raised on the surface of old copper by laying it in moist earth. Directions for treatment followed, involving, in a certain contingency, a dose of 120 drops of liquid laudanum.

A Psychological Curiosity.

A correspondent of the *Brit. Med. Jour.* relates the case of an old man, nearly an octogenarian, who has been in bed for twenty-seven years, being a harmless monomaniac, having the delusion that his satanic majesty always stood at his door to prevent him from going out, and who suddenly, one morning early in June, took it into his head that the devil was gone, whereupon he got out of bed, and with nothing on but his shirt, walked down to the quay (nearly a quarter of a mile) and jumped over. Having been a good swimmer in his early days, he struck out, and although a boat put off from a vessel, he swam ashore. Nobody knowing him, he was taken to a public house, and a medical man was sent for. He was taken home, where he remained two or three days in bed, all the better for his dip. He has been to church, and is now about to resume his former calling, that of a preacher.

A Useful Plant.

Dr. Brandes, a Hanoverian physician, has recently demonstrated in a German contemporary the valuable properties of the anacharis alsinastrum, a water-plant which has hitherto been considered as an unmitigated nuisance, choking up rivers, and altogether useless. Dr. Brandes has remarked that in the district where he lives, and where malaria and diarrhœa yearly appeared in a sporadic or epidemic form, those diseases have gradually decreased since the anacharis alsinastrum began to infest the neighboring rivers and marshes, and for four years have totally disappeared. He therefore proposes that the plant, which came originally from Canada, should be planted in marshy districts, with the view of checking malaria; and the experiment, in view of the evidence adduced in the article under notice, is certainly deserving of consideration.

The Volta Prize.

Le Progrès Médical (August 7) reports that the French Minister of Education has just fixed the date of competition for the Volta prize. It is of the value of $10,000, and was instituted by a decree dated June 11, 1882, in favor of the author of a discovery which shall render electricity economically useful in one of the following applications: As a source of heat, of light, of

chemical action, of mechanical power, as a means of transmission of despatches, or in the treatment of disease. The competition will remain open to June 30, 1887, and the prize will be awarded the following December. Scientists of all nations may compete. A commission, nominated by the Minister of Education, will be charged with the examination of the discovery specified by each competitor, with a view to determine if it fulfil the required conditions.

The Danger in Specialism.

Before a recent meeting of the Chicago Medical Society, Dr. Alfred S. Houghton read a paper on this subject, in which he said that specialties had greatly increased medical knowledge and skill, and had secured for many much reputation. Hence young practitioners grasp any excuse for becoming specialists. But man is not a machine, but a complicated organism, and disease is complex, one organ sympathizing with another; hence it is necessary to examine every portion of the body and treat all organs affected. Hence there is danger in a specialist limiting his sphere of action and usefulness to an unnecessary degree. Another danger is that specialists are apt to become egotistic, and give rise to utterances which they will afterward regret.

Staffordshire Knot.

Mr. Tait makes the tie to constrict a pedicle in two equal parts, as follows: He employs an awl-like needle, with an eye near the point, and threaded with the ligature, to transfix the pedicle at its middle. As soon as the eye appears on the distal side, the ligature is seized and pulled upon while the needle is withdrawn, and entirely cleared. Now there is a loop on one side of the transfixed pedicle and two free ends on the other. The next step is to pull upon the loop until it is long enough to pass over the tumor or collapsed ovarian cyst; then one of the free ends is passed through the loop, and the two ends pulled upon till the loop is shortened, and made to encircle the halves of the pedicle at the line of transfixion.

Hydrophobia in the Ass.

Recently in Ireland an ass alarmed the neighborhood by his terrific braying and violence. It was surmised that he had been bitten by a mad dog which passed through that district some time before. After a couple of days the unfortunate animal died. A few days later a heifer showed apparent signs of rabies, and succumbed within four days. In a day or two another ass went mad. He became most vicious, and rushing into an outhouse attacked a woman, and bit her in the leg. With much difficulty he was fastened up, and after a short time killed himself. The woman had a miraculous escape. Though the limb is severely bruised, the teeth did not penetrate the clothing.

Bacteria in Sea-Air.

Moureau and Miquel have made microscopic analyses of sea-air at various places, and state, as the result of their observations that when the breezes come from the sea the air is almost free from bacteria. When 100 kilometres out at sea the breezes coming from shore are also almost free from them, thus proving that the sea is an insurmountable barrier to contagion. On vessels making long passages it was noticed that although the compartments were not entirely free from bacteria, they contained about 100 times less than in a Parisian home.

A Definition of Gout.

Dr. Milner Fothergill gives the following succinct account of the pathology of gout (*Medical Record*): "When kidneys first appear in the animal kingdom, the form of urinary secretion is uric acid. Uric acid belongs to animals with a three-chambered heart and a solid urine (reptiles and birds). The mammalia possess a four-chambered heart and fluid urine, the form of urinary secretion being the soluble urea. When the human liver becomes depraved or degraded, it has a tendency to form primitive urinary products. To the question, 'What is gout?' the answer is: 'Gout is hepatic reversion, when primitive urine is formed by a mammalian liver.'"

Evolution in Pathology.

Mr. Sutton, in his article, "Evolution in Pathology," says: Inflammation, as read zoologically, can be likened to a battle. The leucocytes are the defending army, the roads and lines of communication are the blood-vessels. When there is an invasion of bacilli, bacteria, etc., the leucocytes march to the attack, and when the slaughter is very great "the tissues become burdened by the dead bodies of the soldiers in the form of pus." Laudable pus, we presume, represents the dead bodies of officers and others who have distinguished themselves in the conflict.

Venereal Disease Dispensary.

It is stated that an infirmary is to be established in New York City for the free treatment of persons suffering from venereal disease, the object being a practical movement toward the suppression and diminution of these diseases. The names of Drs. T. G. Thomas, A. L. Loomis, and other well-known gentlemen, are mentioned as being among the directors." We take the above from the *St. Louis Courier of Medicine*. We may be unusually thick-headed, but we fail to comprehend how *free* treatment will have any influence in suppressing or diminishing these diseases.

Powdered Beefsteaks as Food.

In the *Annales d'Hygiène Publique et de Médecine Légale*, May, 1886, M. Poincaré states that beefsteak reduced to powder is more nutritious than bread, even when meat-broth is added to the latter, but less so than fresh meat. It is not a strengthening form of food. Dogs thus fed would also require bones. It may even disturb the digestion in the same way as food that is decomposed, and should only be used as a last resource, when a morbid condition renders other forms of food distasteful.

Who is a Family Chemist?

A servant maid, age about twenty-two, not over bright, came into the shop. My wife passed through. The maid turned and said to me, "Who is that?" I said, "My wife." She said, "Oh, you are married?" I replied, "Yes, have been for years." She exclaimed —looking sheepish and blushing deeply— "Why, law, of course, I might a' know'd that, coz how could you be a family chemist if you were not a married man?" She had seen the words "Family Chemist" on the labels.

His Medicine was Invincible.

Family physician meets patron on the street? "Ah, good morning, Mr. Simpson, how is your good wife to-day?" "She's ever so much better, sir—a little restless the fore part of the night, but very quiet afterwards." "Yes, yes, that's encouraging; my new preparation is sweeping all before it; don't you think so, Mr. Simpson?" "I know it, sir. By the by, Dr. Dosem, the funeral is appointed for to-morrow afternoon; may I expect you to be present?"

Photographing in the Dark.

With a lens made of rock salt it may be possible to photograph in the dark. The *Photographic News* states that Abney has succeeded in preparing plates which are sensitive to the rays lying beyond the red end of the spectrum, the dark heat rays, and with such plates used with a rock-salt lens there should be a possibility of photographing bodies which possess a high temperature, although that temperature may be far below that needed to render them self-luminous.

Medico-Legal Laboratories in Spain.

The Spanish Ministry of Justice has arranged for the establishment in Madrid, Barcelona, and Seville, of laboratories of forensic medicine. After the middle of September, analyses which may be ordered by magistrates will be conducted in the new institutions—a provision enabling experts nominated in the interests of accused persons to be present during the performance of such analyses.

Deaf-Mutism in Spain.

According to Señor Don J. Lopez Navalon, principal of the National College for Deaf-mutes in Madrid, the number of persons afflicted with deaf-mutism in Spain is more than 10,000. For these there are, besides the Madrid College, which is supported by the State, only four other institutions in the provinces, and these are all supported and managed by private enterprise.

Poisoned Honey.

At a recent meeting of the Dresden Agricultural Society, a local pharmacist reported that in a neighborhood where the deadly nightshade grew abundantly the bees had incorporated with the honey sufficient poison from these flowers to account for numerous and occasionally fatal cases of poisoning.

Practitioners in Illinois.

The Illinois State Board of Health has passed a resolution that it will not recognize any diploma issued at any college where the number of graduates exceeds forty-five per cent. of the matriculants.

—A solution of menthol, two to ten grains in the ounce, is said to be a very effectual remedy in the treatment of the troublesome itching which accompanies urticaria, eczema, and pruritus.

Items.

—For hiccough, give a pinch of snuff and produce a sneeze.

—A novel professorship is the establishment of a chair of the Chemistry of Food in the University of Berlin. The incumbent will rank as professor extraordinary.

—The London Hospital Sunday Fund amounts this year to over one hundred and eighty thousand dollars, being $25,000 more than it was last year.

—Irish Tramp.—"Is this a lying-in-hospital, mister?"

Janitor.—"Yes, this is a lying-in-hospital."

Tramp.—"Then I guess it's the right place for me, for I've been lying out these three nights."

—An electric sword is said to have been invented in Shanghai which, when the point touches the person attacked, sends a powerful shock through him. The battery, it is said, is carried at the waist of the wearer, and is connected with the sword by means of insulated wires.

—Sandy—"I want a cake of soap, Mr. M'Intosh." Chemist—"I canna let ye hae a cake of soap on the Sawbeth day, Sandy." Sandy—"But ye sell'd that lassie peppermint drops." Chemist—"Ay, ye can sook peppermints in the kirk, *but ye canna wash yersel' there.*"

—The Continent boasts of an important contingent of medical ladies. No fewer than one hundred and seventy women are at this moment inscribed at Paris *en cours d'études*, though some of these have died or have withdrawn. In Switzerland, since 1874, fifty-five women have received the M. D. degree, of whom seven are British.

—The *Journal of the American Medical Association* says that a young man recently entered a dispensary in Chicago, and inquired if that was the house for the diseases of women. When assured that it was, he said: "Well, I've got a disease of a woman, and want to be treated."

—Puffendorf tells the following: "A man who had sore eyes went to a horse-doctor for relief. The doctor applied to his eyes an ointment he was accustomed to use on horses. The man became blind, and sued the doctor, but the judge acquitted the horse-doctor, on the ground that if the man had not been an ass, he would never have applied for relief from a horse-doctor."

—In Holland ladies are gradually usurping the occupations of the pharmaceutical assistants. The periodical State examinations have just been held, and the result is highly favorable to the fair sex, and startling to mankind generally. Out of a total of 55 candidates, 19 out of 31 female candidates, and only 8 out of 24 male candidates, were successful.

—The director of the agronomic establishment of the Nord, of France, communicated, at a late meeting of the Agricultural Society, his experience that nitrate of soda yields a much better result if applied to the soil as a solution than in dry condition; five parts in solution being equal to eight parts of the dry material. The same authority also states that in most cases nitrates are preferable as manures to ammonia salts.

OBITUARY NOTICE.

J. L. Suesserott, M. D.

This well known and respected gentleman died in Chambersburg, Pa., July 16, aged fifty-seven years. He studied medicine with Dr. S. H. Senseny, of Chambersburg, and dentistry with Dr. J. H. McQuillen, of Philadelphia, graduating from Jefferson Medical College in 1851, and subsequently receiving the honorary degree of D. D. S. from the Pennsylvania College of Dental Surgery. Immediately after his graduation, he began the practice of medicine and dentistry in his native place.

In 1858 Dr. Suesserott was chosen professor of the principles of dental surgery and therapeutics in the Pennsylvania College of Dental Surgery, which chair he filled with great acceptance until August, 1862, when the demands of his practice compelled his resignation of the professorship. Dr. Suesserott took a deep and active interest in whatever was calculated to advance either the science or the art of dentistry. He assisted in the organization of the American Dental Association, was prominent in the formation of the Pennsylvania State Dental Society, served as the first president of the Cumberland Valley Dental Society, and was a trustee of the Philadelphia Dental College from the time it was chartered until his death. As an operator Dr. Suesserott was regarded as possessing more than average skill, and as a teacher he labored to prepare those whom he instructed for an intelligent practice of their chosen profession. In later life he was a delegate to the American Medical Association, a member of the Medical Society of the State of Pennsylvania, and of the Franklin County Medical Society. He expired in the same room in which he first opened his eyes to the light of day.

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NOTES ON MEDICO-LEGAL TOPICS.

BY HENRY A. RILEY, ESQ.,
Of New York.

THE SUICIDES' WARD OF BELLEVUE HOSPITAL.

The *New York Tribune* contained, a few days since, an interesting letter from Marcus Rosenfield, an inmate of Bellevue Hospital, where he was taken after attempting to commit a felony at the Germania Bank. He made an effort to escape arrest and jumped from a window fourteen feet from the ground, with such serious results that he had to be taken to the hospital. While there, he had an opportunity to observe the scenes in the suicides' ward, or at least the ward where those who attempted suicide, but failed, were treated. The account of his observations is of great interest, and one would hardly believe that it was written by a person who was a criminal himself. The following extract has none of the dry details of the clinical report, and may be criticised as inaccurate in some details, but there is no doubt that it is well written, and its length will be pardoned:

"Another case of self-inflicted suffering is that of one Miller, a patient in the bed adjacent, who, in a frantic moment, aimed to shoot himself through the head. The bullet, however, glancing around the frontal bone, pierced the optical cavity, and passing out of the right eye, carried that optic with it. The other eye became inflamed and morbid, and in order to save that member, an operation is made daily, by which the orb is lifted from its socket and treated chemically. These two cases, however, are minor incidents compared with the subject that was presented in the case of Hillman, the merchant, who shot himself at the Grand Union Hotel recently. Your readers will remember the case; how, having desperately attempted to kill himself by putting six bullets into his head and body, two of which lodging in the throat would have been sufficient to prove fatal, the man was conveyed to this hospital, trephined, tracheotomized, and otherwise carved, until his life had been actually placed beyond danger! It is this remarkable case and the incidents of the night following the operations, which I witnessed, that prompt the title of this sketch. The patient was received here about 5 p. m. Within fifteen minutes thereafter, under the supervision of W. F. Dalrymple, who occupies the position here of ward-orderly for the facilities it affords him to pursue his medical studies, the man was washed, dressed, and placed in proper form for treatment. At six o'clock Drs. Mitchell, Howell, and Clark began operations. Placing the sufferer under the influence of ether, the surgeons, under the direction of Dr. Mitchell, proceeded with their knives. Has it ever been your lot, reader, to witness an operation where every turn, each movement, each beating of the heart, is watched with bated breath—where the slightest pulsation of an artery, the least variance from an organized purpose, has a significance of life or death?

"For an instant the surgeon wavered; then with a heroic and steady hand he cut a slit into the throat and proceeded to find the ball. Tracheotomy! Imagine the act of cutting a man's throat to save his life! Separating the glands of the trachea, a probe was inserted, and in an almost incredibly

short space of time the bullet was extracted and a tube was placed in the opening of the throat, made by the incision, through which the insensible man could gain and exhale his breath. A ghastly sight! Verily; for I noticed even the attendant turn his head for an instant and gaze into the distance. But there was work to be done, and speedy work at that. One of the balls which had been fired directly downward through the summit of the head had fractured the skull, and a portion of the bone was pressing on the brain. This had produced a partial paralysis over the left portion of the man's body, and it was necessary in consequence to keep hot vessels applied to his nether limbs during the operation. It was also necessary to dislodge this pressure at once, and rid the brain of the hidden bullet, to avert paralysis of the heart. Aware of the necessity, therefore, of a dual operation, howsoever dangerous, the intrepid surgeons ventured upon an immediate action. The man lay already exhausted from the first operation; his breathing was becoming more labored, and more ether had to be administered. Dr. Mitchell saw the necessity of a swift decision. With gentle but firm hand the wound at the top of the brain was laid open, and one by one the fractured portions of the skull removed; the bullet at the base was discovered, loosened from its surroundings, and quickly extracted, after which the scalp was drawn over and sewed up—all within a space of time quicker than pen can describe.

"The surgeon smiled. With silent admiration I gazed for a moment through the blazoned screen upon the features of this clever man of lances. There was a curl of triumph upon his intellectual features; yet as he turned away to clean his reeking instruments, I involuntarily shuddered. That night was a red-letter one in my career. For nine long hours there lay beside me the form of a man balancing in the scales of life and death—a long, thin, frail body, with the aspect of a dead man's stare and repose, a head and face with all save the eyes wrapped, tied, and bandaged into irrecognition, and the grating breathing from a throat through which a cold metal tube served as the only means of life and relief! Here was a phase of human endurance! The effect of the ether had died away, and an hour passed before the man moved. Then he turned his eyes full upon me. I shall never forget that look of woe. 'Neath the flickering gas-jet I saw a scene that will ever be impressed upon my memory with indelible horror. The hands of the suicide, which had been fastened down to prevent self-injury, had broken from their fastenings, and the unfortunate man was frantically clutching at his throat in an attempt to strangle himself by tearing from him the tube through which he breathed! I cried out to the orderly, who came swiftly to the rescue.

"'Why do you want to save my life? I *want* to die! Give me peace—give me peace!' the poor fellow wailed; and as he was gently turned back into the bed, I could feel the sincerity of his cry. 'Twas the language of the suicide—that mystic language which has baffled scientist and the world from time unspoken.

"One of the most curious paradoxes I have ever heard is one told here, that time and a lapse of events will convert a would-be suicide to a love of existence; in other words, that in the majority of cases a serious attempt at self-murder will, if made at the cost of much physical suffering, eventually make the recovery of life a blissful desideratum. Curious though it may seem, a most positive establishment of this theory has just been evinced in the above case. The occurrence of which I write took place on Friday of last week. Since that time the patient has been slowly but steadily convalescing. A reaction, too, mentally—or morally, as you would call it—has taken place; an entire revolution has occurred, so to speak, and the man now actually wants and seeks to live. As I write this the poor fellow is holding out his wan, thin hand to me, and he has muttered a few intelligent words of greeting. The cruel tube has been taken from his throat, the wound sewed together, and liquid nourishment of milk and eggs administered. In a fortnight perhaps he will be again upon his feet, and once more a mortal to go forth and mingle with the living, to endure or to ignore the vicissitudes and trials of life, as may seem most fitting to the caprices of his own imageries. MARCUS ROSENFIELD.

"*Bellevue Hospital, August* 26, 1886."

PHYSICIANS' FEES.

The subject of "fees" is of perennial interest to physicians, and a recent discussion of the subject by a professor of medical jurisprudence in a New York college will be of interest. He says on the subject of large fees: "A physician is, of course, completely at liberty to establish a standard of charges as high as he pleases, and he may make it so high that none but millionaires will be able to employ him. No one can object to this. If, then, he does give professional attention to a person who is unable to pay such fees, and chooses to charge him at a lower rate

than his custom would warrant, this, also, would be a simple act of charity, to which no one could object. But for a doctor deliberately to add to his usual rate of charges an amount based simply upon the supposed ability of his patient to pay, seems to me to be lowering your profession to the level of soulless usurers, and sacrificing all that is high and noble and philanthropic in it to the mere love of lucre. I do not know that the precise question has ever been presented in this country, but I doubt very much whether our courts would sanction any such practice."

LIFE INSURANCE.

The subject of life insurance is an important one in medical jurisprudence, and there has been a recent interesting case in the English Court of Appeal, bringing up some new points. It appeared that a person applied to a company for insurance, and answered in his application a large number of questions as to his habits, health, etc. In addition to this, as is the usual custom, he was examined by a physician, and upon his report the risk was accepted by the company, but only on the terms that there should be no insurance until the premium was paid. The gentleman was prepared to pay the premium whenever the papers were ready, but before they were ready, a change had come in his health, making the risk a poor one, and the company refused to issue the policy. The premium was tendered, but refused by the company, and a suit was brought to compel the issuing of the policy. The court declined to take this action, and held that there was no binding contract until the premium was paid. If it had been tendered at the time of the acceptance of the application, instead of waiting for the preparation of the policy, the company would have been obliged to issue the policy.

CREMATION.

The subject of cremation has attracted the attention of the Pope, though there has been no effort made to introduce the custom into Rome, and a decree has been issued which forbids any dalliance with the new heresy. All faithful Catholics are forbidden to affiliate themselves with any cremation society, and no one is to be permitted to order or facilitate cremation, even when the testator himself has directed this kind of sepulture, and his executors and next of kin are desirous of carrying out his wishes. This decree will have considerable influence in France and Italy, but in this country few Catholics have expressed themselves in favor of the fire burial.

KILLING OF BIRDS.

The Legislature of New York at its recent session passed a strenuous law forbidding the killing of many kinds of birds, mentioning some twenty varieties by name. The law is intended to strike at the prevailing fashion of wearing the wings or whole bodies of birds on bonnets, a custom which is fast destroying all the varieties which have any beauty of plumage.

JUMPING FROM THE BROOKLYN BRIDGE.

A boy named Collins made an attempt a few days ago to jump from the Brooklyn bridge, but the watchful eyes of a policeman discovered him before he had an opportunity to try the dangerous plunge, and he was ignominiously marched off to the police station. The successful attempt made a few weeks since had enabled the diver to make a good bargain with the owner of a dime museum, and the pecuniary profit of this transaction, it was thought, induced Collins to try the same fearful jump. It would probably end the miserable attempts at dropping from the Brooklyn bridge, and the even worse attempts to swim the whirlpool rapids at Niagara, if the authorities could secure the conviction and imprisonment of one or two of these tempters of Providence.

In the Collins case the desire seemed to come almost entirely from the idea that there was "money in it" to the successful swimmer. One of the papers, in giving an account of the examination at the police court, says that Collins was employed in a spice house, and when asked what he did there, replied: "I adulterate the spices." It would seem as if it were hardly worth while to attempt to prolong the life of such a fellow.

CYSTITIS: PATHOLOGY AND TREATMENT.

BY FREDERICK HORNER, M. D.,

Of Marshall, Fauquier Co., Va.

Cystitis or inflammation of the bladder affects perhaps one-tenth of the human family in the colder climates who have attained the age of sixty, either idiopathically or as a consequence of disease of the kidneys, prostate gland, or from calculi in the bladder. It begins by rigors, fever, by great pain in the region of the bladder, attended with a frequent and painful discharge of urine. The pain recurs in paroxysms after each attempt of micturition, and is most felt in the region of the prostate gland and at the mouth of the urethra, extending often to the

loins and involving the perineum and diaphragm, when succeeding frequent attacks of lumbago, rheumatic fever, or gout, with lithic and phosphatic deposits. In its advanced stage, muco-purulent deposits may be detected on the sides of the urinal mingled with the urine. The seasons most favorable for its development are the autumn and spring. It occurs in both sexes, though most frequently in males; even the lower animals, as the horse and cow, are not exempted. Few aged persons of a gouty or rheumatic diathesis escape an attack, especially if the kidneys suffer from nephritis. When the urine has in it on examination albumen and the casts pathognomonic of Bright's disease, the disorder, save as catarrh of the bladder produced by cold or a lesion, or by congestion of the prostate gland, is not a primary disease. In proof that it is rare in warm climates, Dr. Joseph Jones, of New Orleans, mentions that in his practice at the Charity Hospital, 1869–86, he was called upon to treat only six cases of cystitis.

It is important to recognize the disease in the early stage and to distinguish it from disorders with which it may be confounded. If an incipient gonorrhœa, its history will indicate its nature; the pain of nephritis lies more around the umbilicus than in the hypogastrium, and extends along the course of the ureters, while the pain of cystitis is above and behind the pubes, is increased by pressure, is trifling at first, but generally becomes severe, and is attended by a burning sensation extending sometimes to the glans penis, to the loins and abdomen. A *pathognomonic sign* of cystitis is an incessant desire to void urine, which is discharged drop by drop, and with much pain, straining, and heat along the urethra, with a feeling of tension and fullness over the pubes. The patient presents an anxious expression of countenance. When suppuration occurs, the urine has a purulent odor. The physician should never lose sight of the possibility of the existence of a calculus in the bladder, which alone can be detected by the use of the sound, and is sufficient to cause cystitis.

Treatment.—Absolute rest in the recumbent position day and night should be enjoined, with the strictness observed in the management of a case of fracture. The trunk and lower extremities should be elevated on an inclined plane. A firm hair-pillow will answer for the former purpose, and the foot-board or a chair for the latter. The acute stage of cystitis, commencing, as it does, almost invariably with symptoms of inflammation, rigors, and fever, must be treated by low diet. It is best to give purgatives, which, after absorption into the blood, do not irritate the urinary passages. Mercurials will be best retained, and nothing is so good as castor oil, if the stomach will bear it. Sir Benjamin Brodie's gout pill is excellent.

℞. Mass hydrarg.,
Ext. rhei,
Ext. colocynth co., āā ℈j.
Ext. colchi. acetas, gr. xv. M.
Divid. pilulæ, xv.
Three to be given at bedtime.

For the relief of pain and to ensure sleep, soluble hypodermic tablets of morphia, atropiæ sulphas, and soda may be used every three hours. The patient himself, or nurse, if supplied with a hypodermic syringe, can apply this remedy when urgently demanded. Suppositories, aq. ext. opii, gr. j; ext. belladonnæ, gr. ss, may also be recommended. Bromo-caffeine is a most valuable hypnotic; it exerts a calming influence on the cerebral nerve centres, relieving headache, and usually the following morning acts as an aperient. Pilo-spongeine cloth, saturated with hot water or infusion of hops, applied to the entire abdomen, will contribute to the comfort of the patient, and will also relieve the local inflammation in the bladder and adjacent tissues.

It has been remarked that acute cystitis may be one of the sequelæ of gout or an attack of rheumatism, or some disturbance of the general health consequent upon lithiasis. Under these circumstances, either the citrate or acetate of potash, followed by iodide potass., should be prescribed, and all there sources of thermo-theropathy invoked. The thermal mineral waters either of the springs of Virginia or Arkansas will hasten the relief, if not the permanent cure of this class of patients. Dr. Gustavus B. Thornton, President of the Board of Health, Memphis, says: "Drinking these hot waters contributes to cure dyspeptic symptoms; they act as a valuable diuretic, increasing the volume and neutralizing the acrid and irritating products of the urine. The patient is directed to lie full length in a bath tub, the water at about 90°, for eight or ten minutes, and then after rubbing off will go to bed and lie between blankets for an hour. The bath should be taken at 11 o'clock a. m. each day for the period of ten days, unless contra-indicated by depression of the general circulation. When there exists chronic cystitis, Dr. Thornton recommends the use of Key's Fountain Irrigator, an apparatus which is adapted to the male urethra. It consists of a rubber bag with the capacity of a half gallon, and a soft rubber catheter which is

attached to the end of a tube provided with a stop or clip for arresting the flow of water at will.

Of course for the relief if not permanent removal of the gouty rheumatic diathesis, the American medical profession are now a unit in recommending the use of the water of the Buffalo Lithia Springs of Virginia, Spring No. 2. The effect of the Lithia water is to increase the quantity of the urine, changing its chemical constitution, rendering it rapidly neutral if previously acid, and afterwards alkaline. The high color becomes pale, and having deposited copiously it becomes limpid and transparent. As an alkaline diuretic this mineral water is invaluable. Its effect is to dissolve the uric acid, and thereby the symptoms referable to the nervous system and threatened coma and uræmia are relieved. Dr. Hunter McGuire considers that this water is "without rival for all affections of the bladder and kidneys." A tumblerful must be given before each meal, or during the interval of the last two meals. Of course for the relief if not removal of the gouty diathesis upon which cystitis so often depends, it is necessary for the patient to continue the use of the Lithia water for several weeks, and at intervals subsequently during the spring and autumn months.

As the general health is usually impaired, attended by loss of appetite, insomnia, and neurasthenia when the active symptoms of cystitis have been relieved, the diet of the patient demands special attention. He should be well fed on rich beef soup—on Bovinine, a condensed extract of beef and mutton—a teaspoonful in a tumbler of new milk—and also take a malt extract, either Hoff or Wyeth & Bro., administered every few hours during the day and night. The plain soda cracker is the best form of bread. Of course, if able to incur the expense of resort to the mineral springs of Virginia or Arkansas, or to a sea voyage, the recovery may be permanent.

A PLEA FOR VENESECTION.

BY D. COLVIN, M. D.,
Of Clyde, N. Y.

As I believe it to be the duty of every medical man "to hold fast that which is good," and if perchance that which is good has seemed to have been lost, I consider it to be his duty to try and induce others to aid in regaining it, be it what it may.

I write this as a plea for venesection, which therapeutic aid seems to be so determinedly ignored. With no intention of speaking of its necessities in the various ills of life, I desire only to mention its use in two recent cases, to wit:

At 2 a. m. on the 3d of July last, Mrs. F., aged 52, and married, who had always possessed good health, awoke with difficulty of breathing, numbness of left side of face, and some of the remainder of the same side. Severe headache accompanied the numbness, and there was some confusion of intellect.

As I was not in the habit of going out at night, and she being quite partial to me as a physician, I was not called until early in the morning.

Upon my arrival, I was given the above history, and told that they (the symptoms) were changeable during the latter part of the night—at one time severe, forcing her to sit up in bed, while at another time she would be easier, nearly falling asleep. The pulse was somewhat irregular *as to frequency*, small and easily compressed; I believed there was a hyperæmic condition of the vessels of the brain, which, if allowed to go on, treated only with cathartics, aconite, and the bromides, would eventuate in a rupture of their coats.

I opened a vein with her in a semi-erect position, and allowed the flow to proceed (my fingers being *constantly* upon the opposite radial artery, which has always been my custom) until the pulse became *regular and fuller*, when she said, "My headache is gone, and I now feel as though I had a whole upper lip instead of half a one." (She had previously told me that when she put a glass to her lips the feeling was as though the left half of the upper lip was gone.)

After removing the ligature the blood continued to flow as freely as before its removal, requiring the compress and roller to be so tightly applied for a time as to obstruct the return circulation. Eighteen ounces were lost. This was followed by a saline cathartic *only*.

The following morning I found her doing her kitchen work (she was a poor woman), and I was saluted with the remark: "Doctor, I am well; the bleeding done it." She has been perfectly well since.

Case 2. Mrs. M., widow, aged 58, with health good generally, and a "hard worker," upon rising from her chair at the breakfast-table on the morning of the 16th of July last, suddenly discovered that her left side was numb, accompanied with intense headache. The left side of the face was especially numb.

I saw her in a few minutes, and found her suffering from the above symptoms: the suffering more especially was from the cephalalgia.

In this case the pulse was not irregular like the first, but firm and small. She was placed in a chair and a pint of blood was taken, when the pulse was observed to become *fuller* and softer, yet I allowed the flow to continue until the impression was decided. The same difficulty in arresting the flow was had as in the first case.

A cathartic *only* was given, and the following day Mrs. M. was about the house and feeling very well. No other medicines were given, and the numbness entirely disappeared in forty-eight hours.

Among the profession there seems to be such a horror of losing a little blood, that I wonder why those who are so tenacious do not at once seek to check the hemorrhage in every case of epistaxis or hæmoptysis to which they are called.

Notwithstanding the loss in these two cases, there was no evidence of it in the appearance or feelings of the patients on the following day.

Would aconite, the bromide of potassium, low diet, and cathartics, have averted the disaster which I believe the above symptoms indicated, as well as the venesection?

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Semi-annual conversational meeting, April 22, 1886. The vice-president, James Tyson, M. D., in the chair. W. E. Hughes, M. D., Recorder.

Dr. George A. Piersol read by request a paper on

Medical Photography.

The character of photographical work which the medical man may probably desire to undertake may be divided into three groups: 1. Photographing specimens. 2. Photographing patients. 3. Photographing microscopical specimens, to which, possibly, a 4th should be added: making lantern slides and enlargements for the purpose of illustrating lectures. As to outfit, all of these requirements must be borne in mind. At the present time, possibly the best equipment for medical work would be one of Walmsley's modified copying cameras, as manufactured by the American Optical Company, taking a 4½x5½ plate, fitted with a first-class lens. Regarding the latter, those desiring the best might limit their choice with advantage to the lenses made by Ross, Dallmeyer, or Beck. Personal experience with the Beck lens warrants a most favorable recommendation, as its superior qualities adapt it admirably to work requiring fine definition with great focal depth. As a matter of economy the excellent lenses of Darlot might be substituted for the higher-priced English glasses. As much less expensive the "Waterbury" outfit (camera, lens, and tripod costing but $14) is worthy to be considered. The addition, however, of a light wooden extension is imperative to obtain sufficient length of bellows to reproduce specimens of a normal size—a matter often desirable. A lens adapted for medical work would be a rapid rectilinear combination of about 8½ or 9 inches equivalent focus—a shorter focus lens possessing insufficient focal depth. In addition to the camera and lens, a simple dark room outfit, embracing non-actinic lantern, three trays, graduate, dust brush, light-proof box for opened packages of plates, and a few tubes, is necessary. Proper illumination is essential for satisfactory results. An evenly distributed top-light is most desirable. This can be obtained readily from a sky-light; such a convenience, however, is frequently wanting. An excellent substitute may be readily had by removing the apparatus to the open air, and stretching over all a piece of muslin, thus providing a mellow, evenly-distributed top-light, admirably adapted for photographing specimens. In focussing, the use of a focussing glass is advantageous. Focus without the diaphragm on a point lying midway between the extremes of the planes of the specimen; afterwards put in the smallest stop (say No. 128 F.=45.2 English scale). The small stop necessitates a rapid plate unless the exposure is unduly prolonged. A fast plate and small stop, when properly employed, yield pictures with the best possible definition and great focal depth, qualities very essential to satisfactory representations of specimens. In order to insure acceptable results, a correct exposure should always be attempted. The length of exposure depends upon many conditions. Among others, actinic power of the light, this being modified by sunshine or clouds, by time of day and by season of the year: color of the specimen—a tissue deeply dyed with blood requiring much greater exposure than the alcohol-bleached organ: character of the sun: size of diaphragm: sensitiveness of the plate: strength of the developer. Since these all modify the duration of any individual exposure, the oft-heard comparisons as to the bare numbers of seconds given upon various negatives are of very little import-

ance. Each worker must determine for his own conditions the exact number of seconds required on the ordinary specimens, and, with this as a basis, meet changing conditions as the occasion demands. While there are many excellent formulæ, the following developer has always answered admirably—with it, by slight modifications, all kinds of work may be satisfactorily performed:

No. 1.

R.	Pyrogallic acid (Schering's),	1 oz.
	Sodium sulphite,	6 oz.
	Water,	48 f℥.

No. 2.

R.	Sodium carbonate,	4 oz.
	Water,	48 f℥.

No. 3.

R.	Sodium bromide,	1 ℥.
	Water,	1 f℥.

Use equal parts of No. 1 and No. 2 with 3 to 5 drops of No. 3 as a normal developer, the entire bulk of the developer being say 3 f℥. Remember No. 2 accelerates while No. 3 retards development; No. 1 giving density. A plate is fully developed when the deep shadows show some detail, and when the cardinal outlines of the picture show on the back of the plate with reflected light. The most usual failures result from over exposure and under development. When a plate blackens rapidly without the requisite amount of contrast between the high lights and deep shadows being at first present, we may strongly suspect over exposure. Pour off the developer, flood with water, and then proceed once more with a developer, to which say 20 to 30 drops of No. 3 have been added. The remedy for under development is evident. Strongly to be emphasized: select a good brand of plate, choose a reliable developer, and only change when there exists a strong reason for so doing; by this plan alone can the peculiarities and valuable qualities of any plate be learned. In addition to these fixed conditions, by at first employing but one lens and a single diaphragm, the path of the tyro is greatly smoothed. In photographing a patient, if possible, a skylight should be used; when, however, none exists, we can succeed fairly in any well lighted room, preferably one having two side windows. Opposite to window No. 1 and about four feet removed we place our subject almost parallel, facing the second window. The lower half of window No. 1 is covered with muslin, while over the upper half is partly drawn the shade. Window No. 2 (furthest removed from the patient, but toward which he looks) is unobstructed. The camera is placed somewhere near the second window. Some simple background should be improvised, and the darker side of the subject should be lighted up by a reflector of white muslin. Since the actinic power of light is immediately reduced within doors, our exposure would be unduly prolonged if we used the smaller diaphragms; we are therefore usually compelled to use the larger ones, Nos. 8 or 16. Photographing microscopical specimens requires a camera with a long bellows—24 to 30 inches. This may be had by adapting to the front of an ordinary camera an extension which may be readily constructed of wood, cardboard, or tin. The inner surface of the entire track of the light from the objective should be lined with black paper with matt surface. Any microscope admitting of a horizontally placed tube with a good stage and centering sub-stage may be employed. Likewise any objective possessing good definition and flat field may be made. The eye piece is best removed, the camera and microscope being united by simply inserting the draw tube into the extension of the camera and wrapping the joint with a few turns of some black fabric. Illumination is very important; four sources may be considered—lamp, calcium, electric, and sun light. Calcium and the arc electric lights, while quite satisfactory by way of experiment, are practically debarred by the expense and inconvenience attending their use. The incandescent electric light at the present time offers little advantage over good lamplight, and is far inferior to sunlight. It may be stated once for all that sunlight properly employed is the best possible illuminator for photomicrography. As it requires some care in its employment, and above all the devotion of the busiest hours of the day, we may inquire what can really be accomplished by lamplight. Mature consideration and considerable experience justify us in saying that with care and proper manipulation really good photographs may be made with powers up to the ⅛; of course very much higher lenses may be employed, even the $\frac{1}{25}$ and $\frac{1}{50}$, but thoroughly satisfactory lamplight work with lenses approximating 1000 diameters is seldom if ever seen. One thing seems demonstrated beyond question: that with any power it is almost impossible to obtain the soft but brilliant micronegative, full of detail and vigor, that sunlight is capable of yielding. For lamplight, a lamp with a single moderately broad wick should be employed, the edge of the flame being turned toward the object. For very low powers, 3 to 1½ inch, no condensing lens is necessary. With higher powers the interposition of a 4-inch focus

plano-convex lens is advantageous, and with still higher lenses (say from ⅛ up) some form of sub-stage condenser in addition is almost imperative. After many experiments with various forms, a "B" eye-piece as a condenser seems to yield the best results, giving a powerful and evenly distributed illumination. Accurate centering and even distribution are of the utmost importance. First center the sub-stage condenser. Avoid "pushing" the illumination, as when the condenser is racked too high the margin of the field is destroyed. Experience teaches the advisability of using a slow "clean-working" plate (say Carbutt's "B") in preference to the very rapid brands. A mirror placed at the end of the work table opposite the ground-glass of the camera is of great assistance in adjusting illumination; a small hand-glass is also convenient to reflect the picture when hunting fields. The most important as well as difficult manipulation is focussing. With a short "pull," no especial requirements, but when a long camera is extended, removing ground-glass to 3 or 4 feet, some arrangement of moving adjustments is necessary. The simple arrangement with cord and weights which we devised eight years ago, and which has of late become extensively used, we still recommend as meeting all possible requirements. It has been put to the severest tests with powers of over 3000 diameters, and never has been found wanting either in delicacy or accuracy. A modification may be applied to the coarse adjustment. A focussing glass is indispensable; the point of most accurate focus is where the image seems to melt into the ground-glass. Preparations must be well differentiated and thin, possessing sufficient contrast and actinic opacity. In certain cases, by using glass of a complementary color to the stain, excellent results are obtained. While lamplight suffices for low powers, yet for the high powers and for difficult work, such as bacteria, sunlight by all odds is to be preferred. By arranging a simple mirror to swing laterally and vertically, we can substitute the necessity for a heliostat. Light from this mirror passes through a plano-convex lens of eight inches focus, through a cell of ammonio-sulphate of copper, to the sub-stage condenser. Here again accurate centering and evenly distributed illumination are absolutely essential for good results. To those aspiring to the best results, especially with difficult subjects and high powers, a trial of sunlight is strongly urged, as by this illumination alone are many of the capabilities of photomicrography rendered possible.

Succeeding his address, the lecturer exhibited on the screen about fifty examples of various kinds of work. Nearly half of these were photographs of pathological specimens; the remainder were photo-micrographs of histological and pathological preparations, taken with objectives giving from the lowest to the highest amplifications, among which an admirable photograph of the bacillus tuberculosis attracted much attention.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, June 3, 1886. The President, Dr. B. F. Baer, in the chair.

Dr. R. B. Harris read for Dr. Howard H. Kelly, now in Europe, a paper entitled

Gonorrhœal Tubo-Ovarian Abscess—Right Side—Laparotomy—Removal of Fallopian Tube and Ovary—Recovery.

(The paper will appear in full in the *American Journal of Medical Sciences.*)

In this case the disease of the woman could be directly traced to gonorrhœal infection on the part of the husband, although she had never, to her knowledge, had any uterine discharge other than blood, and had always been regular in her menses during the three years of her married life.

At fourteen, Mrs. H. commenced to menstruate; at seventeen, she weighed 135 pounds, although of medium stature, after which she failed somewhat in health from an abscess of a finger, and when married, at twenty, was quite spare, as was also her husband, both of whom are of German blood. The husband has since reached a maximum of 167 pounds. Three years before marriage Mr. H. contracted a gonorrhœa, of which he thought himself cured in three weeks. At the time of his wedding, however, he was suffering from orchitis, which he attributed to a strain, and which lasted for some time. The sickness of his wife commenced with her first menstrual epoch two weeks after marriage, at which time she had excessive abdominal pains, fever, vomiting and constipation, and was two weeks in bed; since which time she had repeated attacks of the same kind. She came under the care of Dr. Kelly on March 31, 1886, after having been under treatment for a supposed uterine fibroid during five months. After a month's preparation by enemata, vaginal douches and tonics, it was determined to operate upon her for the removal of a tumor located between the right side of the uterus and the pelvis, and evidently firmly attached in its

seat. This tumor had an elastic feel, had greatly affected the health of the patient by the production of menstrual prolongation and excess, and was evidently giving rise to symptoms of septicæmia. The tumor was removed May 5, 1886, and in separating it from its bed a small cyst containing fetid pus was ruptured; this necessitated irrigation and cleansing of the viscera with hot distilled water to avoid septic peritonitis. The pulse rose to 160 the next day, but fell in four days to 76, with a temperature of 98.8°. When examined after removal, the tumor, which was about two and a half inches in diameter, was found to consist of an ovary and dilated Fallopian tube, forming a common cavity filled with from two to three ounces of thin, greenish, highly fetid pus.

A drainage-tube was used for four days, the sutures removed in a week; the patient made a good recovery.

Ovarian Tumor.

Dr. T. M. Drysdale exhibited the specimen, and remarked: Five weeks ago I removed an ovarian tumor which, apart from the interest which attaches to each case of this kind, was personally important to me from the fact that it completed my one hundred and fiftieth ovariotomy. Twenty-five years since, April 23, 1861, I performed my first operation of this kind. At that time, as you are aware, the procedure was not in such favor in the profession as it now is, and the operators were few. In fact, I believe, I was the first, after the late Dr. Washington L. Atlee, who operated in this city.

My success has been encouraging. In each series of fifty, the mortality has grown less, and the results more and more satisfactory, but, as I expect to present a report of the whole number of cases to you in a short time, I will not now anticipate what will then be stated in regard to these results, further than to say that of the one hundred and fifty cases, I have lost twenty.

This tumor was removed from an unmarried lady, 20 years of age, who first consulted me in February for an abdominal enlargement. She was extremely thin and delicate-looking, but said she had enjoyed good health until attacked by the present disease; since then she had emaciated rapidly, her general health had failed, her stomach had become irritable, and her appetite deficient. She had an unnaturally red tongue and a feeble pulse, which varied from 110 to 140 beats in a minute.

She first menstruated when sixteen years of age, with great pain and excessive flow. Since then she had always suffered agonizing pain during menstruation, but had been regular until within the last six months; during this time she changed every two weeks, flowing for two or three days. For the last month she had a thin, sanguineous discharge every week.

She first noticed enlargement about eighteen months before I saw her. The whole abdomen swelled as if distended with wind, for which it was mistaken, her physicians treating her for a long time for dyspepsia. The increase in size had been very rapid in the last six months. On examination, the the abdomen was found to measure 37 inches around its greatest circumference, and was distended by a tumor of irregular shape and consistence. There was dullness on percussion everywhere, except in the epigastric region and over the right flank. No fluctuation could be detected except over a small portion in the left side about the level of the umbilicus, which was evidently cystic. A hard mass could be felt just below this, which appeared like an independent growth. On vaginal examination the cervix uteri was found to be small and flattened against the pubic bone by a hard tumor, which nearly filled the pelvis. This mass was found to be continuous with that which was felt to the left of the umbilicus. It was impossible to pass a uterine sound.

I diagnosticated a multilocular ovarian tumor. Assisted by my son, Drs. W. S. Stewart, John S. Stewart, and G. G. Chamberlain, of Middletown, Delaware, I operated April 28. On opening the abdomen the front of the tumor was seen to be covered by the right broad ligament, which was spread out to a great size and firmly adherent to it. The uterus was turned completely on its axis, and fixed by adhesions to the left side of the growths. A large trocar was introduced, but no fluid could be obtained until a cyst was reached high up on the left side. The remainder of the mass was composed of minute cysts and a nearly solid portion, which was that felt in the pelvis and left side before the operation. An incision was made in the wall of the tumor, and introducing the hand the interior was broken up as much as possible, yet it was difficult to reduce its size, and I was compelled to enlarge the abdominal incision to about eight inches in length before I could get the tumor through it. The adhesions to the broad ligament and uterus were then detached, as well as some omental adhesions; others to the wall of the right side of the pelvis still

held firmly. These were finally broken down, and the tumor, which proved to be of the right ovary, withdrawn. The pedicle, which was very thick and vascular, was secured by ligatures. From the surface of the adhesions there was an active and persistent bleeding, which gave considerable trouble, but this was controlled without the use of ligatures, except two to vessels deep in the pelvis. After thoroughly cleansing the cavity of the abdomen and pelvis, the wound was closed with wire sutures; a compress of absorbent cotton and a flannel bandage completed the dressing. I will not weary you with the details of her progress toward recovery. The only unpleasant symptoms she had were vomiting and violent colicky pains, which lasted at intervals for two days. Her highest temperature in the axilla was 101½°. Her pulse varied from 100 to 128. She has entirely recovered, and is daily gaining strength.

W. H. H. Grhens,
Secretary.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT.

Stated meeting, June 21, 1886.

The President, E. J. Doering, M. D., in the chair.

Dr. F. E. Waxham read a paper entitled

Intubation of the Larynx as a Substitute for Tracheotomy, with a Report of 83 Cases.

The author referred to the various modifications that had been made in the instruments within the past year. First, the enlargement of the heads of the tubes to prevent slipping into the trachea; second, the addition of a shoulder to prevent their expulsion; and third, a very important modification consisting of the construction of the tubes with thinner walls, giving greater breathing space and a better opportunity for the expulsion of false membrane. The author also presented a feeding bottle useful in those cases where they entirely refuse to take nourishment, as they will do occasionally, and also a trachea forceps for the purpose of removing false membrane by way of the mouth when there is detachment below the tube, or when it is pushed down ahead of the tube and cannot be expelled.

The author thought that the first question that would arise, in considering whether we had a substitute for tracheotomy in tubage of the larynx, would be as to the comparative success of the two methods. By personal inquiry and by correspondence, he had collected reports of 306 cases of tracheotomy performed in Chicago with 58 recoveries, or a percentage of 18.95. The cases were as follows:

"One physician reported 3 cases with 3 recoveries; another 7 cases, 3 recoveries; another 33 cases, 9 recoveries; another 25 cases, 5 recoveries; another 30 cases, 6 recoveries; another 12 cases, 5 recoveries; another 20 cases, no recoveries; another 14 cases, no recoveries; another 8 cases, no recoveries; another 15 cases, 1 recovery; another 16 cases, 1 recovery; another 15 cases, 3 recoveries; another 9 cases, 1 recovery; another 1 case, no recovery; another 1 case, no recovery: another 4 cases, no recoveries; another 1 case, no recovery; another 3 cases, no recoveries; another 8 cases, 2 recoveries; another 1 case, 1 recovery; another 2 cases, no recoveries; another 5 cases, 1 recovery; another 3 cases, 1 recovery; another 4 cases, 1 recovery; another 1 case, no recovery; another 1 case, no recovery; another 3 cases, no recoveries; another 2 cases, 1 recovery; another 2 cases, no recoveries; another 4 cases, 2 recoveries; another 1 case, no recovery; another 3 cases, 1 recovery; another 2 cases, 1 recovery; another 5 cases, 1 recovery; another 3 cases, 2 recoveries; another 3 cases, 2 recoveries; another 1 case, no recovery; another 3 cases, 1 recovery; another 1 case, no recovery; another 2 cases, no recoveries; another 4 cases, 1 recovery; another 2 cases, no recoveries; another 2 cases, no recoveries; another 2 cases, 1 recovery; another 6 cases, 1 recovery; another 1 case, 1 recovery; another 3 cases, no recoveries; another 1 case, no recovery; another 1 case, no recovery; another 3 cases, no recoveries; another 2 cases, no recoveries; another 2 cases, no recoveries. Total, 306 cases, 58 recoveries."

In 138 cases the ages were as follows:

"One was 2 years and 2 months; 1 was 7 months; 1 was 13 months; 1 was 12 months; 1 was 20 months; 1 was 2 years and 5 months; 1 was 2 years and 3 months; 1 was 3 years and 3 months; 1 was 4½ years; 1 was 5 years and 7 months; 1 was 6½ years; 1 was 7½ years; 1 was 19 years; 1 was 24 years; 6 were 18 months; 9 were 2 years; 2 were 2 years and 4 months; 4 were 2½ years; 19 were 3 years; 7 were 3½ years; 14 were 4 years; 16 were 5 years; 3 were 5½ years; 16 were 6 years; 6 were 7 years; 8 were 8 years; 5 were 9 years; 4 were 10 years; 2 were 12 years; 3 were 13 years. This gives an average of 5 years and 1 month."

In contrast to these statistics, the author

reported 83 cases of intubation with 23 recoveries, or a percentage of 27.71. The ages were as follows:

No. of Cases.	*Age.*	*Recoveries*
1	9 months	0
1	11 months	0
1	13 months	0
3	14 months	1
1	15 months	0
1	16 months	0
1	17 months	0
1	18 months	1
1	20 months	1
7	2 years	2
2	2 years and 1 month	1
2	2 years and 2 months	1
2	2 years and 3 months	0
3	2 years and 6 months	1
1	2 years and 9 months	0
12	3 years	2
1	3 years and 4 months	1
1	3 years and 6 months	0
11	4 years	5
1	4 years and 9 months	1
3	4½ years	0
9	5 years	4
6	7 years	1
1	7½ years	0
2	8 years	1
1	11 years	0
7	——	0
83		23

Average age, 3 years and 7 months.

It will be observed that 11 cases with 3 recoveries were under 2 years of age; 28 cases with 8 recoveries under 3 years; 14 cases with 3 recoveries between 3 and 4 years; 15 cases with 6 recoveries between 4 and 5 years; 9 cases with 4 recoveries between 5 and 6 years; and 10 cases with 2 recoveries between 7 and 11 years.

Many of these cases were young nursing infants, and many were delegated to him because they were too young or too unfavorable for tracheotomy. Of the 58 cases coming under his own personal observation, 20 were actually moribund when the operation was performed, many of them entirely unconscious, and 40 were bad diphtheritic cases, characterized by severe constitutional symptoms and extensive diphtheritic exudation upon the pharyngeal walls. In only 18 cases was the exudation in the pharynx slight, but in every case, without exception, membrane was expelled either in the form of thick muco-pus, shreds, or large casts. In every case the operation was performed to prevent impending suffocation, and the cases pronounced hopeless without surgical interference.

Dr. D. A. K. Steele, in opening the discussion, said that of course the principal interest to the surgeon centres in the question of the performance of tracheotomy in croup or diphtheria. I have looked up some of the older statistics, in addition to those given by Dr. Waxham. The French seem to have led the way in the practice of tracheotomy. Trousseau, in 1858, gave the statistics as about 25 per cent. of recoveries, and from later reports tracheotomy does not seem to have gained much. Dr. Solis-Cohen, of Philadelphia, in 1883, recorded some 5,000 cases, and his per cent. was the same as given twenty-five years before by Trousseau, about one in four. More recent statistics show some improvement in tracheotomy; for example, Dr. Jacobi, of New York, published 1,000 cases in which he had a little better success, if I remember correctly, than those reported by Solis-Cohen. A few days ago I saw a report of seventy-seven cases from the Boston City Hospital, with a recovery of twenty cases, about 25 per cent. In Chicago the statistics, as given by Dr. Waxham, are 306 cases with a recovery of about 19 per cent.; these are the most recent statistics I have found. Of course, in regard to the report of cases of tracheotomy, we have to bear in mind a very practical point—that is, that the unfavorable cases are not all reported. The majority of physicians who do a few operations and have not a successful result, do not record their cases. In New York city some twelve years ago a surgeon reported 67 cases with 13 recoveries. He made operations on 100 additional cases before he had another successful one; so there are curious mixtures and changes in the statistics of different operators.

Another point is that a good many surgeons report as successful cases all that recover from the operation, but that die of some other affection or sequela, as this case reported by Dr. Waxham dying from albuminuria; all these cases are reported by tracheotomists as recoveries; but they are not recoveries from the diphtheritic croup. These points must be borne in mind. When we sum up, the statistics to-night would show a recovery of 27 per cent., which certainly seems to me to be a very favorable showing. In addition to these cases reported by Dr. Waxham, Dr. O'Dwyer has of late recorded 25 cases with a recovery of 24 per cent.; taking all those cases into consideration, the Chicago record is ahead of the New York record by 3 per cent. In regard to the Boston City Hospital, where they had 25 per cent. of recoveries, we should bear in mind that those cases presumably have much better surroundings than we have in Chicago, or in general practice. There they have the

best of nursing and immediate attention in case any mishap occurs, which in some cases in private practice might go unnoticed for many hours. With the favorable surroundings so far as the operation and the after-treatment are concerned, the reported recoveries of 25 per cent. are as favorable as we could expect.

Intubation is a comparatively new operation, but with the improved tubes (a serious defect in the construction of these tubes has been that the lumen was too small), I think that by enlarging the calibre of the tubes the percentage of recoveries would be increased. There would be less danger of rolling up the detached pieces of matter, and I think that expectoration would occur more freely. It is supposed to be necessary to have the tube extend down near to the bifurcation of the trachea, so as to prevent the curling pieces of membrane blocking up the opening, but I think they are longer than is necessary. The principal obstruction, we know, is at the larynx; the membrane below the trachea is thinner, smaller, and is not likely to curl up in this way. Theoretically the tube should be long, practically it might be shortened, and with the improved tubes we will get still better results.

A point in favor of intubation over tracheotomy is the rapidity with which it can be done, taking only the fraction of a minute to insert a tube in the hands of an experienced operator. We might also take into account the greater comfort of the doctor after the operation—the feeling of security with the laryngeal tube. I am constantly in dread after tracheotomy, watching and waiting, and seeing the little patients upon whom I have operated die one after another. Then the relief from dyspnœa seems to be quite as great after intubation as after tracheotomy. The relief from urgent symptoms is just as marked with the introduction of the laryngeal tube as with tracheotomy. In case we find intubation does not afford permanent relief, it is no bar to tracheotomy subsequently, although where intubation does not relieve dyspnœa, tracheotomy will not relieve it; where stenosis is not relieved by the introduction of the tube, it does not relieve the dyspnœa.

Dr. W. E. Casselberry said his experience either with intubation or with tracheotomy has not been very extensive, but from it and from what he had gleaned from the literature of the subject, including the valuable paper presented to-night, he was very favorably impressed with the operation of intubation. The most favorable statistics of tracheotomy are those of not only the French, but more particularly of the large hospitals of France and Germany. In these institutions they have the fullest command of the patients in every way, the greatest attention can be paid them, and the operation can be and is performed early. The most favorable statistics are those of Plenio (Konigsberg)—and of all the cases that were taken to the hospital but five escaped tracheotomy, showing that almost all were subjected to the operation. The case of Dr. Ingals, in which the membrane was removed from one of the bronchial tubes, was a most brilliant one, but then intubation does not prevent tracheotomy from being performed afterwards. The forceps for the removal of the membrane through the mouth which the author has exhibited this evening is new; I have not much confidence in it, but perhaps it may be of value. In reference to the length of the tube, somebody has proposed that it should be shorter. I think it is the length of the tube which has rendered this operation successful over the operation of some eighteen or twenty years ago. It was invented by a French surgeon at that time, but the tube was only about $\frac{3}{4}$ of an inch long, sufficient only to reach into the larynx, where it excited irritation, and the operation was discarded as of no value; so that I think in the length of the tube we have an important feature. In reference to the introduction of the tube, if it is possible to practice on the cadaver it would be of great value; a minute is a long time when you are introducing a tube into the larynx of a child who is suffering; you gag the mouth, introduce the forefinger as a guide to the larynx, follow it by the tube; the child stops entirely the feeble respiration, in a few seconds he becomes black in the face, and you are very anxious either to get the tube in or your finger out. If we bear in mind the instructions of the author of this paper to pass the tube under and not over the forefinger as a guide, I have no doubt we will be successful. And recollect that the curve into the trachea is a right-angled curve, so you must turn acutely and not obtusely, or you will enter the œsophagus and not the trachea. The food of the patient is a most important point; when the tube is in, liquids will frequently run into it and excite irritation.

Dr. A. B. Strong said: Before coming here I was prepared to endorse this operation to a great extent. I did not suppose the statistics were so favorable, but I am glad to find they are so. I have had quite a number of cases of intubation and of trache-

otomy, and I must say I much prefer the introduction of the tube. However, not every case is adapted to the intubing; I think there are many cases where tracheotomy would be far preferable. We can feed a little patient after tracheotomy much better than after intubation of the larynx; to introduce a stomach tube would require the attendance of the physician several times a day. I have not yet given a fair trial to introducing the food into the rectum. I should not want a little patient that had suffered for three or four days before the operation to go without food; I like to feed my patients well, and certainly would not wish to starve them. There are three or four cases that have given me a good deal of information. The operation is new; we do not know all there is about it. One of the first cases that I had of true diphtheria, where intubing was done, was a little boy four years of age, taken sick five days before I saw him. The physician in attendance had given the child up, and I was called in. The little fellow was as near dead as any patient I had seen, but I would not have recommended tracheotomy in that case. The neck was badly swollen. Patient was cold, clammy, pulseless, and cyanosed. Pupils widely dilated; apparently just on the verge of dissolution, mainly from profound blood-poisoning. I introduced the appropriate tube, and much to my surprise I nearly strangled him; indeed, for a moment I thought him dead. I drew the tube out, and the child breathed a little bit better. It occurred to me that I might have crowded the membrane down. I introduced the tube again, with the same result; he was nearly strangled. I tried a smaller tube, but each time the tube went in the child nearly died. I laid him on the bed and surrounded him with dry heat. Brandy hypodermically. I did not suppose the child would live more than an hour, but to my surprise I received a telephone message that he was alive and doing well ten hours afterward. I went to see him and found him with a good color, taking considerable nourishment. I called again in six hours, just in time to see the child die. I had the privilege of post-mortem, and found exactly the condition of affairs I had anticipated. At the lower portion of the trachea I found a complete cast of that membrane crowded down. This case had been going on about five days when I saw it, and this membrane had been loosened in the meantime and so crowded down.

Another case was of a good deal of interest. A little girl, eight years of age, had a mild attack of diphtheria four days prior to my seeing her. Two days before I saw her the larynx first became involved, and gradually grew worse. The case was one of the most favorable for operation that I have seen. We introduced the largest sized tube, and it remained in position for three days, and within twenty-four hours the lungs cleared up very nicely; at the end of three days and two hours the tube was removed with comparative ease, and I noticed that the child did not breathe as freely as I supposed she would. I remained about an hour, and during that time dyspnœa set in and the child nearly choked to death; we put in the one next in size, and the symptoms were instantly relieved. The child wore that tube two days, when it died from bronchitis.

That case gave me this idea: the tube first introduced was as large as the parts would readily take in—it required a little force to introduce it—and it occurred to me that the tube was larger than was necessary. It remained there three days and two hours, squeezing the blood out from these parts, and when it was removed the sudden reaction caused the œdema of the larynx. The child wore that tube five days and a few hours, and until the last twelve hours of its life was getting along very nicely, except that it did not take the amount of nourishment I considered necessary. The operation is brilliant, and has a future before it, and I can heartily endorse it to-day. I am perfectly willing to try it, and I would prefer, in case of one of my own children, intubing the larynx to opening the windpipe.

Dr. Christian Fenger said: The subject is a most important one. As to the history of the operation, I would say that it is not a new one. A French surgeon, Loiseau, invented it in 1858, and to him belongs the idea. The instruments were, in principle, about the same which we use now; there have been modifications in details only. Tubage was tried in France by Gros, but seems not to have found favor, although Bouchut recommended it without having used it himself. It was tried in Vienna by Weinlechner, who recommended it, condemned by Steiner and Ziemssen, and given up again. In reference to what was said about patients not swallowing at all for the first twenty-four hours, it seems to me it would be difficult to keep little children from drinking milk, or water perhaps, milk anyway, because they are always thirsty. There will thus be danger from foreign-body-pneumonia (Schluck pneumonie). It might be that feeding bottles will obviate that danger. A second point is this: I saw a child treated

by intubation die from loosened membranes closing the bifurcation. Whether the membranes were entirely loose or not, or loose above and attached below, is not materially important. The case convinced me that I would have felt safer with tracheotomy, because loosened membranes can be reached easier through the tracheotomy tube than through the larynx. As to the statistics, it is quite certain that the tracheotomy statistics are a little better than have been given here to-night. In the large hospitals in Germany the recoveries reach up, in the last few years, to 31 per cent. At the same time, when intubation shows 27 per cent., that is in itself reason enough for a trial. All these points are not exactly or exclusively in favor of intubation, but like Dr. Strong, I should first try the tube, if it was my own child, and watch the patient incessantly, with the tracheotomy instruments on the table to be ready at any time when needed to resort to tracheotomy.

Dr. S. Stockton was in favor of intubation.

Dr. R. G. Bogue said: There is much to recommend intubation, I believe. The testimony we get is certainly enough to recommend the operation, and to establish it as a practical procedure and one worthy of trial. It affords probably as much relief for the urgent symptoms, the ones for which tracheotomy would be resorted to, as tracheotomy would; and the length of time that the tube is to be worn will be shorter than the tracheal tube. There are reasons why it should; from the pressure of the tube upon the membrane its presence would be likely to cause some disintegration of the membrane, and in that way the membrane would be taken away or gotten rid of sooner than without the pressure. The only objection—at least the one objection which occurs to me from what little I have seen, and what we hear—is the matter of fluids passing through the tube into the trachea and into the respiratory passages while attempting to feed the patient. That is an annoyance, and probably a detriment. It also, I suppose, will deter children from trying to take fluids. Little children soon learn to avoid things which hurt them, and I should think that it would be a factor in preventing the free feeding of children. Now it may be that the introduction of fluid into the air-passages may not be harmful, for as recently as to-day I saw in some report from New York the recommendation, in case of tracheotomy, where there is obstruction below the tube, to pour fluid, by teaspoonful, for instance, into the tracheotomy tube, letting it run down into the air-passages for the object of liquefying and softening the membrane and getting rid of it in that way. That I think is recommended by Dr. Geo. F. Shrady, who had practiced it recently with apparent benefit.

(*To be continued.*)

Editorial Department.

Periscope.

A New Method for the Detection of Hyaline Casts.

Dr. S. E. Armstrong, of Passaic, N. J., sends to the *Med. Record* a description of a method of manipulation devised by him to facilitate the detection of hyaline casts in the urine. He calls attention to the value of these casts from a diagnostic point of view, since the presence of albumen alone is no certain evidence of the existence of nephritis, and its absence does not necessarily imply a healthy state of the kidneys. He writes: "The hyaline cast may be said to form the stroma of all other varieties—the oily, epithelial, granular, etc. It is always found in some of the different stages of any of the forms of Bright's disease, particularly in the first stage, when a recognition of the trouble is most to be desired. The propriety of making a positive diagnosis on the strength of this one sign may justly be questioned, but there are usually other symptoms, objective or subjective, to aid us. Of course, the use of the microscope in the search for hyaline casts is an absolute necessity. Two methods are usually taught, viz., staining, and tilting the mirror. The first I regard as impracticable, because it involves too much trouble; the second, because it is unreliable. I have never been able to make the desired success of either, though I must confess that I have not frequently tried the former. There is another method, which comes to me in the nature of a discovery. Others may have known of it for years; I have not been able to find a description of it in the books, although it may be there. Briefly, it consists in preparing the specimen in the usual way,

between a plain slide and cover-glass: then placing the slide in position and adjusting the focus, the observer, with his eye at the instrument, presses the cover-glass down with a thumb on either side of the objective, and then, the slide being firmly held by the clips, pushes the cover-glass a little bit forward and back. By this means he has the advantage of *looking for an object in motion*; also, a cast, if present, is made to pass, rotating on its long axis, through different planes of the fluid, *hence through different possible foci*. By this means alone it is almost sure to be discovered. But there is still another advantage in this method, viz., as the cast revolves through the liquid it gathers on, perhaps amorphous urates, vibriones, or whatever minute object it comes in contact with, and is thus brought out into bold relief. Of course, we must by previous examination exclude granular casts, otherwise *after* manipulation we may be puzzled to tell which variety we have discovered; we must also be sure we have not rolled out a white blood- or pus-corpuscle, so that it misleads us into the belief that we have found a short one of either one or the other variety. Prolonged manipulation is neither necessary nor advisable."

The Surgical Treatment of Subinvolution.

Dr. A. Palmer Dudley thus writes in the *N. Y. Med. Jour.*, September 4:

"These patients were at once put upon the use of hot vaginal injections twice daily. If there was cystic degeneration of the cervix, all of the cysts that could be reached were tapped. If the os and cervical endometrium were granular, appropriate treatment for it was given; and applications of Churchill's tincture of iodine to the cervix and vaginal roof, together with glycerin tampons, were used in some cases as often as every other day. That this method of treatment was beneficial no one for a moment could doubt, but it did not cure my patients. It did not relieve the weight and dragging pains, or do away with the foul leucorrhœal discharges of which the patients had so long complained.

"After each patient had been kept under this form of treatment for a certain time, she was put under an anæsthetic, and the depth of the womb carefully noted. If menorrhagia had been her habit, the cervix was rapidly dilated and the endometrium carefully but thoroughly curetted with Bozeman's curette, and then touched with a 1 to 2,000 solution of bichloride of mercury, wiped dry, and again touched with glycerite of carbolic acid. Many prefer the use of Churchill's tincture of iodine for this purpose, believing it more efficacious in preventing a return of the fungosities; but, in cases where the cervix is to be operated upon, the use of the iodine is disadvantageous on account of its discoloring the parts and rendering the operation more difficult. After this treatment of the endometrium, if the cervix was lacerated, I operated for its closure after Emmet's method, going deep into the angles of the laceration. If the cervix was not lacerated, I operated after the following manner: I steadied the cervix with a heavy, curved tenaculum, and, with a pair of sharp, narrow-bladed scissors, I made a deep, narrow, V-shaped incision in each side of the cervix, extending the incision, if possible, deep enough into the uterine tissue to sever what we ordinarily style the circular artery. Then, after letting the incisions bleed quite thoroughly, I closed the wound by passing sutures from without inward across the incision, taking care that the first sutures ligated the several vessels. After the operation, warm water vaginal injections were used for cleanliness only. If the uterus was retroverted, a pessary was fitted and allowed to remain in position while the wound was healing."

The results were satisfactory.

The Treatment of Irritable Brain and Congestion of the Brain in Children.

Dr. William H. Day thus writes in the *Medical Press*, August 11:

A favorable result depends in a great measure on meeting the symptoms with promptitude at the outbreak, when there are only slight headache, alteration of manner, and disturbed sleep, to guide us at that early stage when it is impossible to say what is the essential cause of the trouble, what is its exact nature, and what is its probable termination.

Rest in these cases of irritable brain is to be strictly observed, since it checks the over-expenditure of nerve-force by conducing to repose and sleep. The brain being sensitive, exhausted, and easily fatigued, absolute rest is as much needed for its recovery as it is for a broken limb or a dislocated joint. This simple precaution is seldom sufficiently insisted upon until it is too late. Strong light, noises in the room, and the presence of anxious friends, tend to excite these young patients. Through the medium of the nervous system the circulation becomes disturbed. Physiological rest tranquilizes the circulation, allays excitement, and favors recovery.

If the head is hot (and this belongs to the *congestive* rather than to the irritative class), a cold lotion or ice-water rags may be applied to it. Cold continually applied to the head will often induce tranquillity and sleep, when bromide and chloral fail. Cold soothes the patient. If we dread the approach of meningitis, henbane, and even small doses of morphia in combination with hydrate of chloral, will prove of the utmost benefit in the early stages.

An aperient will generally be demanded. A grain of calomel, followed by a little syrup of senna, or by a few grains of sulphate of magnesia and nitrate of potash, will answer well, if the strength is good, and there is any heat of head. After this some bromide of potassium, with small doses of the iodide or hydrate of chloral, according to circumstances, should be given regularly. When the symptoms of cerebral congestion predominate, the bowels can scarcely be kept too open; and if there be arterial tension, aconite in combination with the bromide will tend to reduce it, and calm the excited brain at the same time.

The feeding of these cases is important. It should be nourishing from the first, and in the absence of vomiting (which we have noticed in all the cases) milk and beef-tea are to be freely given. Food from the first, in a nourishing and readily assimilable form, should be given.

The Detection of Chronic Bright's Disease.

After referring, in the *Medical News*, August 28, to the fact that the presence of tube casts is often overlooked, Dr. C. W. Dulles says:

The discovery of the tube casts, which escaped another, and perhaps several examiners, may have been due to the method of examination which I employ, and it is chiefly to call attention to this that the account of the present case is published.

In the first place, I am strongly impressed with the advantage of allowing the sedimentation of a specimen to take place in a straight glass, and not in a conical one, as is recommended in most of the books. In the latter, I think, one may easily miss a few tube casts, because they are not heavy enough to resist the attraction and friction of the sides of a conical glass, and so never find their way to the bottom. For this purpose a test-tube with a foot, I think, is the best receptacle.

Another point to which I desire to call attention is the plan I have devised for catching a specimen of sediment for microscopical examination when the deposit is very slight. After leaving the urine to settle in a test-tube with a foot for twenty-four hours, under a paper cover pressed down upon and around the top of the tube, I take a long, pointed glass tube, close the upper end firmly with my finger, and, pushing the point through the centre of the paper cover of the test-tube, thrust it steadily to the bottom of the urine. I now remove my finger, and the bottom layer of the urine, containing the deposit of twenty-four hours, flows up into the long tube. When it has risen to the level of the urine in the test-tube, I carefully twist a piece of soft paper over the upper end of the second tube, or stuff a small bit of absorbent cotton into it, to keep out all foreign substances, and allow the apparatus to stand undisturbed for twenty-four hours or longer, during which the deposit contained in the column of sediment falls to the bottom of the smaller tube. At the end of this time I close the upper end of the smaller tube firmly with a finger, withdraw it carefully from the test-tube, and then allow the two or three drops nearest its point to run out on a slide, in two or three places, cover them properly with thin glass, and put them under the microscope.

Cachexia Strumipriva.

The records of cases in which a condition resembling that of myxœdema has developed after extirpation of the thyroid gland are increasing. The latest is an account furnished by Dr. Hans Schmidt, of the Augusta Hospital, Berlin (*Berl. Klin. Wochensch.*, 1886, No. 31). It appears that during the five years 1880–86, twenty-five cases of thyroidectomy have occurred at this hospital, mostly under Professor Küster's care. Of these, six were cases of total extirpation, seventeen of unilateral, and two of malignant growths. All the unilateral cases survive, and not one of them has developed any ulterior symptoms, the interval since operation varying from six months to four years. Of the cases of total extirpation, two died of hemorrhage following operation, another died about a year later from phthisis, another patient, a young girl, was perfectly healthy several years afterward, and a fifth required tracheotomy six months after the thyroidectomy, on account of paralysis of the abductors. In only one case had the manifestations of cachexia strumipriva arisen. This was a lad who, at the age of fourteen years, was admitted in July, 1883,

suffering from an enormous goitre, which caused considerable dyspnœa. The operation had to be done in two sittings, and on each occasion tracheotomy was necessary, the canula being removed the day after. After the lapse of two years and three-quarters he was brought to the hospital by his father, with the statement that ever since the operation he had gradually deteriorated both mentally and physically, leading a listless, indolent life, taking no interest in anything. The change in the lad's physique was most striking, and thoroughly accorded with Kocher's description. The body was undeveloped, the muscles were lax, the skin flabby and of a yellowish color; there was slight œdema of the cheeks and back of the hand: the mucous membranes were pale, the testes very small; no splenic enlargement existed. The trachea appeared to be very thin, and there was no trace of a thyroid gland. The head was relatively large, and hair scanty; speech slow and drawling; aspect stupid and dull. He walked slowly, and was easily tired. The larynx and urine were normal. His memory had become defective.

Case of Unusually Large Calculus Removed from a Girl per Urethram.

Mr. Andrew Boutflower thus writes in the *Lancet:*

H. H——, aged twenty-one, was admitted on January 11, 1886. She complained of total incontinence of urine, accompanied with great pain. On examination, a very large calculus was felt through the vaginal wall of the bladder. At the age of ten she suffered from morbus coxæ; abscesses formed in the groin and gluteal region, with extensive sinuses, frequently discharging small pieces of bone, which had for a long while been completely healed. Since that time she had been perfectly well, with the exception that twelve months ago she menstruated irregularly, and had to get up frequently at night to urinate, which was always accompanied with difficulty and a bearing-down pain. This condition gradually became worse; the urine became white and thick, and had to be passed every hour; latterly complete incontinence had supervened.

When admitted she was much emaciated; the urine was alkaline, with heavy phosphatic deposit. An operation was performed on January 16. After rapid dilatation of the urethra with the fingers, the intention was to introduce a lithotrite and crush, but this was found difficult to accomplish. The bladder was tightly contracted round the stone, and injection of the bladder was useless. Owing to this contracted condition it was found impossible to grasp the stone with a lithotrite without including mucous membrane. A pair of lithotomy forceps was therefore introduced, and with gentle traction, but not without considerable difficulty, the stone was extracted, the procedure causing some laceration of the urethra. The stone weighs 2½ oz.; it measures 2⅜ inches in length by 1⅞ inches in width, and is nearly 4 inches in circumference.

For the first ten days after the operation the patient progressed most favorably; after this some septicæmic symptoms developed, but these have passed away, and she is now quite well. Some degree of incontinence still exists, but it is hoped that this discomfort may gradually subside.

Remarks by Mr. Boutflower.—It is always easy to be wise after the event, but I have no hesitation in saying that if such an unusual case ever came under my care again, I should certainly remove the calculus either by the suprapubic or vaginal lithotomy.

Third Stage of Labor, with Special Reference to Retained Placenta.

Dr. H. C. Hendrick thus concludes a paper in the *Med. Times*, September 4:

In the resumé of our subject concerning the third stage of labor, we would recommend ordinarily:

1. That efforts to deliver the placenta should be made within the first ten minutes following the close of the second stage, believing the vigorous uterus more responsive then than at a later period.

2. That the application of the binder prior to the delivery of the placenta, except in inertia of the womb and delay when the accoucheur could not remain by the side of his patient, is not only useless, but a hindrance.

3. That neither mode, of traction alone or expression alone, is the most efficient or desirable means of aiding in the delivery of the after-birth; but if either mode alone is to be adhered to, that of expression has the advantage over traction in being the more efficient in completing this stage of labor, and also in preventing hemorrhage.

4. That the best method known is the proper combination of the two methods (traction and compression) combined, keeping in remembrance that there is a vast difference between pressing the uterus and compressing or grasping.

5. Never neglect maintaining the firm

grasp of the uterus for a period of some minutes following the descent of the placenta.

6. That the best treatment of retained placenta is not to have it; but, having it, to proceed with artificial delivery as soon as practicable; better use the most efficient means that can be deemed judicious than to leave the patient with the greater risks of hemorrhage, and a subject of adynamic and ataxic fever.

7. The best treatment of retained placenta in abortion is to "go for it" as promptly as possible.

Plugging the Trachea in Lesions of the Pneumogastric.

In an article in the *Nordiskt Medicinskt Archiv.*, Dr. Jens Schou, of Copenhagen, discusses at some length the treatment of traumatic lesions of the pneumogastric nerve by means of permanently plugging or tamponing the trachea. Dr. Schou gives a succinct description of the doctrine propounded by Traube, that the pulmonary affection caused by section of the pneumogastric nerve is a pneumonia by aspiration—a theory which has lately been supported by other observers, more especially Gärtner. It appears that with animals the unilateral section of the pneumogastric or of the recurrent nerve is generally harmless; but in the human subject it causes pneumonia by aspiration. The reason seems to be that in animals the sections are effected without complications, whilst in men they are as a rule the result of some serious operation capable alone of causing a state of collapse from which pneumonia by aspiration might result. Here, one of the vocal cords is paralyzed, which serves to increase the effect of the lesion. The treatment indicated is, then, permanent tamponing of the trachea till the end of collapse, by which time the healthy cord will be accustomed to replace the diseased one. Below's method—namely, tamponing above the cannula—is recommended, an india-rubber ball above. Dr. Schou, however, prefers to introduce a tampon of some antiseptic material, such as iodoform gauze. A tampon of this kind is easily applied by means of a cannula open above. If it be necessary to cut the pneumogastric or recurrent nerve, tracheotomy and tamponing should be immediately resorted to, in order to prevent the development of pneumonia by aspiration. Should some time have elapsed before pneumonia by aspiration fully developed has been discovered, it is still necessary as quickly as possible to do the tamponing, in hopes of arresting the progress, for in these cases the nerve may be paralyzed for some time.

Blood Catheter.

De F. Willard thus writes in the *Med. Times:*

Many a physician has been foiled in his attempt to empty a bladder of urine by the persistent clogging of the eyes of the instrument with coagula, whenever even slight difficulty of entrance has been encountered.

The instrument I use has been put to thorough and practical tests, and has proved itself to possess the following advantages in all cases where trouble is expected during introduction, or even where slight hemorrhage is probable:

1. Its eyes are two or three times the ordinary size.

2. It is carried into the bladder with the eyes closed, thus preventing choking of the apertures during the slow and often difficult passage along the urethra or through the neck of the viscus.

3. The obturator or plug can be rotated *in situ*, or slid backward and forward so as effectually to clear the openings.

4. The rapid withdrawal of the obturator loosens the clot by suction.

5. The obturator can be reintroduced and manipulated as frequently as necessary, without the slightest injury to the patient.

6. If desirable, injections into the bladder can be made through it, or a Bigelow Evacuating Apparatus can be attached to remove large accumulations of blood or of clots in the bladder.

The instrument, as made for me by Gemrig, of Philadelphia, is of any desired size, the apertures being large, and the interior of the tube being accurately filled with a sheet-metal spirally-coiled obturator or plug, which is very flexible and moves easily in all directions.

Fracture of Zygoma.

A case of this rare nature was reported in the *St. Louis Courier of Medicine* for August. Anthony McGrath, æt. 24, laborer March 29, while carrying a bucket of mortar up a ladder, in endeavoring to step to the roof of a dwelling, fell head foremost thirty-five or forty feet, through the joints of the building, striking the side of his head, in his descent, upon a projecting joist on the second floor, and falling through to the ground floor. Remained half unconscious for some time, but received no special attention that day; came to the clinic the following day, complained of diffi-

culty in opening his mouth, together with severe pain, which was more or less constant, and aggravated by motion of the inferior maxilla. The teeth could only be separated sufficiently to allow a lead-pencil to be placed between them. Further examination showed some orbital ecchymosis and a bruising of the left side of the face and head. Considerable swelling had taken place, but a marked depression existed over the zygomatic arch. This depression was recognized as a fracture of the zygoma. The fracture must have been somewhat comminuted, for a crepitus was elicited. The crepitus was wanting in the characteristics of the false crepitus of effusion, and was appreciable to the patient as well as to others. The integument over the arch was intact, but very much bruised. The orbital ecchymosis was quite pronounced, and unaccompanied by cerebral or other symptoms. The treatment in this case consisted of absolute fixation of the lower jaw until the swelling had subsided, and in a few days movements of the jaw practiced. Within two weeks the patient could open his mouth sufficiently to permit the introduction of two fingers (one superimposed upon the other) between his teeth. The patient continued to do well, and was lost sight of shortly afterwards.

Nitrate of Potassa and Mercurial Inunctions in Acute Rheumatism.

In the *Russkaia Meditzina*, No. 15, 1886, p. 260, Dr. L. Grinevitzky, of Rostov-on-Don, eulogizes the treatment of acute articular rheumatism by the internal use of nitrate of potash (two drachms daily, in a solution with raspberry syrup, a tablespoonful every two hours), and by the inunction of a mercurial ointment. (The author's formula is this: R. Ol. hyoscyami, ʒj.; ung. hydrarg. cinerei, ʒij.; ext. aconiti, ʒj. M. To rub in the joints affected every morning and evening.) Fever gradually abates; the pulse becomes less frequent; articular pain, swelling, and heat decrease. The patient recovers in one or two weeks, according to the severity of the disease, and its duration before coming under treatment. When resorted to in the very beginning of the affection, the treatment prevents spreading of the latter to other joints, or, at any rate, mitigates any subsequent symptoms. The author's assertions are based on an experience of more than twenty years' duration. None of the other old or new anti-rheumatic remedies can compete with nitrate of potassa, as the author says. Frictions alone only somewhat mitigate the symptoms, but do not cure the disease, while the salt alone acts well, though recovery then becomes more protracted than where the inunctions are employed simultaneously. In conclusion, Dr. Grinevitzky states that, for the sake of comparison, he tried to treat some cases of rheumatism by nitrate, carbonate, and subcarbonate of soda, and by carbonate and subcarbonate of potassa, and "did not obtain from them any use whatever."

A Subcutaneous Method of Treatment of Buboes.

Dr. Scott Helm read a paper on this subject before the Chicago Medical Society. His method consists in injecting the suppurating gland, after the pus has been withdrawn, with a solution of carbolic acid to wash out the cavity, and then injecting, and allowing to remain, an emulsion of iodol in pure oleic acid. The injecting instrument consists of a barrel holding two drachms, which is mounted on either side by two rings for the fore and middle fingers, and a ring in the end of the piston for the thumb. Three needles, two different sizes of aspirator needles, and one a cannula with trocar. To these is attached the centre joint, in which is a stop-cock, the opposite extremity of which is attached by a smooth joint to the barrel.

In twenty-three cases, the treatment was successful in all but the nineteenth, this patient having gone on a protracted spree following the operation. The advantages of the operation are that when there are two or more suppurating buboes in the same chain of lymphatics, the second or third appear further away than the initial one; by placing the first glandular abscess in a perfectly septic condition you prevent the inflammation of neighboring glands; secondly, there is no cicatrix remaining.

Foreign Substance in the Uterus.

Dr. W. E. Hughes thus writes to the *Med. Age*:

Some months ago I was called some distance away to see Mrs. M., and meet there her family physician.

History of case as follows: She had failed to menstruate for some weeks, attributing her failure to closure of the womb. Was advised by a female friend near by to "open the womb," which she proceeded to do with a hair-pin. By some mischance she let it go, and it slipped into the uterus. Failing to remove it, she became greatly alarmed and sent for her family physician, who, after much

trying, also failed to bring it down, and sent for me to try. I introduced a speculum and with a sound succeeded in bringing down one branch of the pin, grasped it with long slender forceps, and with the sound disengaged the other end. A few drops of blood followed. She of course felt very much relieved. What followed is the peculiar part of the story. Happening to be in the neighborhood about five months after, I was told that she had been safely delivered of a fine boy a few days before.

Considering that the three-inch hair-pin had been in the uterus for thirty hours, and that first and last the uterus had been somewhat roughly handled, it is reasonable to suppose that the baby had a very narrow escape.

Electrolysis in Stricture of the Urethra.

Dr. F. O. Marsh thus concludes a paper in the *Cinn. Lancet and Clinic:*

1. No appreciable amount of heat is developed in any metallic electrode imbedded in the living tissue. Even if such were the case, the cautery could be no more destructive or painful than the molecular rending of the part by electrolytic action.

The choice of metal for needles or electrodes, or the selection of a special galvanic battery, is a matter of indifference, as far as the heat produced in the tissues is concerned.

2. The use of electrolysis for division of urethral stricture is unsuitable, being excessively painful and ineffectual. The passage of deep stricture with a mild current must be due to some other influence—perhaps the continuous pressure of the instrument upon the face of the stricture.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Fifth Registration Report of New Hampshire, for 1884, gives ample statistics for that State in the year named.

——Interesting statistical matter relating to Rhode Island is contained in the "Rhode Island Census for 1885," published by Mr. Amos Perry, Superintendent, and in the "Thirty-first Annual Report" of Dr. E. M. Snow, Registrar of the city of Providence.

——Dr. P. G. Unna, of Hamburg, forwards us a number of his separata, occupied with his researches into skin diseases and their therapeutics. He has given special attention to the uses of resorcin and ichthyol, and his observations merit the careful consideration of dermatologists.

——An article on the hygiene of old age, by Dr. H. C. Wood, has been reprinted in neat form. It is too brief to do the subject justice, and we hope the author will expand it into a monograph.

——The Boylston Prize Essay this year is upon a subject very important to the city physicians, to wit, the relation of hospitals to medical education. It is written by Charles F. Withington, and discusses the question with great clearness.

——Dr. Joseph Parrish, of Burlington, N. J., in his Presidential Address before the State Medical Society, attacks the prevalent notions of the cause of malaria, and advances some strong reasons for doubting the received theories on the etiology of that class of diseases.

——Dr. Beverly Robinson, of New York, in a reprint before us, denies that hay fever can be attributed to any one cause, or can be relieved by any one system of medication.

——The address of Dr. N. Senn before the American Medical Association, on the present status of abdominal surgery, has been reprinted in a neat pamphlet form.

——*La Vara de Esculapio* is the title of a journal which has been recently started at Barcelona, Spain. It is devoted exclusively to exposing infractions of the laws against the adulteration of foods, beverages, and medicines, and intends to speak without fear or favor. Such a project, if boldly carried out, cannot fail of exerting a salutary influence.

——A very sensible and suggestive article on the treatment of uterine flexions, by Dr. Virgil O. Hardon, of Atlanta, Ga., has been reprinted

——The statistics of several cases of enucleation with transplantation of eyes are contained in a recent pamphlet from the pen of Dr. Charles H. May, of New York.

——The School of Pharmacy of Purdue University, Lafayette, Indiana, sends its third annual announcement, and its bulletin, the latter containing a variety of original material.

——We should have noticed earlier Dr. Clara Marshall's address to the graduating class of the Woman's Medical College. It is a thoughtful and excellent oration.

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CHLORODYNE DRINKING.

At an inquest held recently in England on the body of a lady aged 62, of independent means, residing with two other maiden sisters; it was stated in the course of the medical evidence that all three of the sisters had been in the habit, for two or three years, of taking chlorodyne in large quantities, so much so that their bodies had become emaciated, their mental condition affected, and the use of their limbs had become impaired. The body of the deceased did not weigh more than fifty pounds, and death was due to continued overdosing of chlorodyne. The jury returned a verdict of death from continued overdoses of chlorodyne.

This case serves as a text for a few words of advice on the subject of the use of narcotics by the laity. Chlorodyne, chloral, morphia, bromide of potassium, cannabis indica, alcohol, and all similar articles, are, unquestionably, valuable drugs, but they are *drugs* all the same, and it is intended that they shall be used, not at the whim or caprice or demand of the laity, but upon the order of an intelligent and responsible physician.

The habit of using these drugs is regarded as a deteriorating one, a habit to be ashamed of, hence they are indulged in in secret, which, of course, makes it more or less difficult to accurately say to what extent such practices are carried, and how many persons are injured thereby; but the experience of nearly every one can recall at least one case wherein some relative or friend has become the victim of "the drugs that enslave," and where that which should have been a man or woman has become, through their agency, but little better than a beast. Is it not horrible for us to realize that our fellow-beings are so weak? but is it not painfully true that they are thus weak, and do we not feel that this terrible and growing evil appetite calls for recognition and opposition?

What shall we do? All over the country, we have now organized and growing in strength, a third political party whose battlecry is the prohibition of the traffic in rum. Without entering into the merits of this party or principle, we would say that the prohibition of the indiscriminate traffic in narcotic drugs, is a question demanding the attention of the people as urgently as does the liquor question.

The future men of the country will be very much what their mothers, who carry them, make them. Comparatively few women are victims of the alcoholic habit, but a frightfully large number are addicted to the use of narcotic drugs. Is it reasonable

to hope that a chloral- or chlorodyne-saturated woman will be able to give birth to children worthy of being called human beings. We might as well look for gold in a dung-heap.

We require legislation, and most stringent legislation, on this point. It must be made a most grievous crime, punishable by the severest penalty, for a druggist to sell any of these drugs (and the forbidden articles should be specified) save on the prescription of a physician who is known to him to be a physician. How many of the feeble-minded and idiotic children, that cost the public thousands of dollars annually to maintain, are the logical results of these habits? God only *knows*, but man may feel sure that the number is very great. In the name of humanity, as well as for the interests of political economy, we emphatically say that this diabolical traffic must be restricted, and these would-be moral and physical suicides must be restrained of their morbid and damning propensities.

THE REMOTE EFFECTS OF REMEDIES.

This is a subject that is too seldom considered by the physician, hence we are pleased to see that attention was called to it at the recent meeting of the British Medical Association by Dr. Broadbent. The physician will do well not only to satisfy himself that he is giving the proper drug in a given case, but he will also do well to look beyond and consider what may be the remote possibilities of the drugs used. Thus, when a case of syphilis presents itself to the routine physician, he at once resorts to the use of mercury or iodide of potassium, whereas in many cases such drugs are not only not indicated, but are actually calculated to do harm. If a man very much broken down comes to us with syphilis, it is the part of wisdom to first "tone him up," as it were, before we resort to these specifics, for it is well known that these drugs have a remarkable tendency to weaken and debilitate those to whom they are given. So it is with many other drugs (malaria does not always call for quinine); for while the particular drug thought of may be capable of exercising a beneficial influence on the condition most obvious to the observer, there may be some reasons why the remote effects of it would be such as to more than offset the immediate benefits to be derived from its use.

In illustration of his remarks, Dr. Broadbent adduced the evil effects attending the habitual use of colchicum or of "specifics" by the gouty, or the misapplication of the "Banting" process by the obese, or the immoderate use of "Nimrod" by the asthmatic; as well as the treatment, without regard to remote effects, of sick headache and of so-called indigestion. Other examples besides those noticed in detail—such as the injudicious use of purgatives—were necessarily passed over, but will readily suggest themselves.

He is the wise man who thoughtfully considers all these little points, for it is in such consideration, in such use of the brains with which we are endowed, that the superiority of one physician over another consists.

LEPROSY AND SYPHILIS.

In olden times when leprosy was rife the leper was an outcast. The civil law of the land compelled those thus afflicted to live apart from their fellows, and to cry out "*Unclean, unclean, unclean,*" whenever approached by one not of their kind. And why this seclusion? Because it was recognized that this horrible disease was contagious, and it was only by the strictest isolation that its spread was controlled. By such precautions the disease has been controlled, and it is only in certain portions of the world that we to-day hear of it. But, how about the syphilitic—is he not also *unclean*, and is it not dangerous to allow him to go abroad among his fellow men and women? What terrible havoc may be made by a man or woman with mucous patches in his or her mouth, and how many are so afflicted, unsuspected by their fellow men?

We full well know that sexual intercourse is not necessary for the transmission of syphilis from one to another; and so knowing, we ask whether there is not the same need to-day to isolate the syphilitic as there was in biblical days to prohibit the going abroad of the leper. If not, then why not?

NOTES AND COMMENTS.

Insane Delusions.

Before the St. Louis Medical Society, Dr. Bremer recently related cases of insanity, to illustrate the fact that the spirit of the times is generally reflected in the thoughts and actions of the insane. Many who would formerly answer imaginary voices at random, now use an imaginary telephone. The riots in East St. Louis had proved the exciting cause of insanity in two cases, and in both

existed the idea of being persecuted by strikers, though they had been quite unconnected personally with the riots. Another who became suddenly insane during an attack of acute rheumatic fever, had conceived and addressed a long letter to a daily paper setting forth his plans of meeting all difficulties with the strikers. Another, a skilful mechanic, invented a trap with which to ensnare Gould. In only one case had the doctor seen ancient events the groundwork of a delusion. This patient, a teacher of Greek and Latin, and a worker in mythology, imagined himself Jupiter and the universe, and he had given to each of numerous moles existing on his body the name of a star or planet.

Esmarch's Bandage in Anæsthesia.

We have already noted that Dr. M. J. Roberts has found that the use of a tight rubber band about a part will greatly prolong the anæsthetic effect of cocaine; and now we read in the *Bull. Gen. de Therap.* that M. Chandelux recommends the previous application of Esmarch's bandage when it is desired to produce local anæsthesia by means of the ether spray. He was led to make use of this procedure by the observations of M. Horand in 1867, who found that the difficulty of anæsthetizing a part bore a direct relation to its vascularity. The author claims the following advantages for his method:

1. Anæsthesia is produced in from twenty to forty seconds, while by the ordinary method two minutes or more are required.

2. After the spray is discontinued the anæsthesia remains for about three minutes, since the parts are not warmed by the blood-current.

3. The operation—for example, the removal of an in-growing nail—is greatly facilitated by the absence of hemorrhage.

The Prophylaxis of Puerperal Eclampsia.

Supposing that during pregnancy we find albumen present, we should give purgatives and keep the patient at rest and on a milk diet, says Dr. Jno. W. Byers in the *Dublin Jour. Med. Science.* Both Tarnier* and Chantreuil† recommend this form of milk diet. All nitrogenous food should be avoided, and a course of iron should be prescribed; if, however, the regular examination of the urine shows that the amount of albumen is large and *steadily* increasing, if there are casts and œdema of the face and upper extremities, and if, in addition, any cerebral symptoms appear, then undoubtedly labor should be induced without delay. Further, if towards the end of gestation the urine becomes diminished in amount, if there is a good deal of albumen, and if to these symptoms be added the presence of headache, we should at once administer chloral and keep a most careful watch on our patient, so as to be ready to induce labor if convulsions set in. We do not understand why we should give chloral, but we suppose Dr. B. knows what he is talking about. If we had a patient in this condition, we would resort to jaborandi for the drug treatment.

Cancer of the Mamma.

Prof. McCall Anderson, in the discussion on cancer before the Glasgow Pathological and Clinical Society, referred to the fact that cancer is more than twice as frequent in the female as in the male, which he attributes partly to the frequency with which the mamma and uterus are involved. He remarks that there is some difference of opinion as to whether it occurs more or less frequently in married or unmarried women. His personal observations have convinced him that it is much more frequent in the unmarried, and he suggests the following explanation. "The function of the breast is to secrete milk, and when the married woman has suckled her children, the gland passes into a state of quiescence or atrophy. To use a Disraelian expression, it may be regarded in the light of an extinct volcano. In the case of the unmarried woman, on the other hand, the breast is, so to speak, defrauded of its normal function, and as years go on, it is apt to fall into evil courses."

Whooping-Cough.

When the cough is convulsive, H. Roger (*L' Union Medicale*, No. 177) recommends the syrup of valerian in doses of 10 to 40 grammes, or tincture of musk in doses of 5 to 10 drops for children of two years old, and in doses of 10 to 20 drops for children about five years of age, and in doses of from 15 to 30 drops for children above five years old. On the occurrence of laryngeal spasm narcotic vapors from nitre paper of belladonna or stramonium are recommended. If the spasm is prolonged, chloroform or ether inhalations should be used. In extreme cases of spasm, inhalations of ammonia and sprinkling the face with cold water may be used; brisk hand-rubbing of the chest walls, especially over the heart, gives relief. Chlor-

*Le Progrès Médical. 1875.
†Leçons Cliniques. Chantreuil. 1881.

oform inhalations as a remedy for whooping-cough, were long since recommended in England by the late Dr. Fleetwood Churchill.

Poisoning from Sorrel.

A curious case of poisoning is reported in the *Hospital Gazette* of June 19, 1886, the chemical features of which possess especial interest from a medical jurist's point of view. The victim of the accident was a boy five years of age, who gathered and ate a quantity of sorrel growing in the vicinity of his father's house. Subsequently the symptoms to be expected from the action of the poison contained in the leaves set in, and, to quench the thirst from which he suffered, the little fellow swallowed a quantity of soapy water which chanced to be within his reach. Death speedily ensued, and, post-mortem, the stomach was found to contain oxalic acid in considerable amount. The action of the alkali in the soap swallowed had resulted in the production of soluble oxalate, by absorption of which the fatal event had been precipitated.

The Treatment of Goitre.

As a rule, the treatment of this disfiguring affection is not satisfactory. Hence, though our experience may not bear it out, yet it will be well to try the hypodermic injection of carbolic acid, as recommended by Dr. O. E. Haven, in the *Weekly Medical Review*. He injects from 20 to 35 minims of a five per cent. solution once or twice a week, inserting the needle from half to one inch into the gland. Out of the 150 or 200 cases treated in this manner, there were only two cases where any inflammation and feverish symptoms appeared, and in these cases they only lasted a day or two. The treatment is said to be simple, almost entirely painless (as the smallest needle of the hypodermic syringe can be used, and is entirely effective). No other treatment can show such uniformly successful results.

Permanganate of Potash in Carbuncle.

Dr. Fenn, of California, believes that anthrax may be materially abridged in duration, if not aborted, by the use of this remedy. As soon as the vesicles give way, exposing the characteristic cribriform openings, gently express a portion of the contents of the tumor and replace with a strong solution of potassium permanganate. This may be introduced twice a day with a grooved director or hypodermic syringe. It is understood, of course, that this salt is readily decomposed by contact with organic matter, but meanwhile something has been done to diminish the tendency to sepsis and toward "resolving the inflammation." As carbuncle is not merely a local lesion, the systemic condition of the patient should be attended to, and pain mitigated.

Gastric Ulcer.

Beyond rest and milk diet, our teachers seldom give us much advice about the treatment of this not uncommon complaint. That we ought to do more, we all feel; but what? Dr. C. S. Blount reports a case in the *Cinn. Med. Jour.*, wherein acetate of lead and morphia controlled the hemorrhage. The pain was allayed by subnitrate of bismuth and sulphate of morphia. Belladonna plasters over the seat of pain gave relief. Bicarbonate of soda with subnitrate of bismuth immediately relieved the burning distress in the stomach. After commencing to take cod-liver oil and glycerine, flavored with cinnamon, the patient ceased to vomit. The patient very much improved, though still having a heavy feeling and pain in the stomach.

The Diagnosis of Gonorrhœa in Females.

At a recent meeting of the *Société d Obstétrique et de Gynécologie*, of Paris, Dr. Martineau brought an important fact to the knowledge of the society, by means of which the discharge of gonorrhœa in the female can be distinguished from simple vaginal discharge. In the specific form, he says, the discharge is always acid, while in the simple form it is always alkaline. If this really be the case, it is very easy to decide with a bit of litmus paper whether the woman is, or is not, suffering from gonorrhœa. This sign may also prove of value in cases of rape, in deciding whether the person who committed the crime was suffering from gonorrhœa at the time, as any vaginal discharge from this cause would be acid.

Anæsthesia During Sleep.

There has been much discussion as to whether it would be possible to etherize a man during sleep. We doubt it. Dr. John S. Marshall writes to *The Lancet* that he succeeded in producing anæsthesia in a sleeping man by the A. C. E. mixture. The patient was a strong collier, who was brought to the infirmary with a fractured thigh. Being worn out with pain, he fell asleep before

his leg could be dressed. Dr. Marshall found him asleep, induced anæsthesia, and bandaged the thigh, without awakening him. The question arises whether this man's condition could be called that of *true sleep;* was he not rather in a condition of *stupor?* We are not told whether he was *alcoholized* or not.

Poisoning with Castor Oil Seed.

At Ipswich, in Queensland, two children were lately poisoned by eating some castor oil seeds. Fortunately the prompt use of emetics saved their lives. It is not sufficiently known that the seeds of *ricinus communis* are poisonous, though the fixed oil is perfectly safe to use. We remember that a member of the "Nyanza expedition" to Central Africa, finding an indigenous castor oil plant growing there, partook of eight seeds, thinking that number would yield about the average dose of oil; but the missionary nearly lost his life by the imprudent experiment, and learned a wholesome lesson from the painful experience.

Tinea Versicolor—Its Resemblance to a Syphiloderm.

The *Kansas City Medical Index* says that a very practical illustration was given the other day of the striking resemblance between this affection and a syphiloderm. The patient contracted syphilis several months since, was treated for a while, and disappeared. Three weeks ago he presented himself again, and was much excited over a brownish eruption that covered his breast. Of course it was what would be expected, and after a casual examination he was prescribed for. Returning two weeks later with a marked improvement in his general condition, the eruption remained the same. A close examination showed that the eruption bore no relation to the syphilis, but was tinea versicolor.

Progressive Pernicious Anæmia.

He is truly a valuable contributor to medical science who makes known the *complete* as well as the partial results of his cases. A few cases of complete recovery from this disease have been reported; but it is worthy of note that these cases were hospital patients, and that as soon as they had regained a fair degree of health they were discharged as cured, and most likely lost sight of.

Last November, Dr. I. A. Loveland, of Gilsum, New Hampshire, reported a case wherein an apparent cure had been effected; but to his credit be it said, he is honest enough to come out in the *Med. Times* (Sept. 4) and tell us that a couple of months later his patient had a relapse and died. Were all men equally honest, it would be a good thing.

Ergot in Parturition.

An uncontracted uterus will, of course, offer many gaping sinuses, all avenues for the entrance of disease germs to the body. Therefore Dr. V. M. Richard speaks wisely when he recommends (*Med. Times*, September 4,) that we should give ergot after the expulsion of the placenta. It should not be given until the placenta is under entire control; then should be given several doses in quick succession until the womb is well contracted and low down; and after this a drachm every four hours. The rapidly repeated doses may cause vomiting, but he has never seen any bad results follow this. On the other hand, the womb seems to contract more forcibly.

The Treatment of Typhoid Fever.

The hope of cutting short the usual course of the specific fevers still lingers in the mind of practical physicians, though it must be confessed that there does not appear to be much encouragement in store. M. Pecholier, of Montpellier, is of opinion that he had discovered the means of causing the premature termination of ordinary cases of typhoid fever. The agent is the familiar quinine, administered in daily doses of not less than one gramme, and this from the very first days of the illness. The drug may be aided by the employment of tepid baths if there be considerable fever, and by small doses of digitalis should the heart be specially disordered.

Poisoning by Sulphuric Ether.

Such cases do not very often present themselves, but when they do it is well for you to know how to relieve them. Therefore we note from the *Kansas City Medical Index* that Mrs. G. had taken with suicidal intention a half-ounce of sulphuric ether. Dr. L. A. Wohlfarth saw her one hour after she had taken the ether. Symptoms: cold hands and feet, pulse and heart's action very feeble, respiration about eight per minute, considerable cyanosis, cold perspiration on forehead and face, unconscious. Treatment: Injected subcutaneously, by repeated injections, about one ounce of whisky. Recovered.

Salicylate of Iron for Diarrhœa.

The use of a mixture containing salicylate of iron is recommended by Braithwaite, of Leeds, in cases of diarrhœa in children where the motions are fetid. The formula for a child two years of age is—Sulphate of iron, ℈j; salicylate of soda, ℈j; glycerine, ʒiij; water to three ounces. The iron and the salicylate should be dissolved separately, and the solutions mixed; the color is darker than port wine, and the taste is said not to be unpleasant. One teaspoonful to be given every hour until the motions become well blackened, and then at longer intervals, with an occasional dose of castor oil to counteract the constipating effect.

Ethyl Bromide.

In the *N. Y. Med. Jour.*, Dr. E. K. Shurley tells us that he has used this article almost entirely as an inhalation for the relief of cough. He has tried it in a large number of cases; it is not quite so efficacious as as chloroform, but there is much less general anæsthesia from its continued use, and it leaves no unpleasant after-effects. He thinks, therefore, that it is deserving of more extended use for the relief of severe dry cough and spasmodic asthma.

Drops for Earache.

Pavesi recommends a mixture of camphor chloral 2½ parts, glycerine 16½ parts, and oil of almonds 10 parts. This is to be well mixed and kept in a well-closed bottle. A pledget of absorbent cotton is to be soaked with the drops, and then introduced as far as possible into the affected ear, two applications being made daily. Frictions may also be made each day with the preparation behind the ear. The pain is almost immediately relieved.

The Diagnosis of Alcoholic Paraplegia.

As an alcoholic will rarely admit his habit, it is well to have some signs by which it may be discovered. Dr. Robert Saundby (*Lancet*, Aug. 7), draws special attention to the diagnostic significance of the painfulness of hyperæsthesia of the muscular masses. He does not assert that this symptom is absolute proof of alcoholism, but it is of the highest value in directing your suspicions in that direction.

Labor Followed by Suppression of Urine.

In the *Lancet*, Aug. 7, Dr. J. T. Williams reports the case of a woman who, for five days after a normal labor, had passed only two ounces of urine, when she died. No post-mortem was allowed, which leaves the case in an unsatisfactory condition, though, no doubt, it was one of those nasty, insidious, unsuspected, and suddenly fatal cases of Bright's disease, that one occasionally meets.

Paraldehyde.

Paraldehyde is so unpleasant to the taste that the following formula, which is Elvy's, and is adopted by Spanish physicians, and is said to form an agreeable mixture, will be acceptable:

℞.	Paraldehyde,	1 to 4 grammes.
	Distilled water,	70 grammes.
	Simple syrup,	30 grammes.
	Tincturæ vanillæ,	25 drops.

Half for a dose.

Warts on the Genitals.

The *St. Louis Med. and Surg. Jour.* says that acuminated warts are often observed upon the genitalia, more often in the sulcus right behind the glans penis in the male. Whilst they are harmless, from a cosmetic point of view they are best removed; and to do this effectually, one of the best methods is to apply chromic acid to them, or snip them off with scissors and apply the acid to the base.

Ointment for Inflammation of Veins.

We take the following from the *Jour. de Med.:*

℞.	Purified lard,	30 grammes.
	Extract of opium.	
	" " belladonna.	
	" " hyoscyamus.	
	" " hemlock.	

Sing.—3 grammes.

To be made into an ointment, and applied over the inflamed veins daily.

Cancer Powder.

The following powder is said to kill the fetor of cancerous ulcers, and to stop the pain:

℞.	Iodoform,	18 grammes.
	Quiniæ sulph.,	3 "
	Essence of mint,	40 drops.
	Charcoal,	15 grammes.

To be dusted over the ulcer daily.

Sozolic Acid.

This substance, called also orthoxy-phenyl-sulphurous acid, is said to possess superior antiseptic properties. It has been used internally as well as externally in erysipelas, small-pox, pneumonia, phthisis, and other

affections, with, it is claimed, excellent results.

Mixture for the Inappetence of Pregnant Women.

Forwood recommends the following:

℞. Pulv. colombo rad., Pulv. zingiber rad., āā 15. = ℥ss.
Fol. sennæ, 4. = ℥j.
Aquæ bullientis, 475. = Oj.
Ft. infusio. Sig.—A wineglassful before each meal.

Platt's Chlorides.

As a disinfectant and antiseptic, we have found these chlorides render excellent service during the summer and autumn. They can be employed in town and country with equal advantage, and will prevent the risks arising from neglected sewers, wells, etc.

Cobden's Fluid Extract of Beef.

This preparation has long held an established position as a concentrated animal food and dietetic stimulant. It has every guarantee of careful preparation and uniform quality.

News and Miscellany.

Chevreul's Household.

The household of this celebrated French chemist, whose centennial birthday was celebrated on the 31st of August, is thus described by the *Chemist and Druggist:*

"His residence is a large, comfortable-looking, but very old-fashioned mansion, the court of which opens on one side of the Gardens, and on the other on the Rue Cuvier. Chevreul is a widower, his wife having died in 1862, and he has a son now seventy years old. His household consists of Denise, the housekeeper; Isoline, the cook, and a coachman. Denise is quite a character. She has been forty years in Chevreul's service, and is not a little proud of her master's old age, which, she thinks, is to a great degree due to her constant care and attention. She is not, perhaps, wrong there altogether. Her only pre-occupation is to minister to his wants, to forestall all his wishes and fancies. As he hates to be disturbed by strangers, she stands watch and guard over his privacy, and will not allow a reporter within earshot. During his late sickness she would coax him like a child to make him take his medicine. For her and Isoline the whole world is contained within the precincts of the Jardin des Plantes, and their master the only being of consequence therein. In thirty years they only went six times to the theatre. Isoline, the cook, has the ways and deportment of a true *cordon-bleu*, who appreciates the dignity of her office and means to live up to its requirements. Her master's tastes are very simple, but she will have everything of the best for him. She simply worships him; she can enumerate all his chief discoveries, and then she will add, 'But he is so disinterested, he never tried to make any money out of his inventions; else he would be to-day a hundred times a millionaire!' And, indeed, Isoline is not very far wrong in her appreciation. She has been twenty years a member of Chevreul's household.

"The coachman is comparatively a new comer, as he has been only fifteen years in the house. His sole care is to mind the old horse and to drive his master to the Academy of Sciences, the Agricultural Society, and the Gobelins on stated days, at a precise hour and by a route that must never vary. Only lately a short drive in the Bois de Boulogne has been indulged in after the scientific meetings. When the old steed is disabled Chevreul takes a hired coach, but his coachman insists upon driving himself or sitting by the side of the driver. As a visitor was one day complimenting the two women on the length of time they had remained in the same service—a rare thing nowadays—one of them replied, 'Well, sir, you see, good masters make good servants.'"

Patent Medicines in America.

The *Western Druggist* informs us that recently published statistics state there are 5,000 proprietary articles of home manufacture on the American market; 500 of these are of commercial importance, and 50 are run as an independent business. The patent medicine trade of the United States is $22,000,000 annually; of this $10,000,000 is annually expended in advertisements, and the net profit amounts to $5,000,000.

The traffic is the work of the past half century, most of the patent medicines having sprung up since 1830. Not one in a thousand patent medicine men has succeeded. There are five firms which have made $1,000,000 each; twenty others will aggregate $5,000,000, and the net savings of all the rest will not reach another $5,000,000. More patent medicines proportionately are sold in the United States than elsewhere. The great middle class buys most of them.

The profits from and expenditures on established patent medicines run about as follows:

Expenses.	Per cent.
Cost of material, labor, and expense	24
Advertising	12½
Jobbers' expenses	03½
Retailers' expenses	21
Total expenses	61
Profits.	
Manufacturers' profit	12½
Jobbers' profit	05½
Retailers' profit	21
Total profits	39

The smaller country newspapers subsist largely upon advertisements of these "remedies," and at least $100,000,000 have been paid newspapers during the last two decades, while upward of $5,000,000 have been expended in rock and fence advertisements.

The field for new patent medicines is narrowed every day. Cathartic pills and sarsaparillas do not succeed readily, because so many well established specimens occupy the field. Until the stamp tax was abolished, patent medicines yielded the government $1,800,000 annually. The census of 1880 shows that there were then 563 establishments in this line in the United States, employing 4,015 operatives; that the capital invested was $10,620,000, and that the value of the annual outfit was $14,682,000. New York stood first in the amount of capital invested ($3,512,430), and in annual output (nearly $4,500,000); Pennsylvania second in capital invested, $2,000,000, and third in annual output, $1,000,000; Missouri third in capital, $1,500,000, and fourth in annual output, $750,000; Ohio fourth in capital, $570,000, and fifth in annual output, $450,000; Massachusetts fifth in capital, $521,000, and second in annual output, $1,500,000.

Suicide in Russia.

Some instructive statistics are published by a St. Petersburg paper (the *Novosti*) with regard to the concurrent increase of suicide and insanity in Russia. The inmates of the asylums at St. Petersburg have doubled within the last ten years, and this is ascribed by the *Novosti* to the great spread of pessimistic and Nihilist doctrines. In the early part of the century the number of suicides was at the rate of only 17 per 1,000,000 inhabitants, while it is now nearly 30 per 1,000,000, and in St. Petersburg itself there are more suicides than in any other capital of Europe, except Paris, there being 206, as against 170 in Berlin, and 87 in London. The increase commenced about twenty-five years ago, and of late years it has been so rapid that while the population has risen by only eight per cent., the increase in the proportion of suicides has been 76 per cent. The number of cases of insanity has not kept pace with the number of suicides, though they, too, have increased at the rate of 35 per cent.; and it is pointed out that, while meat is 20 per cent., and house rent 35 per cent. dearer than it was, the number of suicides has been out of all proportion greater, so that want cannot be the sole cause of this increase. The most distressing part of this return is that which tells how no fewer than 42 boys and 15 girls between eight and sixteen years of age committed, or attempted to commit suicide in the last ten years, mostly because their parents maltreated them.

Medical Inspection in Brooklyn.

The Brooklyn Commissioner of Health, Dr. Andrew Otterson, has inaugurated in that city an admirable system of medical inspection and relief in the tenement-house districts, with special reference to the diseases of infants during the heated season. Ten physicians have been appointed, each assigned to a special locality, who are instructed to search for sick children needing attention, and to care for them, furnishing medicine gratuitously where parents are unable to pay for it, and at a reduced price to those who can. They are to note the condition of premises and report where sanitary improvements are needed, give advice as to healthful manner of living, urge parents to take their children into the fresh air as much as possible, and give orders on the diet dispensaries for proper food when it cannot be obtained otherwise. The salaries of the physicians ($75 a month) are to be paid out of the emergency fund. As a contrast to this beneficent movement in Brooklyn, the New York Board of Appointment this year refused to allow the appropriation devoted last year to similar uses, with the result of a marked increase in infant mortality in the crowded districts of the city.

Why Some Young Doctors go to Europe.

The Vienna correspondent of the *Weekly Medical Review* says:

"I asked a new graduate of one of our Western schools, where I know clinical advantages are at a minimum, to go with me to hear Bamberger. His first question to me was, "Doctor, what is your specialty?" My

reply was internal medicine in its broadest sense, with all the gynecology I can find to mix in. His reply was, "Doctor, you make a great mistake; take some specialty—that is all the rage in America! I am after the throat, and when I get back to Indiana I shall expect to do a big business." What absurdity, when we consider the vast and intimate relation of the diseases of the throat and nose to other organs of the body, for a young man to take up such a specialty before he is a thorough physician in the widest acceptation of that term! He further told me he did not understand German, and had no idea of attempting to learn it; that he had spent some time in New York in a throat clinic, and he believed that the advantages there were far superior to what could be gotten in Vienna, but that a man must have the reputation of having studied in Vienna, or it was no go in a large town in America."

The Men who Want Offices.

The *St. Louis Med. Jour.* says that the attitude of some men toward office is that of the historical old maid toward matrimony. She had been in this vale of sorrows a long time, and was getting mighty weary of watching and waiting for a husband. She could not sew, nor bake bread, nor clean up a house—at least nobody ever saw her doing anything of this sort—but she was very eloquent, and one day she concluded to try her eloquence on the Lord. She went down into the wilderness, and kneeling under a tree, prayed long and fervently for a husband. While she was sending up a silver-tongued appeal to the throne of grace, an owl overhead screeched out *who-who-oo*. Thinking that her prayers were about being answered, she exclaimed joyously: "Anybody, good Lord! Anybody, so it's a man." Anything, good people! anything—so it's an office. If I can't be Coroner, give me the City Hospital: and if I can't have *that*, give me the Lunatic Asylum.

The Prevalence of Infanticide in China.

Is it not singular how radically different in certain peculiarities are different races of man. To the American who dotes on his children, it is almost inconceivable that the lives of these little ones should be held so lightly by his Oriental brethren; for from the *Med. Record* we learn that there is a missionary society in existence, with its headquarters in France, the object of which is the rescue of Chinese infants abandoned to die by their parents. Colonel Cheng-Ki-Tong, in a recent work, "Les Chinois Peints par Eux-mêmes," denied that such a custom prevailed, and held up to ridicule the children belonging to this society, who, he said, were beguiled into giving their pennies for the rescue of infants who did not need rescue. Dr. D. J. Macgowan, however, in a paper in the *China Review*, shows that this custom is prevalent in many parts of that country, to such an extent, indeed, that numerous asylums have been erected by charitable individuals among the Chinese themselves for the reception and care of these neglected infants. Female children are the only ones drowned, boys being needed to conduct ancestral worship. The parents are usually very willing for a little cash to sell their girls, instead of destroying them.

The Man with Fetid Feet.

The *Cinn. Lancet-Clinic* asks, what woman is there who enjoys a tobacco smoker's breath, or a husband with *bromidrosis* or fetid feet? Yet Louis XIV., according to Fragon, suffered from the latter to such a degree that the worst courtesans in Paris fainted away at the first whiff of his perfumed feet.

Henry IV. had the same redolent perfume, but this did not prevent the diplomatic Queen Marguerite from occupying the same couch; and she pardoned her liege lord's legendary infidelities, as well as the loud smell of his royal toes. One day he was so redolent that Madame de Verneuil, one of his court favorites, said to him: "Sire, it is fortunate you are king; without that your presence would not be tolerated—you stink worse than carrion."

A woman may passionately love a humpback, a cripple, a legless or an armless man, but she can never love a man with a bad breath, or smelly feet, and we may remark *en passant* that the *German army have hereditary bromidrosis*, and its soldiers are obliged by law to use a deodorant powder of salicylic acid on their odorous, tyrannical feet.

"A Boy with Cat's Eyes."

A case with this heading is reported as now exciting the attention of the oculists of Chicago. Mrs. Quinn, of 471 Wells street, recently visited the State Eye and Ear Infirmary in company with her son, who possesses the peculiar power of seeing in the dark. One of the surgeons, Dr. Charles F. Sinclair, called in several other oculists to examine the anomaly. The boy was taken into a dark room, and various tests were applied. The eyeballs glistened like balls of

fire. The larger portion of the iris is missing, only a small portion being visible on the outer side of each eye. When taken into a dark room an immediate expansion takes place, which enables the boy to see perfectly. A strong light blinds him, and from this same peculiarity the boy is able to see objects at a distance with much more clearness than those close at hand. It seems to be a case of coloboma of the iris and choroid, with defective development of pigment, and perhaps with a hyper-sensitive retina.

Reindeer Milk.

The *National Druggist* tells us that the exceeding richness of the milk of the reindeer which feeds upon the moss of northern Asia has repeatedly excited the wondering comment of explorers and travelers, and has recently led to a chemical examination and analysis of the moss itself. The *Paint, Oil, and Drug Review* says that the investigation has disclosed the fact that the substance is extremely rich in alcohol, yielding as large a percentage of that commodity as grain. It is said that the alcohol is readily produced, and that the deposits of moss are practically inexhaustible, covering a wide belt of territory, and extending from the Ural Mountains to Behring's Straits. Only the difficulties and expense attendant upon transportation prevent the working of so rich a source of wealth, and it is possible that the genius of speculation may be able to devise means by which these may be surmounted.

Don Quixote from a Medical Point of View.

Dr. Don Emilio Pi y Molist, who is described as the "doyen" of Spanish alienists, has recently published a work, entitled "The Beauties of Don Quixote from a Medico-psychological Point of View, with General Remarks on Madness and a New Commentary on the Immortal Novel," with which the profession in Spain are greatly delighted, and a grand banquet has just been given to Dr. Pi in Barcelona, as a mark of the appreciation of his professional brethren of the work referred to. As "the immortal novel" is read by thousands of foreigners, it is to be hoped that some one will have the goodness to translate Dr. Pi's new work into some language more universally read than Spanish.

A Hairy Child.

There is being exhibited at present in Paris a type of a very primitive race of humanity. It is a very curious specimen, entirely covered with hair, the skin very dark; the child would remind one of the chimpanzee. The hairs on the arms and legs follow the same direction as those on the monkey; the legs are thin and short, while the arms are very long. It appears that the tribe to which she belongs dwell more on trees than on the ground. The child is twelve, and seems to have a certain intelligence, and takes great interest in her doll. Her eyes and hair are very fine, her nose is flattened, and her ears are deprived of cartilage. She has thirteen pairs of ribs, and consequently thirteen dorsal vertebræ. The race to which she belongs is found in the north of Siam, and several families are kept at the court of the King of Siam.

Dangers of Self-dosing.

Another instance of the dangers attending the unguarded use by persons suffering from extreme pain of medicines which, taken in large and unprescribed quantities, are productive of poisoning and death, is illustrated by the circumstances surrounding the death of a woman aged 52, who, it appears, had been in the habit of taking laudanum for neuralgia. Recently her husband returning home, found her sitting in a chair apparently asleep. He left her there and went to bed. On awaking the next morning, he found her in the same position in which he had left her the previous evening, and insensible. He noticed that a bottle that had contained laudanum was empty. Medical aid was called in, and she was removed to the hospital, where she died three hours after admission.

Sanitary Convention in Michigan.

A sanitary convention is announced to be held at Big Rapids, Michigan, under the auspices of the State Board of Health, on Thursday and Friday, November 18th and 19th. Discussions are expected to be held on the following subjects: "The Sewerage and Drainage of Big Rapids," "The Water Supply of Big Rapids," "The Hygiene of Schools, with special reference to Big Rapids," "Pasteur and Protective Medicine," "Public Health Laws," "The Sanitary Needs of the City of Big Rapids," "Alcoholic Drinks—are they Foods or are they Poisons?" "The Injuries of Every-day Drug-taking," "What to Eat, When, and How," "The Care of the Eyes," and "The Prevention of the Communicable Diseases."

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE THREE WEEKS ENDED SEPTEMBER 4, 1886.

Bailhache, P. H., surgeon. To proceed to Cape Charles Quarantine as inspector, August 27, 1886.

Fessenden, C. S. D., surgeon. Granted leave of absence for thirty days, August 30, 1886.

Godfrey, John, surgeon. To proceed to Biloxi, Miss., and investigate alleged yellow fever cases, September 1, 1886.

Irwin, Fairfax, passed assistant surgeon. Granted leave of absence for thirty days, September 2, 1886.

The Czar's Contribution to the Pasteur Fund.

Newspapers hostile to Pasteur have lately been circulating reports asserting the deaths of several of the Russian patients formerly treated in Paris. Owing to the remoteness of the places where the alleged events occurred, it has been very difficult to ascertain whether the information is correct or not. But the Emperor of Russia, who ought to be a good judge of the facts, appears to be so well satisfied with the results of Pasteur's treatment that he has just sent a munificent donation of 40,000 roubles ($20,000) towards the erection of the proposed hospital in Paris. With this new addition the hospital fund now amounts to 1,600,000 f. ($320,000), a sum sufficient to erect quite a snug building.

Origin of Alcohol.

According to the Talmud, one theory concerning the origin of alcohol is as follows, viz.: Noah planted the first vineyard, Satan being present and assisting in the work. After the vineyard was planted Satan slew a lamb, a lion, an ape, and a hog, and with their mingled blood watered the roots of the vines. This he did, he said, because he who shall taste for the first time of the juice of the grape will be a lamb; he who shall use it in moderation will become—for the time being—a lion; he who shall use it to excess will become an ape, and he whom it shall master will become a hog.

All for the Love of a Woman.

A prominent wholesale house of St. Louis recently received the following self-explanatory letter:

——, Ark., June 14, 1886.—Mr. ——: *Dear Sir:* I will asked you to Sent me ten Cts worth of love Powders this for to Gain the love of a good girl or tell me how to gain the love of a girl or tell me Some good way for to gain the love of a girl As the old Saiing a Fool for luck so hear i try you for infirmachien give me a trile Beshuar and send me some love powders and also tell me how for to yoused them and tell me if thar is aney thing that a man Can make a girl love a man Remain as yours Truly Respectful

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A Peculiar Form of Dropsy.

Dr. M. Pargamin writes, in the *Russkaya Meditsina* of April 27, 1886, that he was called to see a young woman who was said to have dropsy, which the brother thought she had caught from one of his fellow-workmen who was suffering from a similar affection. On examination, it was found that the woman was in labor, the child presenting by the arm. Dr. Pargamin turned and delivered, but the abdomen was still much distended, and it was not until two more infants appeared that the dropsy was definitely cured.

The Great Washington Doctors.

The *Medical Age* tells us that a member of Congress from the West received the following from one of his constituents:

"*Dear Sir:* My children have been afflicted with scabs all winter, and the medicine given them by the doctor here does not seem to do them any good. I see by the papers that there are some very fine doctors in Washington connected with the government, and if it does not cost too much, I wish you would ask them what is good for the scabs, and write me by return mail."

Adulterated Poison.

A press dispatch says: "There is some good in adulteration after all," is the opinion likely to be held by a Pennsylvania man who lately attempted suicide with Paris green, for the physician who was called to him is reported to have said that he could not have saved him if the poison had not been adulterated.

Chlorphyl Under Water.

An interesting discovery has been made in Switzerland of a bright green moss, growing on calcareous rock, 200 feet below the sur-

face of Lake Leman. No other moss has been known so far under water, and how chlorphyl—the green coloring matter—could have been so richly developed in a place so remote from the light, is a problem—probably the extraordinary clearness of the water enabling the sun's rays to penetrate to a great depth.

The Bicycle and Prostatic Disease.

The *California Practioner* says that horsemen, after the age of forty, begin to exhibit evidences of disease of the prostate gland. This being true, it is evident that the rider of the bicycle is much more likely to acquire such disease. The genito-urinary specialist will rejoice in the prospective harvest afforded by the increasing use of the bicycle.

Death of Chicago's First Druggist.

Philo Carpenter, who, it is said, was the first person to open a drug-store in Chicago, died August 5. Mr. Carpenter was born in Savoy, Mass., in 1805, and went into business in Chicago about 1830, becoming a wealthy and highly-honored citizen.

Pasteur's Work.

Professor Virchow is reported to have said, in a recent lecture in Berlin, that Pasteur had done the world a great service if he had succeeded only in allaying the fear consequent upon the bite of a mad dog.

Items.

—Hydrophobia does not exist in Lapland; but two dogs brought from that country having been inoculated by M. Pasteur, contracted rabies, proving that Lapland dogs are not refractory to the disease.

—It is reported that another of M. Pasteur's patients has just died at Leste, near Bordeaux, after undergoing ten inoculations. The victim is a little boy named Cladicie, aged 3½ years, who was bitten by a mad dog on June 14 last.

—An Irishman was summoned for refusing to pay a doctor's bill. He was asked why he refused to pay. "What for should I pay?" said Mike; "shure he didn't give me anything but some emetics, and divil a wan could I kape in my stomach at all, at all!"

—"Allopathy" was a term coined by Hahnemann to indicate the converse of homœopathy, from the Greek *allos*, other, and *pathein*, to suffer. It is defined in the Sydenham Society's Lexicon as "the curing of a diseased action by the inducing of another of a different kind, yet not necessarily diseased."

—A botanist has estimated the number of seeds in some of the common weeds of the United States, as follows: Shepherd's purse, 37,500 per plant; dandelion, 12,108; wild pepper grass, 18,400; wheat thief, 7,000; common thistle, 65,366; camomile, 15,920; butter weed, 8,587; rag weed, 4,366; common purslane, 388,800; common plantain, 42,200; burdock, 38,068.

—The annual meeting of the German Ophthalmological Society was held in Heidelberg on August 9. It was attended by one hundred and fifty visitors from all parts of Europe. The von Gräfe gold medal for the most valuable contributions to ophthalmology during the last ten years, was presented to Professor von Helmholtz, of Berlin.

—On the authorities making an examination of the wells of Nakamachi (Japan) recently, 777 out of 939 were found to be unfit for drinking purposes, and the analysis of many showed traces of sewage contamination. Such a condition of the water-supply leaves room for no surprise at the statement that cholera has taken root in many places in the country.

—Some works in the National Library of Pekin contain undeniable proof that Chinese medical men, at an early period, used anæsthetics during their operations. This practice is due to a celebrated Chinese physician who lived at an epoch between the 220th and 230th year of the Christian era. They administered to their patients hachish (cannabis indica), which rendered them insensible.

—Dr. Ireland's book, "The Blot upon the Brain," is to be translated into German. The French translation of this book, which is being prepared by Dr. Edgar Betillon, of Paris, is nearly finished. The "Blot" has been prohibited by the Russian Censorship. This is, no doubt, owing to the chapter on the hereditary insanity of the Romanoffs, and the historical illustrations about the harm insane monarchs have caused to their subjects.

DEATH.

WILLS.—July 10, 1886, at his residence in Earleville, Cecil county, Md., Dr. Samuel E. Wills, in the 63d year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

BRIGHT'S DISEASE OF THE KIDNEYS.*

BY MORRIS LONGSTRETH, M. D.,

Of Philadelphia.

This young man, aged 25, was always in good health, till, shortly before admission, he was exposed to cold, and complained of pain in his chest; this trouble, however, passed away as a simple cold. A day or two before entering the hospital he had a slight rigor and some fever, but without further development than feeling somewhat ill.

On examination, the chest symptoms were marked, and the urine, which had a specific gravity of 1022, contained much albumen, and abundant casts. The symptoms of pneumonia passed away, but the amount of albumen very greatly increased.

I must here give an interesting and valuable point in treatment. In attacks of acute kidney trouble, dry cups relieve the pain.

On account of the tendency to congestion of the lungs and spitting of blood, this patient was given veratrum viride four times daily, but this was discontinued after twenty-four hours.

Returning to the urine, in addition to the large proportion of albumen, it contained epithelial and granular casts in abundance. I know this to be but a relighting of old trouble—why? because wherever epithelial casts are found, blood casts must have preceded them.

In order—blood, epithelial, granular, and fatty casts—you may thus trace Bright's disease through its various stages. When a patient comes to you with symptoms of kidney trouble, it is not sufficient to test the urine once for all, and, finding albumen, decide that his case is hopeless, or at least, further examination unnecessary. It is necessary to distinguish between albumen from tissue change, and Bright's disease, and a great help is searching for crystals of the urinary salts, especially *urea*.

If there be great change in the renal tubules, they cannot separate these salts, at least not enough to crystallize them. It is impossible for badly-diseased kidneys to perform this part of their work. So with casts. Albumen may be found when there is some change in the tubules; they may be too much deranged to retain albumen, but not enough to shed their epithelium.

Hence, as Bright's disease is of a progressive character, the urine should be examined quite frequently in order to keep the physician informed of the patient's condition, as this may obviously, from time to time, modify the treatment.

Our patient here was then given digitalis as a diuretic, and continued thus several days, then Basham's mixture, and later minim doses of nitro-glycerine every three hours. He is improving as rapidly as could reasonably be expected; the casts and amount of albumen are gradually disappearing. Acetate of potash was given throughout to increase the amount of urine, and with good effects.

* Abstract of clinical lecture delivered at the Pennsylvania Hospital.

COMMUNICATIONS.

ENDERMIC MEDICATION.*

BY E. G. WATERS, M. D.,

Of Baltimore.

An observant physician gave me a useful hint in regard to the treatment of erysipelas. He noticed on the person of a patient who had died of this disease that wherever the surface was dented, particularly about the head, possibly from handling the body after death, the little cup thus formed was filled, or partly filled, with serum. He concluded instantly that this resulted from overloaded vessels permitting, finally, their contents to escape through the law of osmosis, now that the vitality of the tissues no longer resisted effectively this law. He asked himself why could not this relief be given earlier, and in this way arrest morbid processes, abscess, gangrene, death, and contribute to speedy restoration of function and recovery. The nature of the morbid process seemed to be obvious. First, there was a rapid and violent congestion of the tegumentary tissues, followed by constriction and strangulation of vessels, always tending to embrace areas more and more wide, to produce constitutional symptoms more and more grave, against which the powers of life continually struggled in an unequal contest, too often followed by a lingering convalescence and a disastrous loss of substance, even when the sufferer escaped with his life. A clear apprehension of this physical condition—a condition, be it observed, purely dynamic, as viewed by theorists, yet most practical now—brought with it an almost instantaneous solution of the problem. What could be needed in such a case more urgently than the relief of the engorgement? What would contribute to this so promptly as the escape of the serum? What would accomplish this so speedily as a blister? Pathology and therapeutics joined hands, hypothesis escaped far beyond the nimbus of speculation, and needed only a subject to demonstrate the value of a conception thoroughly original, highly philosophical, and vigorously logical in its sequences. One and many cases occurred in his practice to justify his most sanguine hopes, and to verify his confident predictions. On a far larger scale and in a far more critical case than falls to the lot of the average practitioner, it afterwards became my province to employ this special method in this particular disease. I remember well hearing the late eminent Professor of Surgery in the University of Maryland say that he had been compelled for weeks together to desist from all operations, even the most trifling, in the Baltimore Infirmary, because of the certainty of their being followed by erysipelas, and of its dangerous and unmanageable tendency. In an hospital of 750 beds, where for two years the exclusive care of this disease fell to my charge, no operations were postponed or suspended, nor was the bill of mortality materially increased on this account. I say materially, for in several instances patients were admitted moribund, and may be considered to have had no treatment at all. In one case of persistent and almost malignant obstinacy, in which the central portion of the tibia had been removed to the extent of four or five inches, the disease exhibited itself nine distinct times with extraordinary virulence. The disturbing cause here seemed to be a ragged half of a bullet that had escaped most careful examination, but which was finally discovered and removed, after which there was no similar disturbance. When a student of medicine, I saw vast abscesses opened in thigh or leg, and masses of necrosed cellular tissue looking like bunches of wet tow, raised from their depths by dressing-forceps. In no case have I seen phlegmonous erysipelas ensue after the application of the blister, and in a single instance only a few drops of laudable pus made themselves visible in a minute cavity just beneath the tunic and skin. A lady 75 years old was attacked with erysipelas of the face and head on a Sunday. The following Friday evening her physician, a gentleman of culture and large experience, was kind enough to ask me to see her with him. He said he had used the usual remedies, but the case had baffled his efforts, was continually growing worse, and his impression was that she would certainly die. As she was the wife of a prominent citizen, a member of our profession, his interest was naturally quickened. I found the lady with a face and head very much swollen, though not to the extent I had observed them to be in other cases. The aural meati were closed so completely that no sound seemed to invoke a response, the eyes were deeply buried behind their tumid lids, consciousness seemed to have fled, a deep coma had settled like a cloud upon her faculties, her breathing was noisy with stertor. Certainly there was not much here to hang a hope upon. Pieces of adhesive plaster were speedily spread with cantharides cerate, and made to adapt themselves to such surfaces of the face and scalp

* Read before the Clinical of Maryland.

as were accessible, and instructions were given to let them stay until they drew thoroughly. The vesicles were then to be punctured, and their surfaces covered with a stimulating cataplasm of bran and yeast, or more properly, suitable dabs of this combination were to be applied warm, and all covered with oiled silk. Internal medication was limited to a grain of quinine every two or three hours. The blisters drew finely, with corresponding relief to the constitutional and local symptoms. Sunday evening, exactly forty-eight hours after they were first applied, the swollen features had nearly resumed their normal size, intelligent communication was re-established, food and such remedies as were indicated were readily swallowed, and breathing, even during sleep, had ceased to be noisy and stertorous. The following day vision was restored through the absorption of the effused fluids, and objects were once more naturally appreciated through exercise of this sense. In logic the *major* is said to comprehend the *minor*. This case is presented as a crucial one. Her age, the length of time that had elapsed since the attack began, the continual aggravation, the coma and other signs of meningeal or cerebral involvement, seemed to unite in a protest against undertaking further measures for her relief. Yet no success could well be more signal and gratifying than that which these measures achieved. In the instance of an army officer who had been struck with a fragment that had descended vertically from a shell exploding about his head and split open his nose, lip, and chin, and in that of the wife of a surgeon, the swelling of the face and head was prodigious. All semblance of human features was lost. The lady, especially was a monster in her deformity—a veritable Medusa—a "Gorgon and Chimaera dire"—her features were large, even when in health. For twelve hours erysipelas had wantoned over this fruitful field, and puffed it into huge distortions. The attack was in winter, and came on after exposure to a severe nothwest wind. Her husband had telegraphed for his brother, a distinguished physician in a neighboring city, but desired me to proceed at once to treat the case. This was done upon the plan already described. The blisters were applied about ten o'clock in the morning. At my evening visit her husband told me his brother had come on, seen the case, prescribed tincture of the chloride of iron, which had not been given, and had returned home. By this time the blister had drawn well, giving great relief to the burning and sense of distension of the tissues. The next morning the swelling had subsided greatly, and on the morning of the third day scarcely anything abnormal was to be noted, save the slight disfigurement left by the blister.

I recall four deaths that have fallen under my observation resulting from this disease, or associated with it. The first was that of a man who had been attacked with it above the elbow. When I first saw him nearly the entire limb from the shoulder to the elbow was a bag of pus. He was greatly exhausted, might indeed be considered moribund. The treatment consisted of tonics, stimulants, nutritive agents and the tincture of iron. He did not cease to fail, however, and soon sank.

The second case was that of a patient suffering with this disease in the head and face. He was profoundly comatose when first seen, and died in some twenty-four hours thereafter.

The third case was that of an officer whose left ilium had been smashed, probably by a fragment of shell. He told me thirteen medical men had had him successively in charge before me, and that some of them had examined his wound. Be that as it may, I took out a child's handful of fragments of bone and overcoat. The fragments of bone had become thoroughly detached, and came away easily, without resistance. One day the nurse called attention to some inflamed patches on the corresponding thigh. They were examined and found to be angry and erysipelatous in character, without, however, much elevation above the surrounding surface. They were somewhat oval or elliptical in shape, three or four inches long by two in width. Blisters were ordered for a couple of them only, under the presumption that the inflammation would yield in all when arrested in one or more, which often happens in attacks of this nature. To my disappointment, this did not occur. On the contrary, the blistered surface speedily assumed an unhealthy appearance, began to look sloughy, sank below the surface, and in a day or two became quite black. At the same time the nurse told me the patient could not be got to take any food, nor even to swallow wine. The inside of the mouth presented aphthous patches, and it is highly probable that a similar condition existed along the mucous tract of the œsophagus and trachea. He persisted in absolute abstinence from food and drink for eighty hours, and perished. At no time, however, did the gangrenous trouble deepen or extend,

and a separation around the edges of the wound indicated an effort of nature to throw off the slough, which she doubtless would have done but for life's failing powers.

The fourth and last case was the patient of a friend. He had been already under treatment for two weeks or more when my friend asked me to see him. The subject was a free-liver, a faded sport and sportsman, who had given himself to duck-shooting, card-playing, fox-hunting, and such like, with bibulous accompaniments. He had reached and turned his climacteric, and was now going down grade. His left leg, from the ankle to the knee, was aflame with erysipelas, and a slight blush extended over the instep and the dorsum of the foot. Just here, likewise, were two vesicles filled with reddish serum. The limb was greatly swelled, nearly twice as large as its fellow. The case looked unpromising, but I did not hesitate to recommend the use of the blister, to be extended over the entire inflamed surface. This was done and followed at proper time by the brand yeast, applied hot, and enveloped in oiled silk. The results were as satisfactory as could be wished. The inflammation was arrested, the swelling was reduced, and in forty-eight hours the two limbs were of equal size. But just here an embarrassment arose similar to that in the last case. The patient obstinately refused food in any form, would not take wine or alcoholic stimulants, scouted drugs of all sorts, and with an earnestness almost suicidal in its intensity, resolutely set himself to die—which he did. Nothing discouraging occurred upon the blistered surface, but a short time before his death the bases of the two vesicles mentioned underwent a gangrenous change. Discarding two of these cases in which no opportunity for treatment was given, I cannot be far from wrong in reckoning the death at not more than one-fourth of one per cent. Yet, as I shall presently mention, all these hundreds of cases were not managed in the same way.

A curious and very instructive instance of the value of vesication in this disease came under my observation a few days ago, by accident, in several senses. A young gentleman slipped on the icy pavement, and in his effort to save himself received the force of the fall on the palm of his right hand, wrenching his wrist severely. That night the pain was so distressing that he applied to an apothecary for a lotion, who, with customary and assiduous alacrity gave him tinct. of iodine. This was applied, and in a short time vesicated the entire surface of the wrist and much of the back of the hand. The next morning he came to see me, complaining bitterly of his suffering, and said he had not slept for two nights. The next day, Wednesday, I saw him at home. The surface touched by the iodine was peppered with vesicles, now much increased in size, the hand, wrist, and half of the forearm inflamed, swollen, and burning. In short, he was suffering from erysipelas. The arm was kept wet with infusion of lard and opium, as little of the infusion as possible being permitted to come in contact with the vesicated surface. During Wednesday night many of these vesicles ruptured, and on the following morning I punctured with a lancet many more that seemed full of fluid. The drain from this source for twenty-four hours was surprising, and as the flow of serum went on, an abatement of the swelling and vascular injection went on, *pari passu*, with it. Years ago I noticed that an inflammatory action, sometimes no more severe than a mild erythema, and again of a more angry type, would diffuse itself over the integuments of a stump speedily after amputation, which was not readily subdued by fomentations either warm or cold, but which yielded promptly to the infusion of lead and opium. Having used this preparation often with success, I soon began to employ it for erysipelatous inflammations, whether of idiopathic or traumatic origin. In a hospital of 1500 beds, where at times as many as 300 patients came daily under the observation of one surgeon, ample opportunities were offered to test its value. This was so satisfactorily proved, that for years it has been my chief reliance in the milder forms of erysipelas. It is only where the peril is extreme, either from the violence or locality of the disease, that I now resort to the blister. At Borodino the cannon of the French thundered in vain against the Russian center, and one charge after another of their infantry was repulsed with ruinous slaughter. It was not until the "Old Guard" was hurled against their defences that their stubborn resistance yielded and the victory was won. I look upon the blister as the "Old Guard." The action of the opium infusion, when combined with lead, is often very prompt. A young man called to see me some weeks ago complaining of an attack of rheumatism in his ankle joints. Examination revealed the fact that he was suffering an attack of erysipelas of both ankles. After using the opium infusion for forty-eight hours, no trace of the inflammation remained in either of them. But

the success attending its use is not limited to congestions purely superficial. In those involving deeper seated structures its value is no less marked. I have had no case of mammary abscess to deplore since I began to rely upon it to prevent this disaster. A friend spoke to me of a case of this nature which had defied treatment, and which he then considered hopeless. At my suggestion he employed this means with complete success, and afterwards told me its action apeared to him almost supernatural, so much had it surpassed his experience with other agents in that class of cases. A lady whom I attended in her first confinement had the misfortune to have the nipples so much retracted that their extremities were much below the level of the breasts. These organs were greatly distended, nursing was out of the question, abscess with all its attendant horrors was inevitable unless the congestion could be controlled. The opium infusion did this effectually. She has since borne eight children, has always used the infusion, and has always escaped a gathered breast. In peritonitis, whether puerperal or not, in metritis, in ovaritis, in the milder forms of dysentery, in that curious form of phlebitis known as *phlegmasia dolens*, with many other painful affections, we may regard this as a sheet anchor for local treatment.

I return for a few moments to the blister. There is a great reluctance among medical men to employ this agent *early* for the treatment of pneumonia. I cannot help but think that this is a mistake. It is quite true that we do not now meet with many cases of an active type in which the prompt use of the blister is indicated, and in which it seems to exert its peculiar powers to best advantage. Certainly, I have seen an attack of pneumonia in a young and vigorous person cut short by a blister used in the early period of the congestion, with far greater promptitude than by the use of the lancet. In acute laryngitis it has yielded the most prompt and gratifying results. A young married lady called upon me some evenings ago, on her way home from a visit to a friend. She was quite hoarse; indeed, could not speak above a whisper, and said that even to do that caused her severe pain in the region of the larynx. The attempt to swallow distressed her so much that she had desisted from it altogether for some hours. The attack had come on since early morning, she said, and had rapidly grown worse during the afternoon, although she did not seem to be aware that it portended anything serious. I prepared a small circular blister about one and a half inches in diameter, and applied it carefully just at the top of the sternum. The next day, at my morning call, I found all the urgent symptoms had been relieved, neither talking nor deglutition was longer painful, she had eaten and enjoyed a hearty breakfast, a dangerous malady had been aborted, and she was equal to the resumption of her daily duties. One lady I have relieved on nine different occasions by this method. To be successful one must be expeditious. The enemy is at the gates, and the gates of life! If there is any other remedy that will meet the indications with such unfailing certainty, I do not know it. Those who have seen much of continued fever cannot fail to remember instances where the patients did not seem for weeks to be in any urgent peril. They took their nourishment, stimulus, medicine, in a mechanical sort of way, but with a clear understanding of what they were about, gave intelligent answers to questions, slept well, were easily aroused, and gave satisfactory promise of getting promptly up and around within a reasonable time after the fever had run its course. They have seen cases a little milder than these, and they have seen others several shades more severe. They have seen these patients in the fourth or fifth week, sometimes later, rarely earlier, pass rapidly into a coma more or less profound, from which, if they are not speedily aroused, it will soon prove to be the sleep of death. Now, just at this critical moment, the blister applied to the nucha will often produce wonders. During the early stages of the disease, when there is a stage of congestion apparently active, certainly extreme, its use is apt to result in disappointment. But at the later date it rarely fails to do good. A young gentleman, of some thirty years of age, had been lying sick of a fever for nearly or quite six weeks. He, his physician, and their families, were personal friends of mine, and just at this time, with the consent of the doctor, I paid him a visit of courtesy. He was cheerful, intelligent, glad to see me, thanked me for the attention. There was not a bad symptom present. Everything betokened an approaching speedy convalescence. A few days later, on meeting with his physician, a highly accomplished man, he told me our friend was very ill, and, in his judgment, hopelessly so. He requested me in a kind and earnest manner to go to see him, and to offer any suggestion to the family that might occur to me. He said further, that he had just been called urgently into the country, and could not then accompany me. The fact

of the young man being my friend's nephew relieved the situation of some of its embarrassing circumstances. I found the patient greatly changed from the condition he presented a few days before. His tongue was brown and cracked, his mouth was partly open, his breathing was heavy and stertorous, the coma was so profound that it was with great difficulty that he could be for a moment aroused. These and other symptoms at so late a period of the attack, left but little ground for hope or encouragement. As a last resource, a blister was ordered to the back of the neck, to extend some inches down the spine. Happily he had had the best attention, good nursing, been well sustained—the blister drew well, and in twenty-four hours he was out of danger.

What has been said hitherto has had reference exclusively to adults. I have not met with a practitioner who uses quinine endermically with children. And yet this use of that remedy is replete with benefits and advantages not easily appreciated except after trial. The distaste children have for the drug in any form by the mouth often presents an insuperable difficulty to its employment in that way. Besides, when swallowed, the lingering bitterness of its taste will often cause its rejection, and that too when it is important that it or one of its congeners shall be given. To dissolve it in whisky, and have it rubbed into and through the child's skin, does away with the above-named objection, and substitutes a method exhilarating and fairly intoxicating in its effects. Young infants soon learn to look for the rubbing with some of the eagerness that an older voluptuary welcomes the sensuous enjoyment of a Turkish bath. These poor little wan shadows of their former selves, shriveled and shrunken by heat and cholera until their vital forces almost refuse to perform their various functions, will often start into new life under its favoring action. I order about a scruple to be mixed with an ounce of whisky, and of this from half a drachm to a drachm to be rubbed in along the spine night and morning. Too much force must not be used, else the back will become sore. In intermitting fever, no surer way than this can be employed to stop the chill, and put the little patient on the high road to recovery. Indeed, with adults I have used this method with equal success. In the case of a gentleman past 75 years, the third chill was stopped, and he never had another. He had a fancy that quinine disagreed with his stomach, and preferred the above way of using it, and it proved completely successful. A young lady, much given to drawing, had several nervous attacks, far from being distinctly hysterical, which proved troublesome, and threatened to be serious. During a visit to Atlantic City, some fever came on every day, and she hurried home to escape a spell of sickness. Treatment did not afford the relief one had a right to expect from it. Languor, loss of appetite, nausea, and broken sleep, refused to yield to usual remedies. Assuming that there was some spinal irritation at the bottom of the trouble, I directed her spine to be rubbed twice daily with quinine and whisky, with possibly a little strychnia. The result was prompt and surprising. Her appetite returned, she was soon able to exercise without fatigue, her sensations and tastes became natural, and in two weeks she was restored to more than her average health. The addition of strychnia and arsenic to this formula *pro re nata*, will often be found highly serviceable. In the case of our little patients feebly and languidly convalescing from any form of disease, and of those who may be regarded as the victims of our crowded cities and of our artificial life—the Tiny Tims and Paul Dombeys of our current civilization—great results may often be secured from this push from behind. In those without constitutional taint, where mere feebleness and arrest of metamorphosis exists, often consequent, it may be, upon a lowering of nervous force, we may expect with confidence rapid impairment and speedy restoration to vigorous health. And even in those where the lurking worm in the bud precludes the prospect of perfect recovery, much *malaise*, *ennui*, and actual suffering may be relieved or prevented.

Horace tells us it is difficult to discuss common things properly. In these remarks I have striven to avoid trenching upon the province of specialists. Indeed, the general practitioner must be like Pope's squinting poetess,

> "To no one muse does she her glance confine,
> But has an eye at once to all the nine."

It has been my object to do what Bacon advises, to present the subject and thus seem to lead the dance. Its possibilities are not limited to the agents nor the derangements noted in this paper. To use Newton's fine figure, we are all like children gathering a few pebbles from the shores of the ocean of knowledge. The King of Brobdingnag told Gulliver he valued the man who had caused two blades of grass or two ears of corn to

grow where only one had grown before more highly than the whole race of politicians. To relieve pain, to shorten sickness, to prolong life, to introduce improved methods into the science of therapeutics, may not satisfy entirely the demands of an honorable ambition, but may justify us in feeling that we deserve at least the encomium of this wise and illustrious monarch.

ACUTE INEBRIETY.

BY T. D. CROTHERS, M. D.,

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A man who has been a total abstainer for a lifetime or many years, or who only uses wine at the table, will suddenly drink to great excess, be intoxicated, and exhibit an acute mania for spirits, that indicates profound cerebral disorder. This mania is characterized by impulsiveness, precipitancy, and often by a degree of cunning reason to procure spirits or conceal them for use that is bewildering to the ordinary observer. All the talents and native force of the man seem to be concentrated in one direction : to procure and use spirits. Opposition and difficulty seem to bring out latent qualities of energy and reason not noticed before. He drinks to stupor constantly, only satisfied with profound narcotism. If unrestrained, this state merges into an acute fever and low muttering delirium, which calls for active medical interference. In some cases the period of convalescence is short, in others it is long and followed by complicating diseases, of which gastritis, acute rheumatism, pleurisy, or pneumonia, are very common. In some cases the drink storm seems to have ended, in other instances it begins again with renewed energy and impetuosity.

In a few cases this drink mania continues up to death, only checked by forcible restraint and inability to procure spirits. In other cases it seems to have exhausted the germ soil, and dies out forever, or after a long interval springs into activity again.

When the inebriety comes on suddenly and is precipitate, it may be the explosion of a nerve state, which will die out soon, or be the beginning of an acute mania. The following case is an example of the latter:

A——, a merchant, who had overworked for years, and drank wine at meals in great, moderation, suddenly became intoxicated and continued so for weeks. He came under my care, and after six months, went away greatly restored. He began to drink again and was returned, went out, and relapsed, then was taken to an insane asylum demented. The drink period lasted nearly two years before the final termination in insanity.

B——, a lawyer, began to use spirits to great excess, and was locked up in jail for ten days. From this time for the following five years he drank to intoxication with every opportunity, and sought, with great skill and cunning, means to procure spirits. He was under my care, but was without power of self-control, and always drank on every occasion. On one occasion he remained concealed at the house of a friend for two months, intoxicated nearly all the time. Finally, he became melancholic and suicidal, and was placed in an asylum, where he is now a chronic dement. The premonitary symptoms, or drink period, lasted over five years.

The cases of inebriates who, after a short or long stage of drinking, stop short, and remain sober an indefinite time, are more numerous. These are not periodical inebriates, and have no regularity in the return of the drink paroxysm. In the midst of a quiet temperate life they suddenly, without the slightest apparent premonition, drink to intoxication, and keep it up as long as opportunity and ability to take spirits continue. Or, in some cases, they stop as unexpectedly as they began. Take the following cases:

A——, a neurotic, with an alcoholic ancestry, who had used wine at the table for years, went to his business one morning, finished his correspondence and other duties, then went to a hotel and drank to stupor. He was found four days later at the hotel, profoundly narcotized, and taken home. Here he continued to drink for weeks to great excess; no efforts could stop him; finally an old friend called and expressed sorrow that he should continue in such a course of conduct. At once he expressed faith in being able to stop, and from that moment reformed and did not drink again for four years. Then he relapsed, and after much effort he was brought to my care ; for many weeks was exceedingly difficult to manage, then he suddenly announced that he was going to change, and from that moment he abstained for two years. Then he drank for three months so excessively as to alarm his friends, and finally wandered into a church prayer-meeting, expressed a change of heart, and reformed again. Both the beginning and ending of these paroxysms were uncertain events that could not be foreseen (or at least were not by any of his friends).

B—— was a mechanic who was temperate

and well up to a certain point where he was successful with the sale of a patent, when all unexpectedly he went away and drank to great excess, and was intoxicated for many weeks, until he was prostrated with a severe fever. He recovered, and two years later relapsed, and stopped in the midst of a wild drink paroxysm. Another long free interval was followed by a similar relapse and sudden ending.

In these cases the only remedy was forcible restraint and medicines to produce powerful and sudden impressions on the organism. In one case a physician related to me an instance where he gave such a case a severe whipping for some indignity to his wife. The excitement and injury the inebriate received sobered him, and he continued a sober man from that time. The shock to his nervous system produced a permanent impression for good. Many instances are recorded of a similar nature, which point to some state of nerve and brain shock, or to the exhaustion of the drink impulse.

The reason and judgment often exhibited in these cases when using spirits indicates unusual sanity and clearness, and the layman can only explain it by the terms vice and malicious wickedness. Literally such cases are reasoning maniacs of the most dangerous character. The following is an example:

A——, the son of a rich man, who had no business, and whose ancestry were both alcoholic and neurotic, would, after a long period of total abstinence, drink to intoxication. After a few days of alcoholic stupor, he would apparently recover, although still drinking to stupor at night, manifest the most extraordinary cunning and judgment to procure money and distress others who had in any way incurred his anger. He would forge and raise bank notes, plan and carry out schemes to bring distress, such as having persons arrested late Saturday evening on false charges, start stories and rumors where they were calculated to do great harm, plan schemes of swindling of the most adroit character, etc. In all this he would be concealed, and never be legally responsible. He would have a number of retainers who would always seem to be the guilty ones. This paroxysm of malice and intrigue would end in a few weeks, and he would show great sorrow and interest to repair the injury. He never acknowledged any participation in these events, but he sought to save the victims or the actors from the legal consequences. In this case the shrewd calculation and judgment of human nature seemed so unusual in a man who drank to stupor almost every night, and his great frankness of manner and conduct to his friends gave no indication of his insane cunning. Had a crime been committed, all the general evidence would have pointed to a mental state fully comprehending right and wrong, and the nature and consequence of his acts, and yet he was a most complete maniac.

This case was an extreme example of moral insanity and reasoning mania. A more common and familiar type would be the following:

B., a merchant who at long irregular intervals drank to stupor, would, during the half-sane moments of the drink paroxysm, plan to conceal his property and arrange to have spirits within his reach. He would profess to try to recover, but in reality be planning and carrying out the most adroit plan to lengthen out the paroxysm, and also to avoid paying debts. Often these cases come to an asylum, and the skill and resources of the managers are taxed to the uttermost to check them. A periodical inebriate can be reached and understood by the expert; also the constant drinker and the dipsomaniac, and the inquisitive accidental inebriate. But these sudden acute inebriates present unusual difficulties in both study and treatment. The almost infinite variety of symptoms and mental phases of disorder bewilder the observer, who while recording them is fully conscious that from a wider study they will be understood, and the laws which govern them known. At present he can only observe and put down the facts, leaving the conclusions to others. These cases require prompt medical care and attention, and should be recognized at once by the physician. In one instance a man of this character is brought to my care (forcibly) on the first appearance of the drink crave. In a few days he fully recovers, and is very grateful for the restraint.

In another case, a prominent man is taken to an insane asylum, and locked up in a room for a few days, with the same good result.

In some cases I have advised to use restraint at home for two days or more—until the paroxysm has passed. The first thing is to place the person under restraint of some kind, suitable to prevent him from using spirits. Often this can be done by the most varied means and surroundings; and sometimes chemical restraint is sufficient. In all cases the object of the physician is to cut short the paroxysm, or, at least, temporarily prevent it, in hopes that it may die out or

become exhausted and not return again. It is criminal negligence to permit such a case to roam about free and acting under the impulse of a diseased brain and will-force. No matter how sane he may appear in act or conduct, if he is found to use spirits suddenly and to excess, he is a subject for medical inquiry. Many of the sudden, mysterious disappearances of men of standing in large cities are of this class, and in their stupor they are either killed or sent away on some ship. They are men of temperate habits, the drink paroxysms which have occurred at long intervals, and been concealed, are not considered as noticeable, because the stupor has been of short duration. The most of his conduct has been marked by seemingly full appreciation of his surroundings. In some of these cases where the reported disappearance of a prominent man has excited attention, the victim, after recovering from the first stupor, and partially realizing that he was being hunted up, has, with a criminal cunning, taken every measure to conceal his presence, with success, often baffling the shrewdest detectives. Here the skill of a maniac is often displayed. Later, when these cases are found, no mention is made in the press out of respect to the feelings of friends.

A man of some wealth, who had been a patient of mine, disappeared in Boston from his friends, and for many weeks a large detective force failed to get any trace of him. He finally came to my place for treatment thoroughly disguised, having spent his time in eluding the detectives, and in moderate and excessive drinking. This drink storm had died out, and the pleasure of keeping away from the detectives and using spirits was waning.

The practical fact to be remembered is to study these cases as veritable insanities, and treat them on this basis. A vast field for the most practical clinical research opens up about these cases, and physicians of all others are most competent to explore it.

Medical Societies.

CHICAGO MEDICAL SOCIETY.

(*Concluded from page* 366.)

The question of introduction of fluid into the air passage may not be a tangible objection. But we would perhaps prefer to select the kind of fluid we would put into the trachea instead of milk or beef tea, or anything of that kind. The operation of tracheotomy has been resorted to for a great many years, with varying success, by different operators and in different localities. Trousseau, years ago, reported his success as about one in three, or three to four, from a very large number of cases. In the cases we have heard this evening as compared one with the other, tracheotomy hardly holds its own. The number of cases of tracheotomy no doubt are not all reported, but a fair proportion of them probably have been reported. While tracheotomy is certainly of great benefit, and has proved itself to be such in this class of diseases, it is subject to its disadvantages and annoyances; but so also has intubation its annoyances, both to the patient, the friends, and the doctor.

Dr. C. T. Parkes: I have nothing but words of commendation as far as Dr. Waxham is concerned, for his persistence in presenting this method of O'Dwyer to the profession of this city. I have nothing to say about intubation; I have no experience, never having seen a tube used. I have had a little experience in tracheotomy, and so far as my personal experience goes, I shall stick to that until I have reason to change it. My experience extends over thirty-one cases of tracheotomy. I had the honor to report to this society on previous occasions the first fifteen cases; eight recovered and seven died. I have collected the names and residences of sixteen more, and of these ten have recovered and six died. That is a pretty fair showing. I cannot explain, do not pretend to explain, this percentage of recoveries. You will find in the literature of tracheotomy throughout the world that some operators have a good fortune in that respect. I do not think it an unusual or peculiar fact that the doctor relates about relief given to the patient when you open the trachea after stenosis; in cases in which the patients are unconscious, black in the face, and are revived by the introduction of the laryngeal tube, such a result is to be expected. I see by the report very few if any of these cases recover after intubation; I know I have seen just such cases recover after tracheotomy. I have never had any trouble from the swallowing of fluids or food of any kind; I have seen the fluids come out of the opening of the tube, and have had the physician in charge reporting that we had unfortunately made an opening into the œsophagus; those cases have never given trouble, and in a few days subsided. There is one peculiarity about these cases of intubation, that Dr. Bogue has explained, the pressure of the tube causing an early disappearance of the membrane. There have been no

cases that I have seen in tracheotomy, where the tube could be removed under six days; in two cases it was three or four months before the tube was removed; I have never seen the trachea opened so far, without seeing false membrane come out of the trachea. If I were enabled to remove the tracheotomy tube inside of six days or a week, I should think that to be a case in which no membrane was found in the trachea, and one, in all probability, if I had waited a few days, in which the patient would have gotten well without any operation. There is something peculiar and interesting in the ages of these sixteen cases, the youngest being 3¼, the oldest 37 years of age. I think the cases in which stenosis has been complete, and required an opening of the trachea, have been very few in the adult. One of these operations was upon a woman after she had been sick some four or five days with a bad case of pharyngeal diphtheria. At the time I saw her she was absolutely suffocating, and I was called for the purpose of performing tracheotomy; I did the operation under very poor surroundings, and yet the patient recovered. The tracheal opening became diphtheritic. Another case was 32 years old. The patient died on the table; this accident has happened in quite a number of cases. I never had any trouble with the children, and certainly expected less with the adults, as in the latter the operation is much more simple than in the child. This patient stopped breathing before the trachea was reached, and after it was opened it was impossible to restore respiration. As far as I am concerned, I can say nothing about intubation. I think it is very likely I shall purchase a tube. I don't know whether or not it is such an easy thing to intube the larynx; I think I have cognizance of three cases not in the doctor's list that proved fatal, in which some difficulty was met. One 3 years old died the day after; one 7, in which no relief was given, as the membrane seemed to be pushed ahead of the tubes; and one in which, no relief being given, the attempt to remove was complicated by the child swallowing it and being buried with the tube in its stomach. Another, a young lady 17 years old. This patient recovered; she was relieved immediately after the introduction of the tube, and rested very comfortably until the next day, when she complained of a pain in her stomach. In the evening of that day she passed the tube from the rectum. I allow you to judge of the necessities requiring its use, so I don't know that I can agree with these gentlemen and say the operation is simple. We know what tracheotomy amounts to, and I am sure I would not feel right about it, I should be haunted with the idea of not doing my whole duty, if I left a child 7 years old go without doing tracheotomy where I felt satisfied, after this tube was introduced, there was no relief given. I think tracheotomy will always have a place. I have been asked so many times how I come to have this record of tracheotomy, that I think it is due me to say one thing more; I do not know how to explain it. I believe no other operation for tracheotomy should be done but the high operation. The trachea should be opened at the highest ring, and if necessary, divide part of the cricoid, as I have done, or all of it. Certainly the after care has a great deal to do with the recovery, and I do not believe there are any persons so wanting in intelligence, but if you give them instructions carefully they will carry them out. So far as my experience goes, the surroundings have made no difference, even if it be a house of only one room with the whole family living in it, and several other animals besides. I think the room should be kept at a temperature above 80°; there should be no attempt to fill it with moisture, the room should be so hot as to be decidedly uncomfortable for all the friends, for the first twenty-four hours. During this time (twenty-four hours), the inner tube of the trachea should be removed every hour whether the patient seems to need it or not, because that is the time when the deep-seated trouble in the organs below starts. After that time I do not believe the tube should be removed oftener than seems absolutely necessary, and I do not believe that mucus can be prevented from drying by the introduction of foreign bodies. Every time the tube is removed it should be re-introduced damp, or wet in a mild solution of soda, and occasionally without taking out the inner tube, drop into the trachea a few drops of this same fluid, so as to keep the end of the tube as moist as possible. No foreign bodies of any kind should be introduced into the trachea after you are quite certain all the pieces of membrane have been detached and removed at the time of the operation. The introduction of such an innocent little thing as a feather or sponge I am satisfied does more harm than good. I am willing to admit that in one case which showed every sign of recovery, the tube was moist and the cough was moist, and I had every reason to believe it would get well, but owing to over-anxiety I kept poking feathers into the trachea, and had the friends do the same, until I got up an inflammation of the

trachea proper around the tube, which I am satisfied was the cause of the fatal issue. I do not think there should be any interference; the least possible interference is the best plan of cure.

Dr. H. T. Byford said: I wish to call attention to one fact; that is, in the statistics of hospitals tracheotomy shows about as favorably as intubation, although in private cases the safety, simplicity, and absence of formidableness of intubation makes it already the popular operation. As I have said before this, tracheotomy is an operation for hospital practice, where the difficulties can be overcome, and where its just claims for precedence in particular cases must always obtain consideration.

Dr. F. E. Waxham, in closing the discussion, said: I believe every tracheotomist will entertain an opinion in regard to tracheotomy according to the success which he has attained. If a physician has saved every patient upon whom he has operated, he will feel that the operation is good enough, and will be perfectly satisfied; if he has saved a large proportion of his cases, he will be loth to accept anything new; but the great majority of physicians, who have either met with unvarying failure or inferior success, will have a poor opinion of the operation. English writers seem to be losing faith in tracheotomy, for Holmes, in his "System of Surgery," says: "English medical men seem very generally to incline to the opinion that the operation, if not to be recommended, is at least justifiable, but to be successful it must be performed at a very early period of the attack." Referring to Professor Parke's remarkable record of tracheotomy, I cannot help feeling that his cases could not have been so unfavorable. I cannot believe that he had many young infants to operate upon. I would like to ask the age of his youngest patient.

Dr. Parkes: Three and a half years.

Dr. Waxham: That explains why his record has been far more successful than that of many physicians. I believe that if tracheotomy were performed upon every case without reference to age, condition or type of disease, we would not save more than one out of every ten or twelve. Many physicians select their cases; indeed, I know of some who *will not* operate upon a child under three years, and of others who will not operate upon diphtheritic cases, on account of the known fatality occurring after tracheotomy in these cases.

In regard to the difficulty of performing intubation, I would say, that any of you who attempt the operation upon a child without practice upon the cadaver, will certainly be sorry for it. I have known of four physicians who have failed completely. In regard to the patient to whom the last speaker referred, the young lady with the tube in her stomach, that case I am afraid was not in my record. I unfortunately, or perhaps fortunately, did not secure the patient.

Dr. Parkes has stated that after tracheotomy, if he were able to remove the tube in less than six days he would have concluded that there could have been no membrane within the larynx, and that if he had waited a few days longer, the patients would have recovered without the operation. May I be pardoned for feeling that the natural inference would be, that in these cases of intubation, because the tube has frequently been removed on the third, fourth, or sixth day, there could have been no membrane present, and that the operation was unnecessary? In reply, I would state that in every case coming under my observation, false membrane has been expelled when the tube was introduced. The reason why the laryngeal tube can be removed earlier than the tracheotomy tube is that more or less membrane is detached when the tube is first introduced, and second, the pressure of the tube and the frequent coughing assists in dislodging the membrane; while after tracheotomy little or no air passes through the larynx until after the removal of the tube, and there is nothing to cause the dislodgment of the membrane.

In regard to feeding the patient. Many of my patients have taken abundance of nourishment without difficulty. Occasionally, however, there will be one that will not take a sufficient amount. It will depend a great deal upon the size of the tube. If we use a tube larger than is appropriate for the age of the patient, it will not always fit perfectly into the cavity of the larynx, and consequently the epiglottis will not close accurately over it. In a case such as Dr. Strong has referred to, where the membrane is pushed down ahead of the tube, the trachea forceps would be very useful in removing it.

There are a great many dangers from tracheotomy that are never met with from intubation; but we rarely hear of them. I have learned of one physician who attempted a tracheotomy on a child four years old. Cutting down hastily, he severed large blood-vessels, and losing his head at the sight of the copious hemorrhage, at once sewed up the wound, while the child, almost with his last breath, wanted to know if they were going to cut him any more. Another physi-

cian, in cutting down hastily in order to open the trachea, missed it, and accidentally severed the carotid artery. Indeed, the history of tracheotomy is replete with horrors, but we do not hear of them. In the hands of experienced surgeons, who are cool and collected, the operation may be a simple and safe one; but in the hands of the inexperienced and the nervous, performed, as it frequently is, in the dead of night, it then becomes a formidable, yes, a dangerous procedure. Intubation, on the other hand, can be performed quickly, in a very few seconds, and without the dangers attendant upon tracheotomy.

THE BALTIMORE ACADEMY OF MEDICINE.

Nidinized Platina Needles.

Dr. J. J. Chisolm exhibited a series of needles of various sizes, the invention of Dr. Genese, of this city, a description of which is here given in a note from the inventor.

They are made with platinized gold head, hardened under hydraulic pressure. This needle can be made as dense as steel, but will be found to work better, if the temper is below spring steel. It will pass through tough tissue easily, and cannot be broken, while the advantage of bending, if required, may be found of great service in some cases. This needle will pass through cartilage or dense cicatricial tissue. If irridium is added in the construction of this needle, it will be so hard that steel can be cut with it. This needle can be made of any shape or size, and it is indestructible under the pressure of the forceps or the action of acids. The eye of a needle is the part hardest to clean; this needle can be cleaned with nitric acid, thus making it a somewhat antiseptic needle.

Dr. S. C. Chew reported an interesting case of

Opium Poisoning.

He was called in consultation to see the patient, a lady who had been suffering from a severe attack of erythema nodosum, for the relief of which she had been getting a quarter of a grain of sulphate of morphia each night for four nights. On the fourth night she became comatose, a weak, irregular pulse set in, and a Cheyne-Stokes respiration appeared. The weak, irregular pulse the doctor considered as contra indicating poisoning by opium. She was at the time supposed to be beyond relief. Hypodermic injections of brandy and tr. of belladonna were, however, ordered, but gave no relief. At about 5 o'clock on the morning following she was apparently past all aid, but as a last resort the attending physician gave her a hypodermic injection of tr. of belladonna alone of about twenty-five minims. To his surprise she began to rally, and by 9 o'clock of the same morning she was out of danger.

Morphia Taken for Quinine—Mercurial Inunctions for Lice.

Dr. F. T. Miles related a case of a man who was poisoned by taking morphia for quinine, and when seen, was apparently so near dead that therapeutic aid was considered useless. The patient recovered without any treatment whatever. The doctor has never seen a patient die during the Cheyne-Stokes respiration.

Dr. Miles referred to a case of a young man, supposed to be syphilitic, who had become paralyzed. The man was completely paralyzed; there was dribbling of urine, bed-sores, and semi-unconsciousness. He was in a most disgusting condition, being filthy, and in the hairy portions of his body infested with lice. Mercury was ordered internally for the syphilis and mercurial inunctions for the lice. The man made a rapid and complete recovery, which the doctor attributes to the rapidity with which his system was brought under the influence of the mercury, not so rapidly when given by the mouth as when rubbed into the surface—the object thus obtained was not intentional, as the inunctions were ordered, as stated, for the lice, but the result certainly suggests a valuable means of getting the rapid action of mercury.

Dr. J. J. Chisolm related a case of

Otorrhœa

that he had been called in consultation to see. The patient was in a very precarious condition. He was in a semi-comatose condition, and was at times unconscious. The mastoid region was painful, but not swollen. Pus oozed from the ear. There was aphasia, but no paralysis. He decided to open the mastoid cells, but upon a second consideration, as the patient was apparently moribund, concluded to try the effects of a large blister to the nape of the neck extending well down over the shoulders. The effect was pronounced; recovery was complete, and the patient is now in good health.

Stated meeting held June 1, 1886.

The Executive Committee reported favorably upon the thesis presented for admission by Dr. Robert T. Wilson, and he was accordingly elected to membership of the Society. Under the heading of "Relation of Cases,"

A Singular Coincidence in the History of Cancer.

Dr. J. J. Chisolm related a singular coincidence that recently came under his observation. It was a case in which he was called upon to amputate a cancerous external ear from an old man æt. 80. The coincidence rests in the fact that this man had had two wives, both of whom had had cancer, and both of whom had died as a result of the operation. Dr. Chisolm's patient, however, is still living.

Enucleation of the Eye-ball in an Infant.

Dr. J. J. Chisolm related the history of a patient two months of age, upon whom he had done the operation of enucleation of the eye-ball for intra-ocular trouble. The patient recovered. This is the youngest subject upon whom he has ever performed this operation.

Dr. J. Edwin Michael, in answer to a question by Dr. Miles, said that it had been his experience that young children stand the strain of operations to which they are sometimes subjected remarkably well.

Dr. G. Lane Taneyhill two years ago amputated a terribly crushed leg from a boy two years old. The patient suffered only a moderate degree of shock, from which he recovered entirely. The boy is now in excellent health.

Deficiency in Both Lower Eyelids.

Dr. J. J. Chisolm spoke of a case of a deficiency of both lower eyelids, the result of cicatricial contraction from two scars on either side of the nose. The scars were the result of operation for the closure of a very high degree of double hair lip. The fissures extended almost to the inner canthus of each eye, and back through the bony portions of the face there being an absence of the intermaxillary bones.

Restoration of Sight by a Fall.

Dr. G. Lane Taneyhill had recently a patient, a lady æt. 65 years, who had fallen down stairs striking upon the right supra-orbital ridge, causing laceration, ecchymosis and a considerable degree of hemorrhage. The patient claims to have been born absolute blind in her right eye. One week after the accident, while the doctor was dressing the wound, she suddenly exclaimed that she could see. Upon examination, he found that there was perception of light, and that when held in certain positions she could count fingers. There is apparently no lens present, but there is a calcareous condition of the capsule with a superior synechia. He thinks the explanation for the sudden transition, is that in the fall there was a displacement of some of the opaque media, thus making an opening for the passage of light.

Dr. J. J. Chisolm, notwithstanding the evidence of the woman's absolute blindness, don't think she was ever without appreciation of light. Absolute blindness means atrophy of the optic nerve, and he is acquainted with no means by which an atrophy of the optic nerve of sixty-five years' standing could be restored to a functioning condition. He thinks her so-called blindness only a matter of contrast.

Danger of Atropia in Plus Tension.

Dr. Herbert Harlan made some remarks in which he wished to call attention to the danger of instilling atropia into an eye with plus tension. He said he recently had a case of choroidal atrophy that gave nothing to suggest a plus tension, nor any glaucomatous formation. Wishing to demonstrate the atrophy more clearly to his class he dilated the pupil with a few drops of atropine solution. On the following morning the fundus and transparent media were opaque and cloudy, and the eye was very painful. An eridectomy resulted in complete relief. But the case has impressed itself upon his mind, and forms the substance of these remarks in which he wishes to caution others against the use of atropine until the tension of the eye has been carefully tested and glaucomatous trouble is absolutely excluded.

Dr. J. J. Chisolm said it was not uncommon for acute glaucoma to be set up by the careless and injudicious use of atropia.

Dr. Robert T. Wilson then read his admission thesis upon

Ovariotomy, with the History of a Case.

DISCUSSION.

Dr. B. B. Browne said that in his practice he had substituted irrigating the abdominal cavity with warm water, carbolized, for sponging, as it subjects the abdominal viscera to less violence. His results have been very favorable.

Dr. J. J. Chisolm then read a very interesting paper upon

A Complete Revolution in the After-Treatment of Cataract Operations.

The method had been suggested to him by Dr. Michel, of St. Louis, whom he had seen at the last meeting of the American Medical Association. It was brought before the Section on Ophthalmology, but did not meet with their approval.

Dr. Chisolm, however, decided to make a

trial of the plan suggested, and his results have been so favorable that he has now discarded entirely the old method of bandaging and incarceration of the patient in a dark room, for the new method of simply closing the eye in its natural position and retaining it so by a bit of light adhesive plaster, and allowing the patient the liberty of lighted rooms.

The advantages claimed are first, that a more uniform pressure can be obtained through the natural muscularity of the lids than by any artificial padding that might be employed; and second, that patients who have not been shut out from the light are less sensitive to its action when the eye is sufficiently healed to permit of its exposure, than those who have been retained in darkened rooms.

Moreover, it admits of a means of entertainment for the patient for they can then have their friends read to them, a privilege denied patients treated under the old plan.

The new method recommends itself especially because it possesses in a most limited degree any procedure that alters to a great extent the normal relations of the patient. The method in detail is simply this, after the removal of a cataract or the performance of an iridectomy, the eyes, if a cataract, the eye, if an iridectomy, is closed in its normal position, and a bit of isinglass plaster about two and a half inches long by one inch wide is then rendered flaccid by immersion in some germicide fluid and is neatly applied to the surface of the closed lids. When dried, this forms a close, firm band. The patient is then allowed the full liberty of his room and in every case thus far operated upon the results have been uniformly good.

The doctor has treated eighteen cases (fourteen cataracts and four iridectomies) in this way, and many of them go out from the hospital into direct daylight without even as much as smoked glasses to protect them, and they complain of no photobia nor lachrymation. On the sixth day, when the plaster is removed, the eye stands the light better than it did on the tenth day under the old method. The length of time required for complete healing of the eye operated upon is, on an average, about two weeks, but the most of the eighteen cases could have left the hospital on the tenth day.

Under the head of miscellaneous business, this being the last meeting of the present session, the following officers were elected for the ensuing year:

President.—Dr. P. C. Williams.

Vice-President.—Dr. Alan P. Smith.

Treasurer.—Dr. G. Lane Taneyhill.

Secretary.—Dr. C. C. Bombaugh.

Executive Committee.—Dr. J. J. Chisolm, Dr. J. Edwin Michael, and Dr. A. B. Arnold.

The Society then adjourned to meet the first Tuesday evening in October next.

Editorial Department.

Periscope.

Peroxide of Hydrogen as a Therapeutic Agent in Diseases of the Eye.

Dr. J. Herbert Claiborne thus writes in the *New York Med. Jour:*

Recently much has been written in regard to the use of the peroxide of hydrogen in cases of purulent middle ear inflammation.

Bearing in mind its bleaching properties and presuming that the benefit alleged for it in such cases was due to these properties, it occurred to me that, in the form of a weak solution, it might be of advantage in catarrhal inflammation of the conjunctiva.

Experimentation was made in a number of cases with quite uniform results, which are appended below.

On the instillation of two drops of a ten per cent. solution into the conjunctival sac in chronic catarrh, the following was observed:

The patient invariably started as the drops fell into the eye; that portion of the conjunctiva which was bathed in the drops became blanched and presented a "washed-out" appearance in from half a minute to one minute after instillation; this condition lasted at least five minutes; immediately after introduction the bulbar conjunctival vessels became constricted; this condition yielded to marked distension in a few minutes; bubbles rose to the surface of the fluid, and some remained clinging to the bottom

and sides of the sac; twenty to twenty-five minutes after the instillation the eyes presented an irritated appearance, the bulbar vessels remaining still distended and the palpebral conjunctiva equally as red, if not redder, than before.

The patients complained irregularly of stinging immediately after the introduction, which lasted on an average from one minute to a minute and a quarter. Twenty to twenty-five minutes after the first instillation they invariably stated that their eyes felt better and more comfortable.

In acute cases the same was observed, save that the bulbar vessels became immediately distended after the instillation without apparently becoming smaller in half an hour. No exact difference can be drawn between the effect of a ten and a five per cent. solution, nor between these and a one per cent. solution, save that with the latter the stinging is less and usually lasts only half a minute.

Instillations were made also directly upon the cornea; there was no change in its appearance; the stinging was no greater, and no local anæsthesia occurred under half an hour's observation; there was no effect upon the pupil. The instillations were made every third day at the clinic.

The patients were instructed to use no other form of treatment; they invariably returned with the eyes in a less inflamed condition.

Encouraged by the ultimate result, I was bold enough to prescribe a five per cent. solution for one patient with acute follicular conjunctivitis, and to direct him to put two drops into each eye morning and night. He returned on the third day with the eyes much worse. He complained of severe stinging on the introduction of the drops, which, however, soon passed away.

The bulbar vessels were intensely congested and did not yield entirely to several drops of a four per cent. solution of cocaine.

In the light of the foregoing observations, I do not feel justified in advising the use of the peroxide of hydrogen in eye diseases, and, although no alarming reaction followed its use in any case, I gladly relegate to others its employment in the eye.

The Effects of Atropine and Whisky in Carbolic Acid Poisoning.

Dr. S. E. Bascom, of Salt Lake City, reports in the *Philadelphia Medical Times* the following very interesting case of carbolic acid poisoning treated successfully with atropine and whisky. He says that on May 4 he assisted Drs. Fowler and Potter "in a perineorrhaphy, the laceration involving the sphincter ani and about two inches of the recto-vaginal wall."

"The patient, Mrs. L., a lady 22 years of age, well nourished, quite obese in fact, had been married three years, but had given birth to but one child, eighteen months previous to operation, at which time the laceration occurred. The results of the operation were perfect, and on May 12 we visited our patient for the purpose of removing the sutures. When within a short distance of the house we were met by a sister of the patient, who informed us that the nurse, by mistake, had given the 'wrong medicine,' and on reaching the house we were told that the nurse had intended giving the patient potassium bromide, but instead of this had given a tablespoonful of pure carbolic acid. The mother seeing a mistake had been made, seized the spoon and placed it to her lips to make certain as to what had been given; the result was considerable excoriation of lips and tongue. When we reached our patient, within ten minutes of the time when the dose had been taken, she was unconscious, cyanotic, almost pulseless, respiration rapid and irregular, with mucous rales throughout both lungs. The mother had given her several ounces of olive oil. We felt the case to be hopeless, but, more to satisfy the friends than from any expectation of favorable results, we administered by hypodermic injection two minims of sol. atropiæ (gr. iv to ℥j.) and two drachms of whisky. Within ten minutes of the time the injections were given the pulse and respiration had improved decidedly, and the constitutional effects of the atropine were marked. In half an hour the patient became conscious, vomited freely, with hematemesis. Milk was given in teaspoonful doses at short intervals. Injections of brandy were continued, and later in the evening another dose of atropia. No saccharated calcium was used in the case.

"By the afternoon of the following days Mrs. L. had so far recovered that we decided to remove the stitches, and, aside from the soreness of the mouth, some diarrhœa, and more or less pain in the stomach and intestines (which was easily controlled by morphine), no unpleasant symptoms manifested themselves. The carbolic acid was freely eliminated by kidnes and skin, the discoloration of the urine and odor of the perspiration being noticeable for several days. Within three days the patient was sitting up, and is now entirely well."

Œdema of the Penis from Abnormal Coition.

Dr. S. T. Armstrong thus writes in the *Mississippi Valley Medical Monthly:*

In no work on genito-urinary diseases that has been accessible have I found any reference to œdema of the penis consequent to abnormal coition. While there may be a criticism on the lack of a definition, aside from Ovid (Elegy VII., T. III., Amores), and a few other classical authors, of normal coitus, yet the *lex non scripta* would indicate any departure from a certain standard.

The following case will explain itself:

J. B., negro, aged thirty-six, native of Alabama, was admitted to the U. S. Marine Hospital at this point on April 26, 1886, for œdema of the skin of the penis, extending almost to the pubes. He stated that on the evening of April 22 he had connection with a negress, she sitting on his lap facing him, and causing the friction. He stated the act caused no pain, and in fact he had indulged in this method of sexual congress before. On April 23 his penis commenced to swell, and when admitted to the hospital measured six and a quarter inches in circumference at the glans and five inches at the pubes. The prepuce could not be retracted on account of the extensive œdema. Lead and opium lotion was applied without advantage in reducing the œdema, and on May 1 unguent. hydrarg. was rubbed in freely; this treatment being continued daily, the skin of the penis gradually returned to the normal condition. He was discharged, recovered, on May 11, eighteen days after the œdema commenced.

This history was narrated to a large number of physicians, none of whom had ever known of such a case except Dr. R. M. Pate, of Memphis, who kindly gave me the notes of the following case which he had treated:

W. P. S., aged thirty-two, white, treated in July, 1882, for œdema of the penis following coition, the woman sitting on his lap, as in the former case. The prepuce and a small portion of the skin of the penis just posterior to the glans was enormously swollen. The treatment was by free incision into the œdematous skin, immersion of the organ in hot water, and local applications of carbolized glycerine and water. The case recovered in eight days.

The cause of the œdema can only be explained by traumatism during the copulation. The treatment pursued by Dr. Pate is preferable, as the patient recovers in the shortest time, though care would seem requisite to prevent sloughing at the points of incision.

Retraction of the Penis.

Dr. Thos. F. Raven thus writes in the *Lancet*, August 7:

I should have published the following singular case some two years ago had I not feared that the strange details would be received with incredulity; but since a similar but more strongly marked example of the same condition has recently been recorded by Dr. Ivanoff, in a Russian medical journal, I do not hesitate to bring my own experience forward.

A. B., a healthy, steady single man, aged twenty-seven years, shortly after he had gone to bed one night, felt a sensation of cold in the region of the penis. He was agitated to find that the organ, a fairly developed one, was rapidly shrinking, and was, he thought, finally retiring. He at once gave the alarm, and I was hastily summoned from my bed to attend him. I found him highly nervous and alarmed. The penis had almost disappeared, the glans being just perceptible under the pubic arch. The skin of the penis alone was visible, and looking as it does when the organ is buried in a hydrocele, or, in an extreme degree, as it does after death by drowning. I reassured him, and gave him some ammonia, and found next day that the natural state of things had returned, but he remained weak and nervous for some days. He could give no explanation of the occurrence, and the unnatural condition has never returned. The circumstances of this care were not of so distressful a character as those related by Dr. Ivanoff. In his case the penis had bodily disappeared, and was captured only after prolonged manipulation. Even then the patient seems to have distrusted its tendency to remain in its natural position, for he had tied a string around it above the glans, in order that it should not again escape him. In this instance, too, the result was satisfactory, but the tendency to retraction was not finally subdued until the patient had been six days under treatment. He was a peasant, aged twenty-three, a married man with a family.

Resection of the Rib for Gangrene of the Lung and Empyema.

Dr. K. Snellen, of Zeist, Holland, having a case of pneumonia, which was followed by gangrene of the lung and empyema, aspirated, deferring opening up the cavity of the pleura for a few days. A fluctuating tumor being detected at the spot where the aspirator had been introduced, resection of the sixth rib, by the subperiosteal method, was performed,

four centimètres being excised. When the pleural cavity was opened, an immense stream of extremely offensive fluid came away. The cavity was washed out, through a male silver catheter, with a three per cent. solution of boracic acid, and afterwards with a one per cent. solution of chloride of zinc, the wound being covered with Lister's dressing. For the next two days, the patient's condition was very much improved, but, on the third day after the operation, the temperature rose to 104.2° Fahr., and erysipelas of the face set in, which extended over the head and neck, the patient succumbing on the eighth day after the operation. It seems uncertain whether the gangrene was the direct cause of this erysipelas. The writer is disposed to think that, in these cases, it is better not to resect very early, but to aspirate first, so as to relieve pressure on the lung, and then, after waiting a short time for the patient's condition to improve, to evacuate and wash out the cavity. German literature on this subject is scanty. Schneider, of Königsberg, had a successful case of resection of the rib for gangrene, but the latter was of traumatic origin, being due to a gun-shot wound, and, therefore, was less likely to be associated with so unhealthy a constitutional state as the present case, which was due to pneumonia. Dr. Snellen also suggests the practicability of repeated aspirations.

Removal of Callus by the Galvanic Current.

The *Medical Herald* says that Dr. Meyer, of Berlin, records the following case (*Deutsche Med. Wochenschrift*): A boy, thirteen years years old, had sustained a fracture of the upper arm. After a plaster-of-Paris bandage had been applied, the arm was in three weeks so far healed that the lower and upper arm stood at an angle of 80°, the wrist being tightly drawn up, and the fingers lying without power or motion on the hand. Attempts had been made in vain to produce extension. When he was brought to Dr. Meyer, the latter discovered on the inner side of the elbow-joint a callus that occupied a third of the lower arm, and had included the flexors of the fingers, thus depriving them of active and passive motion. On the application of the induction-current to the upper arm there was considerable movement in the muscles supplied by the radial nerve. When the ulnar nerve was brought under the influence of the current a slight movement of the abductor pollicis was observable, while irritation of the median produced a tingling sensation down into the hand. The galvanic treatment was as follows: The arm was laid on a conductor of the size of an octavo sheet, and a small electrode was applied, partly to the median nerve and partly to the callus. Frequent voltaic alternatives were employed. After sixty applications the boy could stretch out his arm fairly straight, and the place of the fracture could now be plainly felt on the inner side of the upper arm. After ninety applications the callus was reduced one-third, the active movement of the elbow-joint was nearly restored, and that of the wrist considerably improved. After one hundred and eighteen applications the muscles generally were in so good a condition that there could be no reasonable doubt about the perfect restoration of the use of the hand. This, Dr. Meyer thinks, shows that of all means the galvanic current is the most intensely sorbefacient.

A Simple Method of Removing Wens.

In the *Northwestern Lancet*, July 15, 1886, Dr. Lauenstein's simple method of removing sebaceous cysts of the scalp is described. The skin over large wens of the scalp is often so thin that, in the commonly practiced method of extirpation with a free incision over the convexity of the tumor, the sac is often ruptured in spite of all care, and through collapse of the walls of the sac the separation of the skin is rendered difficult and protracted in a disagreeable manner. This accident, unless it is a case of inflamed wen, may be avoided with certainty by a simple expedient, which has recommended itself to him on account of the rapidity of its execution, and which will be readily appreciated by those to whom it often happens to be pressed for time, or who, living in the country, are obliged to operate without skilled assistants. After shaving and cleaning the neighborhood of the wen, he makes a radial cut, about one inch long, through the skin where it is separated from the capsule of the wen, for instance, on the back of the head at the lowest point of the base of the tumor; through this slit he introduces the slender handle of the scalpel used, or a similar instrument, between the skin and sac, more or less deeply, according to the size of the tumor. This is very easily accomplished, and then he makes several sweeping movements of the scalpel-handle to the right and left, thereby separating with ease the sac from the skin. The elasticity of the skin allows almost the whole circumference of the wen to be separated in this way in a few seconds. He then cuts, with one snip of the scissors, the skin over the crown of the tumor as far

back as is necessary, and shells it out whole from its seat. There is often no bleeding, because of the division of the vessels of the sac by a blunt instrument. The rest of the treatment—sutures, drainage—is not affected by this procedure; nevertheless, he adds that any crushing or tearing of the edges of the wound is completely avoided.

Inoculation of Intermittent Fever.

Dr. C. E. Caldwell thus writes in the *Cincinnati Medical Journal:*

Blood was inoculated from "intermittent patients" on two healthy men, the following conditions having been complied with:

1. The place where the experiments were made was free from malaria.

2. The persons inoculated from were free from any other disease, especially syphilis.

3. The persons inoculated were willing.

4. The temperature of the persons inoculated was taken during a considerable period before the experiment, and showed no elevation.

The following results were arrived at:

1. The fever is inoculable by means of blood taken during an access.

2. The fever thus acquired differs from that acquired in the ordinary manner, by its irregular course.

3. After a number of attacks occurring singly or in groups, these developed in one case on the twelfth day, in the other on the twenty-fifth day, a comparatively regular quotidian, expressing the type of the source of infection.

4. The intensity of the disease was such in one case, on the nineteenth day, temperature was 105.6° F., in the other, on the twenty-eighth day, fever persisting for twenty-four hours, that they must be broken by a large dose of quinine.

5. The attacks occurred, with but few exceptions, in both persons at the hour of inoculation, 3 p. m., or reached their acme at this time.

6. The time of incubation would be hard to settle, owing to the isolated and unequal occurrence of the first attacks. The first fever motion occurred in one case on the seventh day, in the other on the twelfth day, the severe sequences of attacks in one case on the seventeenth day, in the other on the twenty-fifth day.

Trophoneurosis of the Skin Caused by Injury of the Median Nerve.

Before the American Dermatological Society, Dr. G. H. Tilden, of Boston, reported the case of E. F., fifty-five years of age, who had been wounded in the wrist by a circular saw four months before coming under observation. Three or four days after the infliction of the injury there was loss of the tactile sense, with a feeling of numbness in the last two phalanges of the fore and middle fingers. This had continued and steadily increased. Three weeks after the accident a bulla had appeared upon the terminal phalanx of the middle finger. Similar lesions had developed from time to time upon the last two phalanges of the fore and middle fingers. The bullæ had appeared every two or three weeks, and had not been accompanied by any subjective sensation. Six weeks' treatment with the faradaic current had caused decided improvement in all the symptoms. During this period only one bulla had formed. He had then stopped treatment and returned to work. Three weeks later all the former symptoms had suddenly returned. The patient had since disappeared.

The treatment of these cases consisted in the use of electricity and the application of blisters over the seat of injury. A last resource was to cut down upon the affected nerve and endeavor to relieve any constriction or pressure upon the nerve which might be found. If no such condition was detected, resection of a portion of the nerve might be advisable, since complete section was not apt to be followed by spontaneous trophic changes, and since it had been found by some observers that resection of a portion of the affected nerve was sometimes followed by the arrest of the trophic changes.

Bichloride of Mercury for Consumption.

The *Virginia Medical Monthly* for August, says:

"We have for some time been using corrosive sublimate with such marked advantage in the treatment of tuberculosis of the lungs, in a manner so much like that spoken of in the subjoined extract from July number, 1886, of *Progress*, that we had intended before this to make note of the fact. *Progress* does not tell us to whom to credit the following striking illustration of its value in tuberculosis: S. T. M., aged 38 years, came October 23, 1885, in a very feeble and emaciated condition, suffering from severe dyspnœa, hoarseness, frequent chills, followed by high fever, and colliquative sweats. Examination showed extensive infiltration of the epiglottis and the walls of the larynx. The vocal cords were concealed behind the

swollen tissues above. The cough and expectoration seldom ceased more than five minutes at a time during the entire day. The sputum was so rich in tubercle bacilli, that mounted preparations of it were used as samples for illustration in teaching. This man got a spray of the bichloride of mercury, prepared as follows:

℞.	Hydr. bichloridi,	gr. ij.
	Aquæ destillatæ,	Oj.
	Sodii chloridi,	ʒj.
M.	Ft. solutio.	

"He was ordered pills of the bichloride gr. $\frac{1}{10}$ each, one before each meal and at night, and a pill composed of assafœtida gr. iij, and ext. nux vomica gr. $\frac{1}{4}$, to be taken at the same time. In six weeks he was walking the fields five or six miles daily, hunting game. He was married last January, and is now out West."

The Effect of Sea-bathing on the Ear.

Dr. Sexton thus writes in the *Med. Record*, August 28:

Persons may nearly always escape the injury to which the ears are liable in bathing, by the observance of a few simple precautions. They should not expose the face or ear to incoming waves, especially such as are just "breaking" at the height of the head—*i. e.*, they should be on their guard not to be caught unawares. In floating upon the back, water is liable to trickle into the canal of the ear, and in diving it also enters easily. Such a result may be prevented by wearing non-absorbent cotton or sheep's wool in the opening of the ear.

On coming out of the bath no time should be lost in wiping out any water that may remain in the canal, and drying the parts; this may safely be done by rolling a small bunch of the fibres of absorbent cotton-wool on the end of a "parlor" match, from which the ignitable portion has been burned. The cotton should project well over the end of the stick to protect it, and to form a brush resembling those made of camel's hair. This brush may, with care or after proper instruction, be carried by the bather himself down into the ear for an inch, or until felt impinging on the drumhead; the use of one or more will remove all moisture, and probably prevent any further injury liable to occur from the presence of such an irritating fluid as sea-water.

A Wandering Tapeworm.

Dr. W. Davidson Bidwell, of Leavenworth, Kansas, writes to the *Medical Record* that a short time since a lady from the country brought him her boy, three years of age, with the account that he had passed several pieces of tapeworm during the past two months, and had become feverish and sickly. At bed-time a dose of castor oil was given the boy, and the next morning fifteen minims of oleo-resin of male fern in five-minim capsules, at intervals of one hour, another dose of oil being given in the afternoon. That evening the child passed a very long worm. A piece about a yard long became detached from the rest, and this piece, which tapered nearly to a point at one end, moved off, pointed end first, across the floor some six feet, and had climbed up the smooth side of the wall a distance of two and a half feet before it was discovered. The rest of the worm was noticed to wriggle some, but did not attempt to crawl away. During the two months that the child was passing portions of tapeworm, large numbers of pinworms were noticed almost daily in the evacuations. Dr. Bidwell asks whether such motions of a tapeworm outside of the body are often observed, and also whether it is common for the two kinds of worms to be associated?

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Two strong appeals for a higher standard of medical education appear almost simultaneously. One is by Dr. H. Genet Taylor, and was read before the New Jersey State Medical Society; while the other was read before the University Convocation at Albany, by Dr. William H. Watson, of that city.

——A serious arraignment of some of the theories of our common school system is contained in President E. A. Wood's address before the Medical Society of Pennsylvania. It has been issued in pamphlet form with the title "Heredity and Education," and should receive the attention of educators.

——The article on "The Adirondacks as a Health Resort," contributed to this journal by Dr. George E. Shoemaker, has been republished in neat form.

——A useful paper, with discussion, on "Electrolysis in Gynecology," by Dr. Franklin H. Martin, of Chicago, has appeared as a neat reprint, and contains many valuable suggestions.

——Dr. L. S. McMurtry, of Danville, Ky., in a reprint before us, narrates a case of ovariotomy, and adds some suggestive comments upon it.

——The value of intubation of the larynx as a substitute for trachcotomy is set forth in a reprint by Dr. E. F. Ingalls, of Chicago.

——"Meconeuropathia" is the name given by Dr. C. H. Hughes, of St. Louis, to the peculiar nervous symptoms which follow the excessive use of opium. He describes it in detail in a reprint of 14 pages.

——The curious affection known as "Trigger Finger," is described with illustrative cases by Dr. George W. Jacoby, of New York, in a reprint before us.

——The London Society for the Abolition of Compulsory Vaccination, forwards a 16mo. volume of about 150 pages, inveighing against vaccination in general, and its compulsory enforcement in particular. It is one of the remarkable sights of the age, this perversity in opposing the most beneficial discovery ever made in medicine.

BOOK NOTICES.

The Refraction and Accommodation of the Eye, and their Anomalies. By E. Landolt, M. D. Translated by C. M. Culver, M. D., with 147 illustrations. 8vo., cloth, pp. 600. Price, $7.50. J. B. Lippincott & Co., Philadelphia, 1886.

As a work on the physical properties of the eye there is probably none which is more exhaustive than the one before us. The latest methods of investigation are set forth with remarkable perspicuity and fullness, and the immense clinical importance of studying and treating the eye as an optical instrument is fully vindicated.

The text is divided into three parts: The first is occupied with the strictly physical portion of the subject, as the properties of lenses, the laws of reflection and refraction, the dioptric system of the eye, etc.

The second part is entitled "The Theoretical Portion;" it treats of the refraction of the eye, the various methods of determining its refraction and accommodation, and astigmatism.

This is followed by the third and last part, devoted to clinical considerations. In this we find discussed the various anomalies of refraction, as hyperopia, myopia, defective accommodation, etc. Presbyopia is scarcely recognized by the author as a separate topic, as he believes that the condition so called properly comes under some of the other divisions which he has instituted.

The book is well written and well translated, and should receive a careful reading from every one who would make himself master of this important specialty.

A System of Practical Medicine by American Authors. Edited by William Pepper, M. D., etc., assisted by Louis Starr, M. D. Vol. v. Diseases of the Nervous System, pp. 1326. Philadelphia, Lea Brothers & Co., 1886.

This bulky volume contains a really enormous amount of excellent material. Its contributors are twenty-three in number, and but few of the leading neurologists of the country are notable by the absence of their names. It is fair to add that there are some, however, of the very first rank who are not represented.

This is the concluding volume of this national work, and both editors and publishers may be congratulated on the manner in which the undertaking has been accomplished. It stands, and it long will stand, as a striking monument to the high culture of the American profession, and the contents of these large tomes is throughout of an order of merit which would redound to the credit of the profession anywhere in the world. It is in strong and favorable contrast to the ponderous, theory-laden tomes of Ziemmsen's *Cyclopædia*, and prove, what we have often maintained in this journal, that in points of practical medicine we are far ahead of German and French writers, and little, if any, behind them in the theoretical and abstract investigation of disease.

Of the topics treated in this fifth volume we need only say that they cover the whole ground of diseases of the nervous system. We have a prefatory article by Dr. Seguin on general semeiology, followed by monographs on mental diseases, headache, vertigo, tremor, paralysis, chorea, tetanus, alcoholism, epilepsy, catalepsy, neurasthenia, disorders of sleep, athetosis, meningitis, neuralgia, etc., etc., by the contributors. All are discussed in a satisfactory manner.

——The eminent obstetrician, Dr. Späth, Professor of Midwifery in the University of Vienna, has retired on a pension; and Dr. Breisky, Professor in the University of Prague, has been appointed in his room. The chair vacated by Dr. Breisky has been filled by the appointment to it of Dr. Ludwig Bandl, Professor Extraordinary of Obstetrics in the University of Vienna.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

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JOSEPH F. EDWARDS, M. D., } EDITORS.

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OF

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THE RELIGIOUS PROPRIETY OF ANÆSTHETICS IN CHILD-BIRTH.

The learned Dr. Mielziner, Professor of Hebrew in Union College, Cincinnati, discusses in a late number of the *American Israelite* the propriety of administering anæsthetics to women in childbirth. For is it not written in the book of Genesis that God said to the woman, "In sorrow (pains) shalt thou bring forth children?" And would not God be irritated to find out that Dr. Morton or Prof. Simpson, by discovering ether and chloroform, had entirely annulled His law, and had victoriously cancelled the punishment He had laid on women because Mother Eve gave Adam the apple?

We confess that the gravity of this view of the case had never impressed us before. But Dr. Mielziner informs us that devout ladies "have often refused to be placed under the influence of chloroform during childbirth" in consequence of this pious scruple. It is highly gratifying, therefore, to be able on the excellent authority of Dr. Mielziner to assure such tender dubitants that the ancient rabbis did not include this injunction among the 613 which are prohibitory in their nature; they looked upon it not as a command, but merely as a statement of what usually takes place. In fact, the Talmud mentions that certain "somnific drugs" were administered to criminals about to be executed, and doubtless this alleviation would have been extended also to women in travail, had their pains been considered worthy of notice by those wise men of old.

We feel greatly relieved at this decision, as we should not have liked to have been left in the predicament of having, on the one hand, either to baffle and disappoint Divinity, or, on the other, to allow parturients to suffer the agonies which we could so easily relieve.

MEDICAL NUMISMATICS.

Those who consider collectors of old coins and medals as harmless but useless monomaniacs, have little idea of how much of history finds its strongest and often its only support in just such collections. There are no relics of the past more valuable for certain important investigations than coins and medals. They reveal the condition of art, and preserve the names and figures of generations long obliterated.

Medicine itself can be historically studied from its medals and from evidence derived from coins, and we are glad to announce that this fruitful field is now under active culti-

vation by one of the most highly cultivated physicians of our country—Dr. Horatio R. Storer, of Newport, R. I. At a recent meeting of the Newport Historical Society, he stated that he is at work upon the history of medicine from a numismatist's point of view. As special collections in this branch are rare, any of our readers who possess medals or coins in any way illustrating medical events or distinguished physicians, or discoveries in our profession, should place themselves in communication with Dr. Storer, and aid him in his researches.

We have no doubt that the prosecution of this study will throw light on some of the dark corners of medical history, as it has upon the political and personal life of many remote ages and localities.

THE DANGERS THAT BESET PHYSICIANS.

There are many designing persons in this world, and it behooves us to be careful lest we, unwittingly, get ourselves into traps that hold us fast. The physician should be very careful in his intercourse with his female patients, for he should ever remember that the law most jealously guards the honor and chastity of a woman, and in this jealous guarding may sometimes bear heavily upon the physician who is not very discreet.

Let us suppose a case that may happen to any one. Let us suppose that an employer has reason to suspect that one of his female employees has become illicitly pregnant. He calls in a physician to determine the question. He says to the servant, "You must submit to this examination, or else I will discharge you." The woman perhaps replies, "I know that *physical* resistance is useless when two strong men say that I *must* be examined, but I do not give my consent to the proceeding." Were an examination made under such circumstances, we are inclined to believe that it would be legally construed as an assault.

The point we wish to make is that a physician always runs more or less risk when he examines a woman save in the presence of a third party, before whom she has clearly given her consent to the proceeding.

A GREAT MEDICAL EDITOR DEAD.

The medical profession throughout the world has been accustomed for years to recognize the *Lancet* as one of the greatest of medical journals. By years of toil, battling, and endeavor, it succeeded, many years ago, in reaching that pinnacle of editorial fame to which the ambition of the elder Wakley always aspired, and there, through the ability and devotion of the son of the great founder, it has continued to perch. The elder Wakley lived to see his creature a creator of sentiment and a power in the medical world, and then in the fullness of time he laid down the pen, to be taken up and wielded with equal vigor by his son. For more than a quarter of a century Dr. James G. Wakley has been the controlling spirit of the great *Lancet*, and now he too has passed from among us. It may be remarked as a somewhat curious coincidence that the great champion of the sword of America (Grant) and the great champion of the pen of England (Wakley), both were finally conquered by the same insidious and relentless foe, cancer of the tongue. Let us hope that Wakley has trained up some one to properly fill his vacant chair.

Notes and Comments.

Sudden Death from a Blow on the Testicles.

At a recent meeting of the Varna Medical Society, Dr. Ivanoff recorded the following rare case (Bulgarian *Meditzinsko Spisanïë*, June 20, 1886, p. 440). A man, aged between forty-five and fifty years, fought with a woman on the street. During the fight the woman dealt a violent blow on his genital organs. The man shouted, "I am dying!" staggered, and fell insensible. The author, who was almost immediately fetched to the spot by a policeman, found the patient lying on his back, motionless, pulseless, and breathless; his face, neck, and scrotum being very red. Not a trace of ecchymosis or any other sign of injury was detected anywhere in the man. Since there seemed to be heard a slight cardiac murmur, and a slight tremor to be felt in the carotids, Dr. Ivanoff without any delay resorted to artificial respiration. But neither forty-five minutes' manipulation nor electrization could establish the man's breathing. The congested parts soon became livid, and every sign of life extinct. At the post-mortem examination there were found only intense congestion of the meninges and brain, congestion of the lungs with numerous punctiform ecchymoses, accumulation of dark red fluid blood in the cardiac cavities, congestion of the stomach, liver, kidneys, and testicles. Everything else was quite normal. Basing this conclusion on all the facts as sketched above, the author stated (forensically) that

death followed from syncope, which had been brought about by sudden violent pain caused by a blow on the testicles.

Sulphate of Sparteine.

Hans Voigt, working in Nothnagel's clinic, has come to the following conclusions repecting the therapeutical action of the sulphate of sparteine. In small doses, the salt increases the efficiency of the cardiac contractions and raises the arterial pressure. The number of heart-beats is always increased. These effects are observed within an hour of the administration of the drug, and continue for twenty-four hours. The author recommends the suspension of the administration of the drug for some days, but it may be given for a week without risk. The remedy does not always regulate the rhythm of the heart-beats. Its action on the respiration is variable. Diuresis appears to take place in proportion to the improvement of the cardiac action. A beneficial sedative action is often obseerved. Headache, vertigo, malaise, and other objectionable symptoms, were but rarely met with as the result of the administration of small doses. The dose employed has been from one to four milligrammes. It will be remembered that in Sée's hands much larger doses (five to twenty centigrammes) were tolerated without cumulative or other objectionable effects.

An Anodyne for Use in Vesical Irritation.

Dr. W. P. Copeland, of Eufaula, Ala., writes (*Med. Record*): "In almost every community there are old men who suffer from enlarged prostates, accompanied with a chronic inflammation of the neck of the bladder, rendering them miserable sufferers and a care and anxiety to their friends and families. Having had the professional care of several of this class of cases, and dreading the tendency they so frequently acquire of the administration of opium for the relief of pain, I resorted to various washes for injecting the bladder, resulting in my adopting a solution of benzoate of soda, ten grains to one ounce of water, with twenty to thirty drops of the green tincture of gelseminum; this is warmed and injected by the patient through a soft rubber catheter, whenever the pain is severe, and the catheter withdrawn, leaving the medicine to be voided in twenty or thirty minutes; or where they are not able to pass anything from the bladder, the catheter is reintroduced and the medicine allowed to escape. My experience with this treatment has been so satisfactory that I cannot refrain from giving it publicity to the profession."

A Case of Probable Tuberculosis of the Skin.

To the American Dermatological Association Dr. Tilden related the history of a case occurring in a healthy-looking boy of two years of age, who had presented six or eight cutaneous lesions scattered over various parts of the body. These were of about the size of a split pea, slightly elevated above the level of the skin, and of a bright-red color, which disappeared entirely on pressure. They were hard to the touch, with borders of sensible infiltration. They had appeared within the previous five months, and had been very slow in growth. During the previous three months there had been failure in appetite and strength. In nearly all of the nodules there had ensued softening, with formation of pus, which had been discharged, and this had been followed by cicatrization. Four months later there had appeared in the left buttock a swelling which gave an obscure sense of fluctuation. In February the swelling in the buttock had increased in size, and there was more fluctuation in it. There was at this time sufficient outward curvature of the lumbar vertebræ to justify a diagnosis of Pott's disease. The author thought the most probable diagnosis to be tuberculosis of an unusual form.

Bismuth Subnitrate in Fœtid Perspiration of the Feet.

Vieusse (quoted in *Practitioner*, May, 1886,) draws the following conclusions:

1. Profuse perspiration of the feet, whether accompanied by pain or fœtidity, is easily cured by the application, with slight friction, of subnitrate of bismuth upon the diseased parts.

2. In opposition to the opinion generally held, according to which, the suppression of exaggerated perspiration may produce numerous accidents of metastasis, observation shows that the cure of this affection has not been followed by any unfavorable results, and that, if these are observed, they should be attributed to other methods of treatment hitherto employed.

3. In the cure of this disease, subnitrate of bismuth appears to exercise a purely local action, rendering the superficial cuticular structures firmer and more resistant.

4. In certain cases the remedy suppresses only temporarily the profuse perspiration of the feet, but causes the fœtid odor, as well as

the pain, which is the consequence of the exaggerated secretion, to disappear permanently.

Scarlet Fever and Scarlatiniform Eruptions Following Injuries and Operations.

Before the American Dermatological Association (*N. Y. Med. Jour.*) a paper on this subject was read by Dr. Atkinson, who first reviewed the literature of the subject referring to the cases on record. In many of these cases it was held that the affection had been a true scarlatina. In other cases the scarlatiniform rash was of septic origin. Various drugs which were frequently prescribed in traumatic cases would produce such eruptions, special reference being made to the cinchona alkaloids. The eruptions produced by these drugs were usually of an urticarial appearance, but they might be of a scarlatiniform nature.

Dr. Morrow said that the speaker had not mentioned the rash that often followed the use of antipyrine, which frequently simulated scarlatina. Again, carbolic acid and iodoform dressings would often produce rashes presenting the objective appearances of scarlet fever.

Paresis of the Respiratory Muscles following Diphtheria.

Dr. Rothmann (*Wiener Medizinische Wochenschrift*, June 12, 1886,) reports the case of a boy, seven years of age, who suffered from great difficulty of respiration following an attack of diphtheria six weeks previously. Inspection of the thorax showed the upper portion to be entirely without motion, and the lower ribs only rose and fell almost imperceptibly with the respiratory act. The epigastrium was also motionless, and none of the accessory muscles of respiration came to the aid of the little sufferer. The only way in which the child could increase his feeble expirations was by pressing with his little fists on the upper part of the abdomen. The treatment consisted in hypodermatic injections of strychnine, and the application of the induced current to the phrenic nerves and the abdominal muscles. After twenty applications of electricity, and the administration of about one-third of a grain of strychnine, the patient was cured.

Anæsthesia by Suggestion.

Dr. Pitres relates in the *Journal de Médicine de Bordeaux*, a case which well illustrates the power of hypnotic suggestion in producing anæsthesia. The patient was an hysterical woman, easily hypnotizable, who was suffering from a very painful phlegmon on the left thigh, following a hypodermic injection. The abscess was the seat of acute shooting pains, and could not be touched without causing the patient to scream. Dr. Pitres proposed to put the woman to sleep by hypnotism, then to order her to allow the abscess to be opened without feeling any pain, either during or after the operation, and finally to wake her up and make the incision. This was done as proposed; a dissection was made down upon the abscess, which was emptied of the pus, cleaned and dressed. During all this time the patient watched the proceedings with a smile, and expressed astonishment that the abscess could be opened without giving her the slightest discomfort.

Intra-peritoneal Injections in Acute Hemorrhage.

Rütgers (*Centralb. f. d. Med. Wiss.*, Aug. 7, 1886,) records the case of a woman who, as a result of post partum hemorrhage, was in a state of profound collapse, and whose veins, after ligature, did not swell, so that no indication for the site of an intravenous injection was obtainable.

A solution of sodium chloride 90 grains, sodium hydrate 5 grains, and distilled water 34 fluid ounces, was accordingly introduced into the abdominal cavity by means of a trocar. After three days, during which abdominal pain and subnormal temperature obtained, the general condition was excellent.

It is evident, from this experience, that the absence of swelling in veins after ligature is no sure sign of actual death, and it is suggested that the method described may replace that of hypodermatic injection of water in Asiatic cholera.

Hemicyanosis.

M. Renaut (*Lyon Médicale*) gives the following summary of a case: In 1879 an attack of acute, poly-articular rheumatism, and development of mitral insufficiency, with slight stenosis; at the same time, the sudden appearance of a blue discoloration of the left side of the trunk and of the left leg. For six weeks, embarrassment of heart's action and very grave condition. The blue color, like that resulting from ligature of a limb, was strictly limited to the left side; it occupied the front and back of the thorax, the lumbo-abdominal region, and, after an interruption, was continued on the lower limb. It was almost uniform, but at a few

points deeper in color. There was no œdema, and no varix. The face and the neck were only slightly congested.

Renaut referred this hemicyanosis to a lesion of the intra-medullary vaso-motor centres.

Contagiousness of Variola at the Beginning of the Eruption.

Lancereaux reports three cases (*Bul. de l' Academie de Medecine*) occurring in his hospital service, in which small-pox was transmitted at the beginning of the eruption. From these facts he draws the conclusion that variola may transmit itself on the first, or at least the second day of the eruption, since the small-pox patient admitted by mistake into the hospital was transferred two days after the appearance of the eruption. This is, however, not the opinion commonly admitted. An English physician of great celebrity, Herberden, following the citation of Dezateux and Valentine, asserted that he was in possession of facts demonstrating that small-pox could not be communicated until after the second or third day of the eruption, and that persons who never had it might, up to this period, sleep with those who had it without risk of taking it.

Carbolic Acid in Whooping-cough.

Dr. Pick Coblentz (*London Med. Record*) highly recommends the inhalation of carbolic acid in whooping-cough. He says that while there may be doubt as to the nature of the virus, there is no doubt as to the presence of some kind of specific microbe. Of course, the efficacy of carbolic acid is due to its destructive power over this germ. His method of administering is as follows: A small ball of wadding is saturated with from fifteen to twenty drops of pure liquid carbolic acid, and is placed in a mask which must be worn all day if possible, or at least for eight hours, the wadding being renewed three times daily. The urine must be examined for carbolic acid. He thinks that the period of the cough is considerably shortened by the inhalation, and that long-continued inhalation produces no toxic symptoms. He asks for a further trial of this treatment.

Concussion.

A railway accident in which passengers are merely concussed may be the cause of a curious mixture of diseases. Concussion may be regarded as that form of shock which is independent of the conscious intervention of the individual concerned. Some of the passengers may suffer from symptoms that soon pass away; others will become the subjects of nervous diseases of long, if not permanent, duration. There can now be no doubt that organic, as well as functional affections, of the nervous system may arise as the outcome of an accident that causes concussion. The inflammation of the spinal cord that sometimes immediately follows concussion has a tendency to pass away; but this regressive quality is necessarily of slow kind, and may also be abolished in the presence of a syphilitic, gouty, or other pronounced diathesis.

The Proper Use of Antipyrine.

The *N. Y. Med. Jour.* says that Pavay (*Wiener Med. Woch.*) has employed this drug in a large number of cases, and gives some useful rules for its administration. He adopts a middle course in regard to the dosage. When the temperature does not exceed 103° F. he divides 31 grains into three powders, and administers one powder every half hour. If the thermometer registers 104°, three doses are given as before, each dose consisting of 15½ grains. With a temperature of 105° and above, he gives 62 grains in four doses, half an hour apart. It is seldom, the writer asserts, that the temperature fails to fall from 2° to 4°, and to remain lowered from six to sixteen hours. If for any reason the stomach will not retain the drug, it may be given by the rectum in doses of from 30 to 45 grains, or hypodermically in a fifty per cent. solution.

Taking the Temperature in Children.

A very ingenious and simple method has been proposed by Filatoff, in the *Archiv für Kinderheilkunde*, vol. vii., part 3, for expediting the troublesome process of obtaining the temperature in children.

He recommends that by the use of a previously-warmed thermometer the fall, and not, as is usual, the rise of the mercury be observed. In from one to two minutes the column is found to stop at a point which very closely approximates to the actual temperature of the patient. It is found that the higher the fever, the smaller is the error. Thus, at temperatures of from 103.1° to 104° F., the error does not exceed 0.2° F., while for lower temperatures it may reach 0.5° F. It is, of course, evident that a certain amount of care and skill is requisite in order that the precursory warming of the thermometer be neither insufficient nor excessive.

Value of Resorcin, Icthyol, and Lanolin in Cutaneous Diseases.

Before the American Dermatological Association, Dr. H. W. Stelwagon, of Philadelphia, read some notes on this point. In regard to lanolin, he said that in some cases as an ointment base this is superior to the ordinary fats in use. Where a simple protective action is desired, it is inferior to vaselin, cold cream, or lard. In chronic cases, where there is infiltration and a degree of penetration is the object, lanolin is especially valuable. The writer stated that according to Liebreich, a lanolinum purissimum was now manufactured, in which the cholestrin ethers were absent. The main disadvantage of lanolin as now manufactured from sheep's wool is its strong sheepy odor. In a few acute and subacute cases of eczema, lanolin for some reason proved irritating. As a rule, however, it is bland and unirritating.

Tonics in Malarial Hæmaturia.

When fever has subsided, the quinine is left off, and the time has arrived for the employment of tonics, Dr. L. F. Calhoun (*Med. Herald*) knows of none better than the following:

℞ Tinct. nux vom., ℥j.
Tinct. mur. iron, ℥ss.
Elix. vitriol, ℥j.
Aquæ q. s. ft., ℥viij.

Sig.—A teaspoonful in water after meals, i. e., three times per diem. It should, of course, be taken through a glass or reed in order to prevent the vitriol from acting upon the teeth.

A second very good tonic is this:

℞ Ferri et. quiniæ citratis, ʒij.
Strychnia sulph., gr. j.
Tinct. columbæ, ℥j.
Syr. limonis, ℥j.
Aquæ rosæ, ℥vj.

Sig.—Two teaspoonfuls in water three times a day.

Caffein as a Diuretic.

This subject is discussed by Dr. W. von Schröder in the *Centralblatt f. d. Med. Wiss.*, No. 26, 1886. He finds, as the result of experimental investigation, that the diuretic action of caffein, which is often very marked, is not due to any change in the pulse-rate or to increase in the blood-pressure, such as is produced through the agency of the vasomotor system, but is most probably brought about by a direct stimulation of the secreting elements of the kidney.

Similarly, Dr. A. Langgaard, in the same journal, No. 29, gives testimony as to the diuretic action of this drug, and agrees in every respect with v. Schröder as to the manner in which its action is brought about—that it occurs quite independently of any change in the blood-pressure, appearing even when the pressure is reduced to *nil*.

Oil of Turpentine in Scrofulous Ozæna.

Malacrida (*Centrlbl. f. Chir.*, July 17, 1886,) reports the case of a girl ten years old who had ozæna of long standing which had long been under treatment in vain. Taking a suggestion from the cure of old fistulous tracts with oil of turpentine, the author used this drug locally, and gave the patient a supporting diet. Cotton tampons moistened with a few drops of the oil were introduced into the nose. As they caused considerable irritation, those subsequently used were wrapped with dry cotton. A perfect cure took place in a week. Five other cases treated by the same method are mentioned, in none of which was the cure delayed longer than a month.

A Cure for Freckles.

Dr. Halkin's procedure (*American Practitioner and News*) is as follows: The skin being washed and dried is put on the stretch with two fingers of the left hand, and a drop of carbolic acid is applied exactly over the patch. When it dries, the operation is completed. The skin becomes white, and the slight sensation of burning disappears in a few minutes. The thin crust which forms after the cauterization should not be disturbed; it detaches itself spontaneously in eight or ten days, leaving a rosy coloration, which is soon replaced by the normal color of the skin.

Hippurate of Calcium in the Treatment of Cirrhosis of the Liver.

M. Dujardin-Beaumetz (*Union Méd.*, August 19, 1886,) employs the following preparation:

℞ Hippuric acid, 6 drachms.
Lime water, 16⅔ ounces.
Syrup, 20 "
Essence of lemon, 1 drachm.

Dose.—A tablespoonful several times daily, so that the equivalent of one or two drachms of hippurate of calcium may be given.

Under the use of this drug the writer has observed a marked amelioration of the ascites attending cirrhosis.

The Treatment of Sick-headache.

Dr. W. Gill Wylie, of New York (*N. Y. Med. Journal*), has produced excellent results with the following method of treat-

ment: So soon as the first pain is felt, the patient is to take a pill or capsule containing one grain of inspissated ox-gall and one drop of oil of gaultheria every hour until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.

Heat Destructive to the Comma Bacillus.

At a recent session of the Academy of Sciences in Amsterdam, Prof. Forster stated that he and Dr. van Geuns had found that the comma bacillus was destroyed by heating the substance containing it to 55° C. In their work "Les Bacteries," MM. Cornil and Babes state that the comma bacillus is destroyed by exposure to a temperature of 50° C. for few days; also that a culture of comma bacilli can be sterilized by slowly heating it to 65° or rapidly to 75° C.

Application for Use in the Eruption of Wisdom Teeth.

Delioux de Savignac (*Revue de Thérapeutique*, July 15, 1886,) has commended the following mixture as an application to the inflamed gums over wisdom teeth in the process of eruption:

Glycerole of starch,	ʒij.
Pulverized borax,	gr. xv.
Pulverized saffron,	gr. viij.
Tincture of myrrh,	gtt. x.

With this make gentle and repeated frictions of the gums.

Œdematous Laryngitis.

Dr. Mackern, Buenos Ayres, reports in the *Lancet*, May, 1886, three cases of œdema of larynx treated by scarification and external blistering, with uniformly good results. In case 1, the œdema arose from a syphilitic ulcer, and there was a slow development of the symptoms. In case 2, the laryngeal trouble was secondary to an erysipelatous pharyngitis, and came on suddenly. In case 3, the cause was obscure. In each case the œdema was in the ary-epiglottic folds and ventricular bands, and the true vocal cords were entirely hidden.

Another Remedy for Vomiting of Pregnancy.

Still another remedy for this much medicated condition has been found in the hydrate of cocaine. When everything else had failed, when hope had fled, and abortion seemed the only alternative, Dr. Holtz gave his patient a hypodermic injection of cocaine, and the vomiting ceased. The writer is happy to record the instance as one of the few in which cocaine has appeared to be good for anything except for local anæsthesia.

Peroxide of Hydrogen in Epilepsy.

Dr. B. W. Richardson recommends (*The Asclepiad*) this drug for more extended trial in epilepsy, and records some strikingly successful cases. It should be given in what is known as the ten-volume solution, one fluid drachm three times daily in half a tumbler of water, increasing the dose gradually to two or even three fluid drachms. To mask the metallic taste of the drug, a drachm of glycerine should be given with each dose.

Treatment of Diphtheria Complicating Scarlet Fever.

Dr. Heubner, of Leipzig, treats these cases by means of injections into the tonsils and gums of a three per cent. solution of carbolic acid. This should be done on both sides of the mouth and throat twice daily, with an instrument prepared by him for the purpose. Since H. has applied this method, the rate of mortality has fallen from thirty-five to thirteen per cent.

Sanguinarine Nitrate.

Reporting the results of his use of this drug in the *N. Y. Med. Jour.*, Dr. E. R. Shurly says that no special results follow the local use of this drug, but for internal administration in a certain class of cases it is highly useful as a stimulating expectorant. He has noticed no unpleasant effects of depression from it in doses of $\frac{1}{10}$ to $\frac{1}{4}$ of a grain in syrup.

Pilocarpine in the Treatment of Adenitis.

In the *Medical Record* Dr. Dourado recommends the treatment of chronic enlargement of the lymphatic glands by the injection of the salicylate of pilocarpine. In chronic parotiditis and in adenitis of the inguinal glands, the treatment was also successful.

Prescription for Alopecia.

Oil of sweet almonds and stronger liquor of ammonia, of each, one ounce; spirit of rosemary, 4 ounces; honey water, 2 ounces. Mix. This lotion is to be rubbed well into the roots of the hair and over the scalp, and

the head should afterwards be washed with clear, soft water—rain or distilled water, if possible.

A Russian Ointment for Articular Rheumatism.

Grinevitski (*Brit. and Col. Druggist*, July 24, 1886.) is credited with this formula:

R.	Extract of aconite.	½ drachm.
	Mercury ointment.	1 "
	Hyoscyamus ointment.	½ "

News and Miscellany.

American Rhinological Association.

The fourth annual meeting will be held at St. Louis, Mo., October 5th, 6th, and 7th, 1886.

PROGRAMME.

OCTOBER 5TH—MORNING SESSION AT 10 O'CLOCK.

Roll Call.—Address of President, A. De Vilbiss.

Papers.

1. A Mixed Form of Atrophic and Hypertrophic Catarrhal Inflammation (heretofore undescribed), and its Treatment. By P. W. Logan, M. D., Knoxville, Tenn.

Discussion.

2. Thoughts Relating to the Naso-pharyngeal Tract. By J. W. Fink, M. D., Hillsboro, Ill.

Discussion.

3. Chromic Acid and Tri-chloro Acetic Acid in the Treatment of Hypertrophies of the Pharyngo-nasal Cavities. By Drs. J. A. Stucky and O. F. Brown, of Lexington, Ky.

Discussion.

Adjournment at 1 p. m.

AFTERNOON SESSION AT 3 O'CLOCK.

4. The Future of Rhinology. By Carl H. von Klein, M. D., Dayton, Ohio.

Discussion.

5. Necrosis of the Nasal Bones. By H. Jerard, M. D., East Lynne, Mo.

Discussion.

6. Oleate of Quinine in Nasal Catarrh. By Jno. D. Sympson, M. D., Bloomington, Indiana.

Discussion.

Adjournment at 6 p. m.

OCTOBER 6TH—MORNING SESSION AT 9 O'CLOCK.

Business Meeting.

I. Report of the Secretary and Treasurer. II. Report of the Librarian. III. Report of the Nominating Committee. IV. Report of other committees. V. Miscellaneous business.

Papers.—At 10 O'clock.

7. New Methods in the Treatment of Catarrhal Inflammation of the Nose and Throat, including Diphtheria, etc. By H. Marks, M. D., St. Louis, Mo.

Discussion.

8. Treatment of Pruritic Catarrh (Hay Fever). By. Thos. F. Rumbold, M. D., St. Louis, Mo.

Discussion.

9. The Use of Cocaine in the Treatment of Diseases of the Pharyngo-Nasal Cavities. By J. A. Stucky, M. D., of Lexington, Ky.

Adjournment at 1 p. m.

AFTERNOON SESSION AT 3 O'CLOCK.

10. The Importance of Constitutional Remedies in the Treatment of Chronic Catarrhal Inflammation of the Upper Air Passages. By H. B. Logan, M. D., St. Louis.

Discussion.

11. Treatment of Acute and Chronic Inflammation of the Superior Respiratory Passages. By W. G. Lipes, M. D., Toledo, Ohio.

Discussion.

12. Colds in Very Early Infancy; How Taken and How Prevented. By H. F. Hendrix, M. D., St. Louis, Mo.

Discussion.

Adjournment at 6 p. m.

OCTOBER 7TH—MORNING SESSION AT 10 O'CLOCK.

13. The Importance of Early Recognition and Treatment of Naso-aural Catarrh. By N. R. Gordon, M. D., Springfield, Ill.

Discussion.

14. Is Hay Fever (so-called) a Disease per se? By J. P. Matthews, Carlinville, Ill.

Discussion.

15. Scarification in Nasal Hypertrophy. By A. G. Hobbs, M. D., Atlanta, Ga.

Discussion.

16. New Instruments. By the Fellows.

Ballot for Officers for 1886–87, and their Introduction into Office. Announcement of the next place of meeting.

Adjournment.

OFFICERS, 1885–86.

President, A. DeVilbiss, M. D., Toledo, Ohio; First Vice-President, J. A. Stucky, M. D., Lexington, Ky.; Second Vice-Presi-

dent, Carl H. von Klein. M. D., Dayton, Ohio; Recording Secretary and Treasurer, P. W. Logan, M. D., Knoxville, Tenn.; Librarian, N. R. Gordon, M. D., Springfield, Ill.; Members of Council, R. S. Knode, M. D., Fort Wayne, Ind., Hiram Christopher, M. D., St. Joseph, Mo., E. F. Henderson, M. D., Los Angeles, Cal., H. Jerard, M. D., East Lynne, Mo.

A Danger from Public Baths.

An interesting case is recorded by Dr. Auburt, according to the *British Med. Journal*, in which blennorrhœa was communicated by means of a bath. A lady consulted him for her child, aged four years, who for some days had had an abundant vulvar secretion. The child complained also of pain and burning in passing urine. In relating the case, the mother stated that she herself had, for some weeks, been affected with a like discharge, and her husband with an urethral discharge. According to the lady's husband, this was due to drinking turbid wine; an explanation which, as it was satisfactory to the lady, was not questioned by the medical man. A microscopic examination revealed the gonococcus in the discharge from both mother and daughter. On further inquiry, it appeared that the child, three or four days before the appearance of the discharge, had taken a bath with its mother. No other possible source of infection could be thought of. In the same family there was another child which did not have the bath, and which escaped the infection. Professor Filippi, of Florence, commenting on this case (*Lo Sperimentale*, October, 1885), relates that during the previous year, fifty-five little girls were infected with vulvitis at the public baths of Santa Lucia at Florence. Some of the children also contracted severe purulent inflammation of the eyes. The only explanation of this outbreak was, that the contagion had been deposited in the water by some woman or child already infected. Professor Filippi goes on to remark on the hygienic and medico-legal aspects of the case. It is not always possible to make sure that people making use of public baths are free from every sort of infectious disease. Unless, therefore, the supply of water be undergoing constant renewal, the water ought to be changed for each person. The forensic aspect of the case is also important. When a child, with vulvar discharge, is brought for examination on account of a supposed criminal assault, the above-mentioned mode of infection ought to be borne in mind.

Milk Boiled and Unboiled.

Dr. M. Reichmann, in the *Deutsche Med. Zeitung*, draws the following conclusions from a number of elaborate experiments as to the digestibility of milk in the human stomach:

1- Boiled milk leaves the healthy stomach more rapidly than an equal quantity of unboiled milk.

2. The digestion of boiled milk is more rapidly accomplished than that of unboiled milk.

3. The coagulation of unboiled milk in the stomach is complete in five minutes.

4. The coagulation is not caused by the acid of the gastric juice, and by the influence of a special ferment (milk-curdling ferment).

5. The acidity of the gastric juice is at first due almost solely to lactic acid, and later in the process of digestion to the presence of hydrochloric acid.

6. Hydrochloric acid first appears in perceptible amount 45 minutes after the ingestion of half a pint of milk.

7. For the first hour and a quarter after the ingestion of milk the acidity gradually increases, and then decreases until the milk has entirely left the stomach.

8. The curds of casein in digestion of boiled milk are much softer than in the case of uncooked milk.

The Beauty Trade.

The Duvals, of Paris, seem to have a talent for making themselves notorious. One has made himself famous throughout Europe by his restaurants; another some years ago got talked about by blowing out what brains he possessed at the feet of Cora Pearl, annoying that lady by messing her carpet. A third has just provided material for the Paris papers by an action he has lately defended against a Madame Lafitta, who sued him for some $360 for nostrums which she had supplied to him intended to make hair grow on his bald head. Madame Lafitta, it appears, had to wear a wig herself, but the fact does not seem to have depreciated her talents in the opinion of her clients. Her explanation was that she had no time to spare for cultivating her own hair. M. Duval, it appears, paid her 134 visits and used all her unguents, but at the end of the treatment his pate showed no signs of cultivation. He refused to pay more than a hundred francs as the value of the preparations, claiming that there had been an understanding that there was to be no pay unless a perfect cure was effected.

The judge supported his view of the matter, took his valuation as correct, sent Madame Lafitta and her balderdash to the right-about, condemning her at the same time to pay her own costs.

Liquor Statisiics.

Last year the British spirits retained for home consumption amounted to 26,609,488 gallons, 0.733 of a gallon per head of a population estimated at 36,325,115. The foreign and colonial spirits consumed represented 0.221 of a gallon per head, the quantity being 8,012,655 gallons. The amount of foreign wines consumed was 13,767,928 gallons, 0.379 of a gallon per head; of beer, 27,101,238, or 0.746 of a barrel per head; of tea, 182,408,830 pounds, equivalent to 5.022 pounds per head; of coffee, 32,660,320 pounds, 0.898 of a pound per head. These figures show a large falling off in the consumption of British spirits, nearly 2,000,000 gallons; a falling off of some 300,000 gallons of foreign spirits; and a slight decline in the consumption of foreign wines. Beer showed a slight increase in the total consumed, but not in the amount per head of the population. Nearly 20,000,000 pounds more of tea were consumed, and coffee also showed a slight improvement. These statistics must be highly encouraging to advocates of temperance, being an undoubted proof that their labors in the past have not been without effect.

Pen Picture of Lawson Tait.

Dr. W. O. Roberts, in the *American Practitioner and News*, August 21, 1886, says: "Mr. Tait is a much younger man than I had expected to find him. He is just forty-one years of age; he is about five feet nine inches in height, and weighs, I should say, two hundred and twenty-five pounds. His legs are short, body quite long and large; hands short and fat, but how nimble and dextrous! His hair is dark brown, slightly sprinkled with gray, and he wears it quite long. He has a full face with short side whiskers. His voice is pleasant and manly, and his whole make-up impresses you as belonging to a person of immense force. His manners are pleasing, and to friends cordial. I should say he was a good lasting hater. He is a native of Edinburgh, and was a pupil and very intimate friend of the late Sir James Simpson, to whose pictures he bears a striking resemblance. He does most of his operations before breakfast, and seems to be in a big rush during all the day."

The Influence of Foreboding in Disease.

In the *Asclepiad*, January, 1886, Dr. B. W. Richardson says that there are two kinds of forebodings—the fanciful and serious. False forebodings are presented by the persons of fanciful and flighty natures, who are really fond of contemplating risks, and who suggest anxiety one minute and laugh at them a few minutes afterwards. These forebodings have no serious importance. True or serious forebodings emanate from persons who are firm and thoughtful, who as a rule keep to themselves what is on their minds until something like a crisis has been reached, when they come to a conclusion to which they adhere, by which they are much influenced. These forebodings are a critical disease, and are bad; they have a direct effect on the physical powers; the heart's action is impaired, the digestion becomes affected, and there is a want of tone very much opposed to the restorative efforts. A wise plan is to take as little notice of these forebodings as possible, but to ridicule them is bad.

Consumption of Tobacco in Europe.

M. Paul Leroy-Beaulieu, in an interesting paper in the *Economiste Francaise*, gives the following figures, showing the quantity of tobacco consumed in the different countries of Europe, and the rate per 1,000 inhabitants is, according to him, as follows: Spain, 110 pounds; Italy, 128 pounds; Great Britain, 138 pounds; Russia, 182 pounds; Hungary, 207 pounds; France, 210 pounds; Denmark, 224 pounds; Norway, 229 pounds; Austria, 273 pounds; Germany, 336 pounds; Holland, 448 pounds; and Belgium, 560 pounds. In other words, while in Spain little more than 1 pound per head is consumed, nearly double that quantity is consumed in France, three times as much in Germany, four times as much in Holland, and five times as much in Belgium.

French Vital Statistics.

It was stated by M. Bertillon, in a letter recently delivered at the Hygienic Exhibition in Paris, that the movement of the population for the past year throughout France had been very unsatisfactory, the total number of births being 922,361, or, upon the average, 30,000 fewer than for the last fifteen years. Moreover, out of this total 74,118 were illegitimate, or rather more than 8 per cent. of the whole, this being the largest number of illegitimate births ever recorded. Upon the other hand, there had been a slight reduction in the number of

deaths, the total for 1885 being 836,897; but still the excess of births over deaths was only 85,464.

The Milk of New York.

Dr. Edson, of the Health Department, has been making an investigation of the milk brought to the city over the various railroads, and has found that in some instances it was diluted with as much as forty per cent. of water. On September 10, he made a report to the Board of Health of an inspection recently made by him of ten candy factories. At one of them he found a quantity of Venetian red, which is used to give color to low grade chocolates, and in another, some burnt umber, which is used in the coloring of Christmas toy candies. In none of the other establishments were any pigments found in use which are delcterious to health.

Separate Licensing Boards in Canada.

The *Canada Medical and Surgical Journal* says: "The advisability of establishing a Central Examining Board has now been fully entertained both by the Governors of the College and also by the general meeting of the profession. It will, therefore, doubtless come into force as soon as the necessary legislation shall have been obtained. The proposed composition is such that all interests seem to be fairly represented. The total number will be twenty, more than would be required, except for the absolute necessity for a double set of examiners, English and French."

Starvationists.

A community was started at Anaheim, California, several years ago, the principal feature of which was that only uncooked vegetable food was used. One after another of the members have departed, either by resignation or starvation, and now but two are left. One of these, the spiritual adviser of the society, Walter Lockwood Thales, is so nearly starved to death that he is confined to his bed from weakness; and the other, Mrs. Hinde, is so near the bound of life that the ladies living near her are forbidden to see her pale, wan face in the dying pangs of death by starvation.

A Two-pound Child.

Dr. S. L. Post reports in *Daniel's Texas Medical Journal* that he delivered a woman twenty-three years of age and the mother of three children, of a fœtus weighing only two pounds. There were no pulsations in the cord, which was cold and atrophied, and wholly detached from the placenta. After diligent work the child was made to breathe, and it is now as well as any infant. The woman menstruated regularly during her entire period of gestation, and during the last four weeks flooded so profusely that she was unable to attend to her domestic affairs.

An Elastic Mucilage.

The *Chemische Centralblatt* gives the following directions for an elastic mucilage:

Dissolve one part of salicylic acid in twenty parts of alcohol, add three parts of soft soap and three parts of glycerin. Shake thoroughly, and add the mixture to a mucilage prepared from ninety-three parts of gum Arabic and the requisite amount of water (about 180 parts).

This mucilage is said to keep well, and, when it dries, to remain elastic without tendency to cracking.

The Gropings of Medicine.

A physician was once conversing with a prince who spoke of medicine as a science of guess-work. "But, sire," he said, "let us suppose that an Egyptian darkness were suddenly to come over the land. Would you not rather trust to a blind man to guide you to Paris than to one who might see in the light; to one who had learned to grope his way in the darkness than to another who would stumble and go astray the moment his clear sight was dimmed?"

New Metric Abbreviations.

The International Committee of Metric Weights and Measures has adopted the following system of abbreviations. Italics are employed, with the exponents 2 and 3 to denote square and cubic measure: Metre=*m*, decimetre=*dm*, centimetre=*cm*, millimetre=*mm*, kilometre=*km*. Metre square=m^2, metre cube=m^3, and so for the rest. Litre=*l*, decilitre=*dl*, etc. Kilogram=*kg*, dekagram=*dkg*, gram=*g*, decigram=*dg*, centigram=*cg*, and milligram=*mg*.

Death of Another Patient of M. Pasteur.

A child, three years and a half old, is reported, in the *Semaine Médicale*, to have died lately from rabies at Teste. He was bitten by a mad dog on June 14th last. On the 16th he was brought to Paris, where, during ten days, he was submitted to Pasteur's treatment. After his return to Teste on June 28,

the child was seized on August 12 with the first symptoms of hydrophobia, to which he succumbed in a few days.

A Fortunate University.

Since 1879 the University of Sydney has received donations exceeding a million of dollars. One bequest, known as the Challis bequest, is expected to realize $1,000,000. The Macleay Natural History collection, another recent gift, is valued at $125,000, and a sum of $30,000 has been promised for the endowment of a curatorship in connection with it. For the purpose of founding a library a donation of $150,000 was made.

Artificial Quinine.

The *Lancet*, of August 28, intimates that Mr. Creswell Hewett has made a discovery by which quinine may be made by synthesis, from an article which may be got in abundance in any part of the world. It is thought that Mr. Hewett will put himself into communication with the British Government, which spends $300,000 annually in India alone in the cultivation of the cinchona tree.

The Coming Man.

A local chemist who lately advertised for an assistant was favored with, amongst other applications, one from an ingenuous youth, who, after detailing a few particulars as to where he had been and what he had done, begged to enclose his photograph, *and asked to see that of the advertiser in exchange.*

What a treat it would have been to see the face of that astounded pharmacist!

Roman Law and Medical Practice.

The Roman laws ordained, says Montesquieu, that physicians should be punished for neglect or unskilfulness, in treatment. If the physician was a person of any fortune or rank, he was condemned to deportation; but if he was of a low condition in society he was put to death, which was rather hard on the said physician of low condition.

Medical and Scientific Newspapers in Japan.

From recently published statistics of the Japanese press it appears there are seven medical papers, with a monthly circulation of 13,514; nine relating to sanitary matters, with a circulation of 8,195; and two on pharmacy. There are seven devoted to various branches of science.

Longevity of Intellectual Women.

Hannah More died at 88; Joanna Baillie, 80; Mary Russell Mitford, 70; Agnes Strickland, 74; Mrs. S. C. Hall, 80; Madam de Sevigne, 70; George Sand, 72; Mrs. Siddons, 76; Mary Somerville, 92; Caroline Herschel, 98; Fanny Kemble is living at 73, and Harriet Beecher Stowe at the same age.

Items.

—Chloral hydrate is used in Russia as a means of robbery.

—The Amsterdam quinine works are threatened with suspension.

—An English woman recently tried to commit suicide by swallowing soap liniment.

—During the past year $150,000 worth of licorice root was shipped from Smyrna to the United States.

—A Chinese edition of "Gray's Anatomy," prepared by Dr. John Dudgeon, who has resided in China for over twenty years, has lately been published.

—The vital statistics of Paris show that twenty-eight per cent. of all children born are illegitimate. Of still-born, thirty-five per cent. are illegitimate.

—Dr. M. Bertin, of Dijon, having ligated the common carotid for the cure of an angioma, found two years later that a new carotid artery had formed, slightly smaller than the original, but the pulsations were distinctly visible.

—Naphthalin leaves are prepared (*Pharm. Zeitung*) by applying a melted mixture of 25 parts of carbolic acid, 25 parts of ceresin, and 50 of naphthalin, to the surface of unsized paper placed upon a warm metallic surface.

—The attempt by the Chinese government, at Hong Kong, to cultivate cinnamomum cassia, is meeting with a serious drawback. The natives who use the leaves in medicine, persistently break off the leaves and branches, thus leaving the plants in almost leafless condition.

—According to the *Lancet*, Dr. Eustace Smith thinks highly of Monti's antiseptic treatment of whooping-cough, in which the child is caused to inhale, four times a day, a spray of carbolic acid (1 to 100), or of benzoate of sodium (1 to 20), and to take internally, every two hours, in milk, a suitable dose of tannate of quinine with benzoate of sodium and sugar. The average duration of the attack under this treatment is only three weeks.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1544.] PHILADELPHIA, OCTOBER 2, 1886. [Vol. LV.—No. 14.

Original Department.

Lecture.

VALVULAR DISEASE.*

BY PROF. WILLIAM H. DRAPER, M. D.,

Of New York.

Before having the history of the next case read, we will see what can be learned from the physical examination regarding his present condition without knowing the causes of it.

Inspection.—There is a visible pulsation of the ulnar, brachial, and carotid arteries, and the superficial veins of the arms and neck are distended and prominent, and the jugulars seem to pulsate. The neck is unusually large and thick, owing to a swelling of the thyroid gland.

You have sufficient evidence here from the character of the arterial pulsation and the obstruction to the venous current to justify you in the suspicion at least of some cardiac trouble. The thyroid gland is not unfrequently found to be enlarged in cases of heart disease, but more especially in functional disorders rather than inorganic disease of the heart.

Palpation.—The apex beat is much displaced, and it is felt in the fifth intercostal space and in the line of the axilla, that is, at a point about three inches to the left of the nipple. There is no cardiac thrill felt by the hand.

Percussion.—The area of cardiac dullness is increased principally to the left, showing a considerable hypertrophy of the left ventricle.

Auscultation.—There is no well marked and distinct murmur to be heard either at the apex or over the mitral valve, but at the base the second sound of the heart seems to be prolonged.

The pulse is full, large, and jerking under the finger and visible to the sight. It is that character of pulse which is sometimes called "Corrigan's pulse," from the man who first described its peculiarities, and sometimes the "locomotive pulse," or the "visible pulse," or the "water-hammer pulse." It is a very characteristic pulse, and it is almost invariably associated with one of the most important cardiac lesions, namely with aortic regurgitant disease.

Having finished the examination, we are now ready to hear the history of the patient read.

History.—Name, T. M. Age 37. An engineer. Born in the United States. Is married. Was admitted to the hospital December 6. Does not drink to excess regularly, but sometimes goes on sprees. Has never had any rheumatism or malaria.

Fifteen years ago he had a chancre on the penis, which was followed by a secondary eruption, and about a year afterwards he had an ulcer upon the skin, which finally healed. Has had no further specific trouble since. He was some time ago struck in the left eye with an iron wrench, which has left a scar in the shape of an opaque band across the pupil. One year ago, while in the West Indies, he was exposed to cold and wet, and he then caught cold. This was followed by pain and distress in the left epigastric region, and he became short of breath upon exertion. These symptoms have continued with more or less severity since. He has been on a spree most of the time since last April.

* Abstract from clinical lecture.

About a month ago his present difficulties began with indigestion and pain in the stomach and shortness of breath, and about a week ago he had a peculiar sensation, as if a fluid were running from his legs up into his chest. Since then he has suffered from slight headache and occasional attacks of vertigo. Has had no chill, no cough, and no vomiting. On admission his respirations were 36, pulse 88, temperature 100.4°.

One point of especial interest in this history is that the patient had constitutional syphilis fifteen years ago; for this disease is unquestionably one of the most important and frequent causes of arterial degeneration and of endo-cardial disorders. Another interesting point is the fact that he has gone on for a number of years with a cardiac disease which has not, until recently, interfered seriously with his work or his comfort. And when you consider that he has a hypertrophy of such extreme degree, and a cardiac lesion so extensive, as to produce obstruction to the circulation in the systemic veins, this long period of immunity seems to be an extraordinary circumstance. But, in fact, it is one which occurs frequently. The reason these people do not take any notice of their condition is because a compensation goes on for years, by an increase in the muscular walls of the heart and a dilatation of its cavities, and not until this compensation ceases to be made do they begin to suffer. So if you will go carefully into the history of these patients you will find that those difficulties which seem to them to be sudden developments are not such in reality.

In this man the fact of a prolongation of the second sound of the heart, most distinctly heard at the apex and over the mitral orifice, and less distinct at the aortic, points to a stenosis of the mitral orifice, and I think, also, an insufficiency of the aortic valves; and, perhaps, there is a distension of the aorta itself. For in cases of aortic insufficiency you will almost always get an accompanying dilatation of the aorta.

ANEURISM OF INNOMINATE ARTERY.*

BY MORRIS LONGSTRETH, M. D.,
Of Philadelphia.

The morbid specimens I have to show you to-day were removed from a man who came into the hospital to die. He was an old soldier, pensioned and housed at the Soldiers' Home. He came into the city to visit, and being overcome by his bad feelings sought relief here.

His chief and most distressing symptom was dyspnœa, which was so severe that he was unable to either walk or lie down. Examination of the chest revealed a double aortic murmur, but it was soft and mild, and of little import. There was no change in the area of cardiac dullness. The lungs were much congested, but showed no evidence of solidification. The temperature gave no sign of existing inflammation.

The post-mortem examination discovered this large aneurism, which in life could not be traced; it was situated post sternum, and was in fact practically cured, which accounts for the fact that neither pulsation nor blowing sound could be detected.

The patient could not talk, and had no friends, we were therefore unable to obtain any history of his past sufferings.

The aneurism is of the innominate artery, and about the size of a small fist. We thought the dyspnœa was due to direct pressure upon the trachea, but could not decide what caused the pressure.

Rest, aconite, and veratrum viride were prescribed. The patient could take no food, and his death was a question of but a short time.

For the dyspnœa and insufficient amount of urine secreted, we gave atropia, in quantities sufficient to produce effect. The pupils were well contracted, and we gave enough to dilate them—not fully, but to at least overcome the contraction. We were altogether guided by the effect on the pupil—at first giving $\frac{1}{60}$ of a grain hourly; then every two hours, and gradually less, till he was taking $\frac{1}{60}$ grain three times daily. The relief, though he was dying, was considerable.

I advise you to follow no rule, but give atropia when it is strongly indicated, as in the above case, for *its effects*. I have tested its efficacy, and can recommend it to you.

The autopsy shows that the aorta was very atheromatous and calcareous throughout, which caused the aneurism. After dilatation of the aorta, the aortic valve was insufficient. The heart is misplaced, and all the valves are stiffened and rough; the mitral valve thickened, but otherwise unchanged.

—Phosphorus-necrosis of the jaw is becoming quite common in England, in consequence of popular self-prescription of phosphorus as a brain renovator.

* Abstract of Clinical Lecture delivered at the Pennsylvania Hospital.

COMMUNICATIONS.

A NEW ACUTE ERUPTIVE DISEASE.

BY E. I. BEALL, M. D.,

Of Fort Worth, Texas.

In the MEDICAL AND SURGICAL REPORTER, September 4, 1886, there occurs an editorial review of a paper by Dr. Filatow, of Russia, upon "A New Acute Eruptive Disease." Will you be so kind as to allow me to state, through your columns, that in 1879 I contributed to the Texas State Medical Association a paper upon the very subject your comments refer to; and in that paper will be found somewhat similar views expressed, and in terms not very dissimilar to those which you present as being the purport of Dr. F.'s paper.

My paper was predicated upon a large number of cases of a disease presenting features alike of scarlatina and morbilli, which I saw in 1878 and 1879. It was published January 1, 1880, in the *Galveston Medical Journal*, at that time the organ of the Texas State Medical Association.

Furthermore, I forwarded a paper upon the same subject to Dr. Donklin, Sec'y Section of Children's Diseases International Medical Congress, London meeting, of which I heard nothing beyond a letter acknowledging its receipt.

As I have only a bound copy of the journal in which was published the transactions of the meeting of the Texas State Medical Association of 1879, you will please excuse "extracts" from that organ substantiating my prior claim towards asking a place for a *new* exanthem in our nosological table.

In answer to query three of the Chairman of Section of Climatology and Epidemics of the Texas State Medical Association, I had the honor to say:

"Two epidemics of especial note have occurred in this section within the past twelve months (1878–9)—'Rubeola' and 'Influenza.'

"The first-named disease began more than a year ago, making its appearance at first in the south part of the city (Fort Worth, Texas), whence it spread rapidly until nearly every child and many adults were among its victims. In a number of instances the infant of a few days as well as the old were included in the number. The disease lingered through a number of months, and even at the present time (March 20, 1879,) an occasional case is observed.

"I must be allowed to apologize for the diagnosis indicated above, as the profession were much divided in opinion in relation to the disease. One portion of the local profession were inclined to consider it scarlatina, another rubeola. There were numerous instances of the disease occurring in the person of subjects who had previously had measles, likewise scarlatina. Such instances were of so frequent occurrence as to place the fact without the category in which second occurrences of either disease are seen as the exception and not the rule with regard to those diseases, as well as the entire class of exanthemata. It exists as a fact, which an examination will corroborate, that scarcely any two writers agree as to the nature or in the description of rötheln. We are aware that measles and scarlatina were for a long period confounded together under the term of morbilli; and that even as late as the middle of the eighteenth century authors of reputed eminence contended for the identity of these diseases. At the present time, however, no one doubts a diversity in the two diseases: their differential character being so well marked as to indicate a wide variance, is now a recognized and indisputable assumption in medicine.

"Schonlein says that measles is a peculiar exanthematic form of catarrh, and that scarlatina should be placed among the erysipelatous diseases. When we shall consider the conclusions as advanced by Schonlein, when we bear in mind the observations of Kuttner, of Dresden, as to the eruption, symptomatology, etc., of rötheln, we may likely conclude with Hildebrand, Patterson, and Copland, that the disease is not one of a distinct or specific form, but that it presents features peculiar to both morbilli and scarlatina, and is in very truth a hybrid of the two, having an analogue in Surgeon Woodward's 'Typho-malarial hermaphrodite.' *When we shall thus conclude we will be confronted with the fact* that an attack of either morbilli or scarlatina is not protective against an attack of the disease in question, and *vice versa*. This conclusion I substantiated by repeated inquiries among intelligent patrons in the families of whom I observed the disease. Many of them were from the northern and western states, and their children unquestionably had passed through morbilli and scarlatina at some anterior period. I witnessed the disease in children whom I had treated for measles. These facts coupled with other peculiarities *led me to think that the disease is one of distinct and specific character*, showing, however, features

peculiar to both measles and scarlatina, yet sufficiently distinct to justify a place for it in nosology without confounding it with the disease with which it has been compared.

In the medical works at my disposal, I fail to elicit any account of rötheln that has exceeded in number of cases the epidemic upon which this article is based.

"From this fact I deduce an argument to further the position that the disease is distinct and specific: I refer to the mortality. Though many cases were seen, some of them grave in character, I believe it would be difficult indeed, yea, without precedent, to refer to any visitation of measles or scarlatina in which there occurred so few deaths.

* * * * *

"In many cases the eruption was the first evidence of the disease, though some were seen in which symptoms of illness preceded the eruption one to four days. The appearance of the eruption was innumerable fine, dark, punctated red points, upon a diffused extensive red or non-colored plane, the color gradually shading off. The eruption more distinct upon, and often confined to, the body and upper portion of limbs—rare on hands and face. Duration of eruption from one or two hours to seven or eight days.

The desquamation was fine and oftentimes not observed, except at flexions of legs and arms—sometimes upon the body.

* * * * * *

"A variation in symptomatology, and in appearance of the eruption, was observed; and I saw in same house, yea, in same bed, cases in which the variation in eruption, and somewhat in symptoms, existed.

"When catarrhal symptoms were most marked the eruption seemed modified, the large planes (disseminated) were more contracted, or divided into smaller patches, yet in color alike. These cases resembled measles.

"When the larger planes of redness existed, and throat symptoms were observed, scarlatina was well mimicked. In the scarlatinous variety the eruption was of longer duration; and the temperature was higher: 101°, 102°, and 103° F.

"When the morbillous variety was encountered the eruption was of shorter duration; temperature 99.5°, 100°, and 101° F.

"I saw the disease repeat itself the second time within two or three weeks.

"The disease herein considered may be a hybrid of scarlatina and measles, as has been suggested. I cannot think, however, that such is the case. If a specific disease and removed from the term rötheln, a blank surely exists in our nomenclature; and a place must be made for it, a name given, and recognized as an exanthem.

"The variation in eruption referred to above, sometimes a rubeola morbillosa, then a rubeola scarlatinosa, doses not separate in my mind the diseases, the one from the other. They are identically the same in essence; dependent upon the same genesis; may exist at the same time in the same bed; does not respect either previous scarlatina or measles; and though styled *rötheln*, does not answer a typical description, but to my mind, demands a recognition and a place with scarlatina, measles, varicella, etc. The variations in the eruption do not warrant the discrimination. Other diseases with one title show as great variations, and in the very class we would place the eruptive disease herein considered."

OVARIOTOMY, WITH THE HISTORY OF A CASE.*

BY ROBERT T. WILSON, M. D.,

Of Baltimore,

Gynecologist to the Union Protestant Infirmary; Assistant Surgeon to the Hospital for the Women of Maryland.

[Multilocular ovarian cyst; removed by incision through the linea alba, of three inches; pedicle ligated with silk, returned to the abdominal cavity; drainage; recovery.]

The patient whose history forms the subject of this report is the mother of three children, two girls and a boy, the youngest child, a girl, being now two years old. She has been married eleven years, and is the second wife of her husband. She has just reached her thirty-fifth birthday. At the age of thirteen she first menstruated, and it has always appeared every four weeks ever since, except when she became pregnant. When her last child was born she did not suffer with labor pains like she had with the other children. This time her feelings were severe cramps in the lower part of the abdomen, and no pains in the back. She was only two hours in labor, it being also the easiest of any, considering it upon the whole. While she carried this child she always had a soreness in the left groin. Bowels were moved every day without medicine. After the labor the abdomen did not go down as it did after the birth of the other children; so that she could not tell me when the abdominal enlargement began. In July, 1884, she had had feelings as if her womb had fallen out of place, so she consulted a physician

*Admission Thesis to the Baltimore Academy of Medicine. Read June 1, 1886.

near her home. He placed a cup-shaped pessary in the vagina, telling her it would keep her womb up. In November, 1885, she consulted my father, Dr. H. P. C. Wilson, and upon making a digital examination, he found that she had a retroverted uterus, and that the cup pessary was buried in the vaginal tissue, and had made a sulcus, deep enough around the cervix uteri to bury the finger in it. On removal of the pessary there was profuse hemorrhage from the sulcus; the effect of the pessary had been to raise the cervix high, and throw the fundus uteri more firmly back into the hollow of the sacrum, where it was firmly fixed in surrounding lymph. Upon further examination he diagnosed cystic tumor of the left ovary. She remained awhile for reparation of the damages done by the pessary, then returned to her home to pass her menstrual period, which was approaching. She returned to the city December 12, and entered the Union Protestant Infirmary under my care. She then told me, in addition to the above history, that she did not suffer with her last menstrual period, or with it prior to that period. Upon examination per vaginam I found the uterus retroverted, and kept down by adhesions. Upon palpation and percussion I diagnosed a multilocular ovarian cyst of the left ovary. The patient being prepared, on the 15th of the same month I operated, the anæsthetist being Nathan R. Gorter, M. D. An incision of two inches through the linea alba was made; as soon as the peritoneum was cut through and abdominal cavity reached, out poured a great quantity of serous fluid, blood being mixed with it. The tumor was found to be strongly attached to the abdominal walls, to the left of the incision. The incision was enlarged and the adhesions broken up. Sir Spencer Wells' trocar was plunged into the tumor, and at once was discharged fluid of a chocolate color. A second cyst, upon being tapped, discharged a clear viscid fluid. The hand was now introduced into the tumor and several smaller cysts broken up; grumous fluid containing flocculent lymph now flowed from the tumor. Upon the tumor collapsing, the omentum was seen to be closely adherent in several places to the superio-posterior part of the tumor. Some difficulty was experienced in separating these adhesions, which, on being done, bled, but were immediately clamped and tied with Chinese silk. The intestines were also adherent to the posterior part of the tumor; with care they were peeled from the tumor. The tumor was now raised out of the abdomen. The pedicle was found to be one inch and three-quarters in width and of medium length. I now transfixed it with my temporary clamp, tied it with a double ligature of Chinese twist silk, cut off and returned into the abdomen. After the peritoneal cavity had been carefully sponged, it was found that some oozing of serum mixed with blood continued. As ligatures had been left upon the omentum, and this oozing continued in the cavity, it was deemed advisable to provide for drainage; so I inserted a soft rubber drainage-tube with holes cut into it by myself, where I thought they were needed, the tube reaching down into Douglas' cul de sac, and out through the lower angle of the incision. The abdominal wound was closed with seven silver-wire sutures, and dressed antiseptically. Time of operation, forty-five minutes. The patient was now placed in bed, with warm applications to her feet. During the operation, her body was kept warm with hot bottles and blankets. She reacted very well. At 9 o'clock p. m., I examined the dressing, and fully ℥ij. of bloody serum had been discharged, and it was still running from the tube. I withdrew from the tube, with a hard-rubber syringe having a long nozzle, the fluid, and washed out the cavity with boiled water blood-heat, made further antiseptic with carbolic acid (1 to 40); fresh dressings applied. She passed her urine without any trouble in the bed-pan. On the morning of the second day the dressings were removed, and fully ℥j. of bloody serum had run out and the tube was only partly filled. The cavity was treated in same manner as the night before; wound looked well. General condition of the patient good. Night of the second day dressing removed, about ℥j. of fluid discharged, tube being half full; same management continued. Morning of the third day, dressings removed; very slight discharge had occurred since last night; same treatment observed. Night of third day, discharge stopped, tube removed. Wound looked well; dressed it antiseptically. General state of patient good. Morning of fourth day, wound looked well, no discharge from it, dressed it as usual. She so continued, and made an uninterrupted recovery.

The greatest point of interest in this case was the drainage-tube. From the amount of bloody oozing from the points where the tumor was attached, which even the most thorough sponging and afterwards touching with liq. ferri. subsulph. did not stop, and judging from cases I have seen in my father's and my own hands which also recovered, I am confident that this patient's life was saved by the drainage tube.

Before taking my seat, I desire to show a photograph which I made myself, which shows the appearance of the abdomen prior to operating.

ORAL DISEASE AND CASEOUS PHTHISIS.

BY JOHN S. SMITH, D. D. S.,

Of Lancaster Pa.

Mr. S., aged about 20 years, tall of stature, blue eyes, light complexion, light hair. Having graduated at the Mount Joy Soldier's Orphans' School at the age of 16 years, and for several years subsequently a member of the Reynolds Rifles, of Lancaster, Pa., Co. C. Eighth Regiment National Guard of Pennsylvania, visited me in November, 1885, for consultation in regard to an ulcer on the right cheek which had bothered him for over four months. His general health was poor, and besides the abscess, which was discharging on the face, he was bothered with a cough, principally at night after lying down; he also complained of pain over the right side of the chest. The man had lost in body weight, and presented an anæmic appearance. He related to me the following history of his case:

About one year before, in 1884, he suffered from chest trouble to some extent, but during the summer following he went to the country, and came back feeling, as he said, like himself again, having gained considerably in weight. He resumed work again, as an employee in a cork factory in this city. On the occasion of the fall (1885) encampment of the National Guard at Mt. Gretna, he reported with his company for inspection, and while there he had a severe and painful swelling on his right cheek. He reported to the surgeon in charge, and was told to open the gum-boil, which would soon appear on the gum. He suffered excruciating pain for some time, and as a last resort applied a salve made of soap and sugar to the cheek externally, which opened the abscess on the outside. The salve had the tendency to break up the integument of the cheek, and the parts became very much inflamed. Upon his arrival home he placed himself under the care of a physician, who attended him for several months, with but little if any beneficial result.

I made a careful examination of the case, first removing a strip of adhesive plaster from the ulcer, which revealed an unsightly sore, about ¼ by ½ inch above the border of the jaw and a little back and over the facial artery on the cheek. The ulcer was sunken, with loose skin hanging over the raw surface, which was much inflamed. In the center a large sinus was discharging a thin watery fluid. Upon looking into the oral cavity, it was observed that the teeth of the lower jaw were large and crowded for room. The teeth were all in place, and apparently free from caries, with the exception of several which were slightly decayed, but not to affect their pulps. The wisdom teeth on both sides of the jaw were through the gums, but crowded well back on the ramus of the jaw. While the right side was abscessed externally, the left side around the wisdom tooth was also discharging pus within the cavity of the mouth. This being the general history of the case, the diagnosis was plain.

Diagnosis.—To look at the oral disease from the dento-surgical standpoint, would indicate death of one or more pulps of the teeth. The teeth, by a careful examination under the usual tests, showed living pulps; we must therefore exclude pulpitis, and devitalized pulp. It has been noticed the teeth are crowded for room, and in the eruption of the third molars, the undue pressure exerted in their eruption caused inflammation of the periodental membrane, and resulting in suppuration and abscess, and necrosis of a portion of the external plate of the alveolar process.

The patient being strumous, would still add fuel to the flame excited by the crowded condition of the teeth, and pulmonary trouble had sapped the system to some extent of its vitality, which would greatly interfere with nature to throw off the disease without the assistance of the proper remedies. As it was, the ulcerated face and jaw was slow to heal, even after the operation.

Treatment.—The removal of the wisdom tooth, which was not an easy matter to accomplish. The wisdom tooth on the left side was discharging pus around the socket, and as the bone was not diseased, nothing more was needed to effect a cure on that side. On the right side other treatment was indicated. Stimulating injections could now be forced through the fistula from the alveoli. Tincture of iodine and diluted carbolic acid were chiefly relied on, used alternately—every day for one week the iodine being packed (full strength) on cotton wool in the alveoli, until the line of demarcation was established. The dead bone was subsequently removed, and all spicula trimmed smooth by the aid of a rose-shaped bur and the dental engine. This completed the treatment within the oral cavity. Attention was now

directed to the large ulcerated surface on the cheek, which was still raw and devoid of cuticle. The discharge from the sinus having ceased, the parts soon showed signs of healthy granulation, and with no other dressing than phenol sodique one-half strength during the first week, and subsequently diluted to one-twelfth its original strength, until scar tissue was completed, which was in about eight weeks after the abscess ceased voiding. The cheek at this time was perfectly healed, having somewhat of a sunken or depressed appearance, but not nearly so much as was expected from the nature and extent of the break of continuity of the soft parts.

As the weather became inclement and changeable during the following January and February, the lung disease became more severe, the patient was unable to leave his room, except at short intervals, when the weather permitted, he ventured out for exercise. The walking would soon tire him, and he was glad to get back to his room. As the disease progressed, the symptoms became more aggravated. Night sweats, and cough, fever, pains in the chest, and the usual characteristic expectoration, emaciation, but no diarrhœa. The appetite did not fail him until within a short time before the middle of February.

When treating the oral disease, I put the patient on a course of iron treatment, and subsequently the syrup of the hypophosphites was administered, which treatment apparently was beneficial. When the night-sweats came on the proper remedies were prescribed internally, as well as externally by sponging the skin, which afforded relief.

In February, about the 12th, I suspended my visits, as the oral disease was cured, and he was having no more trouble from that source. I advised the family to call in a physician to take charge of the case, which they did. The patient, however, began to sink, and died in March, about four weeks afterwards, of caseous phthisis.

VALUE OF POMEGRANATE BARK AS A TÆNIAFUGE.

BY L. S. BLACKWELL, M. D.,
Of Perth Amboy, N. J.

The omission of any reference to the pomegranate by some writers on therapeutics, and the comparatively scanty literature on the subject generally, is calculated to impair confidence in its merits, and stamp it as a remedy of inferior importance.

With no desire to rank it as a specific, it certainly possesses in its properties and physiological effects advantages over those drugs which stand preëminent in the treatment of tape-worm.

As it is less repulsive to the palate and decidedly less nauseant than male fern, it claims the attention of physicians, and merits a trial in the cases of tænia which present themselves for treatment.

The following case is somewhat unique, by the absence of any subjective evidence of the presence of a parasite of this kind in the intestinal canal—positive proof being furnished by the expulsion of segments of the worm in the alvine dejections:

E. H—— presented himself for the treatment of tape-worm, May 16, 1883. I prescribed for him two fluid drachms of the oleoresin of male fern, made into an emulsion by the addition of a similar quantity of tincture of soap bark. This had the effect of causing the removal of the larger part of the worm, but the preparation was so repulsive that the patient was unwilling to repeat the prescription.

Some time after this he applied to another physician, who also undoubtedly prescribed the same preparation, and with a like result upon the palate and the parasite. Recognizing the objectionable features of the drug in this instance, and its inefficiency, so far as the expulsion of an important part of the worm was concerned, and recalling to mind the success which followed the administration of the pomegranate to a lady living in Wilmington, Del., I decided to give it in this case, and directed a decoction to be made from two ounces of the bark, and administered in wineglassful doses every two hours, the patient fasting during its administration. The only preliminary treatment was fifteen grains of calomel and four of gamboge given on retiring the previous evening. A slight nausea occurred at the commencement of the treatment, but it soon subsided, and the drug was taken with slight inconvenience to the patient, but had a decidedly disturbing influence upon the worm, which was expelled in three sections, measuring in its entirety twenty-seven feet, the head, attached to the filiform neck, presenting evidence of vitality.

The head of this parasite under a small microscope presented a striking similarity to the description and illustration of the *tænia medio-canellata*, as furnished by Aitken in his comprehensive treatise on the "Science and Practice of Medicine."

—A sign painter erroneously made a druggist's sign read: "Physicians' prescriptions carefully confounded."

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, May 28, 1886. The Vice-President, Dr. Daniel Longacre, in the chair.

Dr. Longacre read a paper entitled

Retarded Dilatation of the Os Uteri a Symptom of Faulty Mechanism. Illustrated by Presentations of Brow and Face. Occipito-Posterior, Transverse and Breech Presentations.

The paper will be published in full at a future date.

Dr. Clara Marshall reported a case of

Mammary Abscess, During Pregnancy, in a Primipara.

Lizzie H——, German, aged twenty-seven, single, domestic, pregnant, with a family history of phthisis (her father and mother having died of that disease), was admitted to the surgical department of the Philadelphia Hospital, January 21, 1884. When admitted, she was suffering from an affection of the right breast. Examination of the lungs revealed the presence of incipient phthisis. As the patient did not come under my care until confinement, Dr. Joseph Hoffman, interne, kindly furnished me with some brief notes of the case, from which I now quote. The right breast was greatly enlarged, and its appearance so far suggested malignant disease, that the idea of incision was contemplated. With this in view, a consultation was held, resulting in the abandonment of the cancerous view, and mammitis was diagnosticated; the correctness of which diagnosis the subsequent history justified. Poultices were applied, and in a few days pointing occurred and the abscess was opened. Soon two or three other points of suppuration were observed, and the pus was evacuated by incision. In the meantime the breast was supported in a mammary sling.

March 1. The treatment of the case by means of compressed sponge (after the method of Foster) was instituted. This treatment, for the first week, seemed to act favorably, but at the end of that time so much pain was experienced that the dressing was, of necessity, abandoned, and poultices were reapplied. During the time of the application of the poultices, and subsequently, large quantities of pus were evacuated by free incisions. Adhesive strips were now applied with the effect of relieving pain, by the support which they gave, and at the same time the pressure aided in the evacuation of the pus. Within a week they were, of necessity, removed, several points of inflammation having appeared beneath them, with the production of much pain. The pain was relieved by several incisions, resulting in the evacuation of nearly a pint of pus. Throughout the progress of the case, opiates had to be used to a considerable extent; the medication also included quinia, iron, whisky, and, later, cod liver oil. No temperature chart was kept, but a rise above the normal was noted at intervals, coinciding, for the most part, with the accumulation of pus, and abating as soon as this was evacuated. The highest temperature noted was 104° F. The swelling of the breast, which began about two weeks before her admission to the hospital, the patient attributed to having taken cold, though there was no history of a chill.

The patient was admitted to the obstetrical department April 23, 1884, and upon the same date, after a normal labor, she was delivered of a poorly-nourished male child, weighing five pounds and twelve ounces. This infant was never healthy, and died May 5 (twelve days after birth).

From May 1 (seventh day after confinement) the treatment consisted in extending the various openings by free incisions and by packing the sinuses with lint soaked in carbolized oil. Subsequently a drainage-tube was inserted into the one deep central sinus and carried down to its deepest part. Through this tube a solution of corrosive sublimate (1 to 1000) was injected daily, the injection being continued until the solution returned free from pus. During the intervals the mouth of the tube was protected by a layer of lint saturated with the corrosive sublimate solution. The other sinuses were also washed out and packed with lint wet with carbolized oil. The breast was firmly dressed, daily, with adhesive plaster. The pus became healthy in character, and diminished in quantity, and the sinuses healed, with the exception of the central one. The patient's condition improved, and she was able to leave her bed and walk about the hospital grounds.

July 1. The central sinus is yet unclosed.

July 14. The breast is somewhat indurated, but every sinus is healed.

The infrequency of mammary abscess in pregnancy, as compared with its occurrence in the puerperal state, is illustrated by the statistics of Mr. T. W. Gunn, surgeon to the Middlesex Hospital. Of Mr. Gunn's 72 cases 58 occurred during lactation, 7 during pregnancy, and 7 in women who were neither pregnant nor in lactation. The points

of suppuration in the case I have reported were so numerous that it would be of great interest had there been obtained an accurate estimate of their number. Velpeau records a case which he thus describes: "The breast looks liks a large sponge impregnated with pus, or like the nozzle of a watering-pot, there being fifty apertures for the escape of pus."

Apropos of the suggestion of malignancy, early in the case, I may again quote Velpeau, who says: "Such a mistake was committed a few years ago in one of the great hospitals in Paris by one of the most eminent and experienced practitioners." Sir Astley Cooper reports a similar case, and says: "I could point to other cases. This mistake is more liable to occur when the abscess is *chronic* in character."

In the discussion which followed the report of Dr. Marshall's case, Dr. Daniel Longaere said that he was in the habit of using Billroth's method in the treatment of mammary abscess: "Open every sinus freely, clean out the necrosed tissue, wash out the sinuses, and then apply an antiseptic dressing."

Dr. Susan P. Stackhouse reported the case of a mammary abscess in an unmarried, non-pregnant woman: "C. M., æt. 20 years. Right mammary gland twice the size of the left. Very painful, fluctuation easily detected. The patient was very much excited, and when told that it would be necessary to lance the breast, made considerable resistance. Finally she allowed the abscess to be opened, and a free flow of pus followed, after which there was great relief. The subsequent history of the case was without interest. The abscess had been developing for four weeks, and the patient's friends told her that it must be a cancer. There was no pain in the part until the fourth week, the swelling being the only symptom. The patient was thoroughly examined, but no symptoms of pregnancy could be detected."

Dr. Calista V. Luther mentioned a case of threatened mammary abscess in a male, which was aborted by means of the use of bandages and cold compresses.

Dr. Mary Willits related a case which had come under her observation. The patient would not permit the lancet to be used. As a consequence the abscess had opened spontaneously in *four* separate places; from each of these there was a free discharge of pus and milk for some days. At present there is no discharge of pus, but the milk is flowing freely all of the time, the patient's clothing being kept saturated. The breast was bandaged with strips of adhesive plaster, having in view the bringing of the edges of the sinus in contact, and hoping to hasten their union in this way; but in a few hours these strips were entirely loosened, owing to the flow of milk. Dr. Willits asked if the members of the Society could suggest any means by which to hasten the healing of the parts. It is not desirable to *arrest the secretion* of milk, as the patient has an infant three months old.

Dr. Mary E. Allen suggested compression of the gland by means of the roller bandage. She spoke of a case of her own where firm compression was made by means of the bandage, and no milk came into the gland.

Dr. Daniel Longaere referred to Dr. Philander Harris's plan of "The Treatment of Mastitis by Bandaging and Rest," an account of which appeared in the *American Journal of Obstetrics* in the January and February numbers for 1885.

Dr. Clara Marshall would suggest the use of compressed sponge in the case mentioned by Dr. Willits. By applying the sponge *dry*, securing it firmly by means of a roller bandage, and then moistening it, the swelling of the sponge caused by the moisture causes great pressure on the gland, which will bring the edges of the sinuses together and thus hasten union. In this case the flow of milk would be apt to produce enough moisture. In a chronic abscess where there is no pain compressed sponge acts very nicely.

MARY WILLITS, M. D.,
Reporting Secretary.
1527 *Green Street.*

CLINICAL SOCIETY OF MARYLAND.

Endermic Medication. (*See page* 386.)

DISCUSSION.

Dr. John Lynch corroborates Dr. Waters' statement respecting the success of blisters in idiopathic erysipelas. The blister should be of sufficient size to cover entirely the inflamed area.

Dr. H. Clinton McSherry has had most happy results from the application of blisters over the thorax in early stages of pleurisy and pneumonia. In acute laryngitis without œdema blisters give great relief, and may in some cases abort an attack.

Dr. Randolph Winslow asked Dr. Waters whether he had used blisters in the deeper forms of erysipelas, or only in the cutaneous variety.

Dr. Waters replied, he had employed vesication only in the simple cutaneous erysipelas.

Dr. Winslow said he thought this a very important point: Erysipelas is usually classified as cutaneous, phlegmonous, and cellular, but there is probably a difference in the pathology of the superficial and deep forms, and whilst vesication might be of advantage in the superficial varieties, other methods of treatment would almost certainly yield better results in the deeper. He also called attention to the fact that the superficial variety rarely terminates fatally, but after a certain length of time begins to subside, and in 24 or 48 hours marked improvement might be noticed, so he did not know how much to attribute to the remedy in these cases. Many cases of erysipelas are accompanied with vesication, as in a case recently under Dr. Winslow's treatment, where the hand and arm was as freely blistered as if cantharides had been applied to the surface, with free secretion of serum, and he had not found that such did better than those in which it did not occur.

Dr. Lynch states that a blister placed upon the sound skin will prevent the advance of erysipelas beyond that point, but it it is difficult to understand the *modus operandi* in such cases; certainly it is not on account of its depleting effect upon the healthy skin. We must accept statements in regard to the treatment of cutaneous erysipelas with great caution, but if it is a fact that blistering will arrest its progress, we are to be congratulated upon having heard Dr. Waters' paper.

Dr. W. H. Norris has never departed from the practice of bleeding and blistering; thinks physicians of the present day make a mistake by dispensing with these valuable agents.

Dr. E. M. Reed thinks general condition of patient should be considered before blistering in erysipelas.

Dr. John Lynch has tried nearly all of the treatments recommended in erysipelas, and gets about the same result. Thinks the tendency in the disease is to run a regular course, which is but little affected by any treatment. Thinks fatal cases are the result of hyperpyrexia.

Dr. A. C. Pole agrees with Dr. Lynch. He recently prescribed for a patient with erysipelas, and did not discover until the patient was convalescing that he had made a mistake in the dose. The result was as good as if the prescription had been as he intended it.

Dr. I. E. Atkinson expressed skepticism upon the abortive treatment of erysipelas. Don't think blistering or marking by nitrate of silver has any effect at all. Don't think that fatal cases are the result of hyperpyrexia. When an erysipelas of the upper part of the body or head proves fatal he thinks it due to an extension of the process to the meninges. In his opinion the disease is hardly sufficiently dangerous, nor are the chances of doing good by blistering enough, to justify us in risking the disfiguring cicatrix that may follow a blister. Cannot possibly conceive the advantage to be derived from blistering in migratory erysipelas. Many cases, as Dr. Winslow has just said, blister spontaneously without any apparent benefit upon the course of the disease.

Dr. W. D. Booker agrees with Dr. Atkinson as to the cause of death in these cases being often a secondary meningitis. He related a case of fatal meningitis resulting from a facial erysipelas complicating perforation of the tympanic membrane.

Dr. Wm. A. Moale made some remarks upon, and showed photographs of a case, upon which he had performed *double supra-condyloid osteotomy.*

He did McKewin's operation first on one leg, and after an interval of about eighteen months on the other one.

The operation was a success in every respect, the patient being able to walk perfectly. He exhibited the instruments used in doing the operation. His results on several of these cases have been so uniformly favorable that he would advise the operation in all of these conditions.

In answer to Dr. Platt, as to how long after the last operation was it before the patient could walk without assistance, he said she walked perfectly after about four months.

Dr. W. B. Platt thinks Dr. Moale's results remarkable, as in most of these cases, the internal ligaments of the knee-joint are so relaxed that they walk with difficulty.

Dr. J. Edwin Michael thinks this the first case of double supra-condyloid osteotomy reported in this city.

He has done the operation on one leg. He adapted MacCormack's operation, and observed antiseptic precautions. So far as straightening the leg goes, the operation was a success, but can not report on the progress of the case, as the patient left the hospital and did not return. He thinks the results justify the operation.

Dr. John N. Mackenzie related a

Case of Lymphoid Growth in the Pyriform Sinus.

The tumor arose from the anterior right hand side of the pyriform sinus. It grew

until it almost entirely obliterated the opening to the larynx. It was movable. To remove the growth it became necessary to cause retching when it was partially extruded. It was then grasped with the forceps, which were held by an assistant, while the wire of an ecraseur was passed around its pedicle, and in this way severed it from its point of attachment. Though the growth itself was very vascular, but little hemorrhage accompanied the operation.

There has been no return of the growth. Dr. Mackenzie has not been able to find any report of a growth arising from this locality.

Dr. W. T. Councilman, to whom the tumor was referred for microscopic examination, reported it to be a papilloma. In size, it was about that of a testicle of a man. Pharyngeal growths usually arise from the posterior wall, rarely from the anterior. Cancer has been found in the pyriform sinus.

Editorial Department.

Periscope.

Urinary Incontinence of Children Treated by Anodynes per Rectum.

Dr. Edward T. Williams thus writes in the *Boston M. and S. Jour:*

It is safe to say that the modes of treatment usually recommended for this distressing infirmity are frequently ineffective and disappointing. A failure of my own some years ago with a child nearly related and especially dear to me, led me to cast about for some improved method. For the past year or two I have been trying, with complete success thus far, the use of anodynes by the rectum, in the form of injections and suppositories of morphine, belladonna, or atropine. I have now cured about six cases by this means, besides temporarily relieving many more who have passed out of sight during treatment, so that I cannot positively state the final results. I have no doubt, though, that a portion of these have been cured. Some of them were patients of the Sea Shore Home, where the length of stay averages less than a fortnight—too short a time to effect a permanent cure in any case. One of my cases, which I will describe presently in detail, had been a constant sufferer for ten years. The treatment occupied a year, off and on. She is now entirely well.

I find that morphine alone relieves for the time being, but does not cure. Belladonna and atropine are curative, when continued long enough, though I find them to be better borne in combination with a little morphine, which counteracts some of their bad effects, and enables them to be given more continuously. Furthermore, the requisite dose of belladonna is smaller when combined with morphine. When these medicines produce headache or undue nervous excitability, I use the bromides as a corrective, or suspend their administration for a time. I have found no case where they could not be borne when properly given.

As to the mode of administration, a fifteen grain suppository of cocoa butter is most easily handled, and that which I prefer. They should contain a proper amount of extract of belladonna and morphine. For a child five years old, say, one-eighth of a grain of belladonna extract, and one-sixteenth grain of morphine; but the doses must be carefully adapted to the particular case in hand, beginning with a small dose, with a smaller relative proportion of belladonna, and increasing the latter and diminishing the morphine as toleration becomes established.

If an enema or clyster be preferred, it should consist of about a drachm of lukewarm water, with a few drops of atropia and morphine solution added, and administered with the small hard-rubber syringe (No. 2) especially designed for the purpose. The old-fashioned clyster of starch-water and laudanum is absurdly out of date. I have used nothing for years but morphine and warm water, mixed as for a subcutaneous injection, only that the water should be tepid, and not exceeding a drachm in amount. I hardly dare claim to be the originator of this self-suggestive plan, though I certainly never heard of its being done by others before I adopted it out of my own fancy years ago, since which time I have freely mentioned it in conversation and before various societies. It is certainly the simplest form of anodyne clyster.

At the Sea Shore Home, where we do things by wholesale, I have two solutions of morphine and atropia ready made. The first

consists of one-sixth grain of morphine and twenty minims of water. The dose by drops therefrom is the same as that of laudanum, which makes it especially convenient for the nurses. The other is one-sixtieth grain of atropine to twenty minims of water. Reckoning one-sixtieth of a grain as an average commencing dose for an adult, the dose for a child may be graduated by drops precisely as with laudanum. For a child five years old, then, as an enema, you might give for a commencing dose from three to five drops of each solution, mixed with a teaspoonful of warm water. These doses may be differently combined or altered in any way to suit a particular case.

I mention these points because it is convenient to have both in private and hospital practice certain methods of routine, not only to save thought and labor, but to lessen the chances of mistake.

I will conclude by recounting a single case as an illustration of this mode of treatment. A bright and charmingly pretty girl of fourteen came under my care for this disease July 9, 1883. Had been subject to it for years, in fact nearly all her life. Was of a peculiarly sensitive, nervous temperament, and subject to convulsions in infancy and early childhood, for which I had myself attended her. Was just beginning to menstruate. The urinary trouble had become a great source of mortification to her, and her shyness about it was so great that she could not be brought to talk with me on the subject, so that all communication had to pass through the mother, a thing I should hardly have put up with if it had not been one of my particular families. This being my first case (of rectal treatment) I began with morphine alone, one-sixth of a grain nightly, in suppository. Failing to produce full relief I doubled the strength, making one-third of a grain, when she went nearly a month without once wetting the bed. On stopping the suppository the trouble quickly returned. Recommenced the one-third grain suppository on September 14th, with full relief of the incontinence as before, but the patient, who was attending school all the time, began to get "fidgety" and nervous from the effects of the morphine, so that I was compelled to give small doses of bromide of potassium daily. This relieved the nervous symptoms entirely. I then began to taper off on the morphine, giving a suppository every second or third night instead of every night, or occasionally halving the suppository. On this treatment she began to wet more frequently, and I became satisfied that morphine alone would not cure her. October 29th I prescribed a suppository containing one-sixth grain of morphine and one-fourth grain extract of belladonna. On December 10th I made it one-eighth grain morphine and one-half grain extract of belladonna. Both these answered perfectly, and in six weeks she was practically cured. In the succeeding six months she did not wet more than six times, but each time was carefully followed by the use of the belladonna suppository for one week to prevent a relapse. For two years now, since the summer of 1884, she has been perfectly well and improved greatly in general health.

I might report other cases far more rapidly cured. I select the above on account of its long standing, and, since I was obliged to proceed somewhat tentatively, as showing very well the comparative action of morphine and belladonna. The latter I have never given without some morphine, believing they act better in combination, as they do when given by the mouth.

From my present experience I regard the rectal treatment as superior to all others in this disease.

The Differential Diagnosis of Scrotal Tumors.

Professor D. A. K. Steele read a paper on this subject before the Chicago Medical Society.

For diagnostic or clinical purposes tumors of the scrotum may be divided into two general classes, viz.: reducible and irreducible —reducible tumors including all herniæ (except strangulated), varicocele, and congenital hydroceles. Irreducible tumors of the scrotum would include all tumors connected with the testicle, all hydroceles (except congenital), and strangulated hernia. Tumors of the tegumentary surface of the scrotum, such as inflammatory œdema, elephantiasis, and epithelioma, are usually so characteristic in their history as to offer no special impediments to a correct diagnosis.

Scrotal hernia may be mistaken for:

1. Hydrocele of tunica vaginalis, cord, or encysted hydrocele.
2. Sarcocele of the testicle, simple, tuberculous, cystic or malignant.
3. Varicocele.
4. Hæmatocele.
5. Bubo.
6. Undescended testis.

In scrotal hernia, as a rule, the tumor is soft and doughy to the touch, light weight, smooth and regular, painless unless inflamed

or strangulated, of sudden advent from above downwards, resonant on percussion, fills the inguinal canal, has cough-impulse, gurgles, is of normal color, opaque, may exist on either side; the spermatic cord is concealed, does not fluctuate; aspiration is negative, bowels may be embarrassed. It can be reduced unless the hernia is strangulated or incarcerated.

1. (a) In hydrocele of the testicle the tumor is ovoid or pyriform, develops slowly from below upward, is firm, tense, and elastic, fluctuates, is translucent, dull on percussion; is irreducible; spermatic cord is neither concealed nor displaced; the inguinal canal is empty; bowels unaffected; aspiration reveals fluid.

(b) In hydrocele of the cord the difference is that the tumor is circumscribed, encysted, and sometimes reducible; situated usually near the epididymis, but returns after reduction irrespective of position.

(c) In congenital hydrocele the fluid disappears completely within the peritoneal cavity by compression of the tumor a short time.

2. (a) In sarcocele of the testicle the tumor is usually hard and resistant, heavy, often nodular and irregular; painful; grows slowly; dull or flat on percussion. The inguinal canal is empty; no impulse on coughing; bowels unaffected; irreducible; no auscultatory sounds. Simple sarcocele is chronic orchitis. Both the epididymis and body of the gland are affected. The cord is usually thickened. Abscess of the organ may occur. It is caused usually by an injury followed by inflammatory deposits.

(b) Tubercular sarcocele is met with most frequently in early manhood, and may occur in any constitution; in the strong and robust as well as the weak and cachectic: and although often associated with tuberculariza-tion of other organs, it is common enough to find the tuberculous nidus in the epididymis, not as a sequence of gonorrhœal inflammation or some slight injury followed by inflammatory infiltration—as was formerly believed—but as a coincident.* The progress is slow and insidious. The gland at first moderately enlarges with little or no pain, the hypertrophy being especially marked in the globus major. Presently the outline of the tumor becomes craggy and nodulated, and circles around the testicle from behind forward in the form of a crescent. After several months this adventitious tissue exceeds in size the testicle proper, and then it begins to soften at points, and one or more abscesses burst and discharge a thin shreddy pus. The vas deferens is greatly enlarged.

(c) In syphilitic sarcocele or gummata the history of the patient guides us in the diagnosis. Also we find that the body of the gland is usually the seat of the infiltration, which takes place in the connective tissue between the tubuli seminiferi, the epididymis undergoing little if any enlargement, the cord and vas deferens are unaffected, there is little or no tenderness, and the peculiar sensation elicited by squeezing a healthy testicle is absent. The tunica albuginea is very greatly thickened. Hydrocele is a frequent complication, and tapping is often required to establish a diagnosis.

Cystic tumors of the testis closely resemble hydrocele, and differ chiefly in being opaque instead of translucent. Aspiration should be practiced before pronouncing positively upon their character.

Cancer of the testicle primarily invades the body of the gland, and almost invariably assumes the encephaloid form. Most observers doubt the existence of other varieties of malignant disease in this organ. The development of the disease is rapid. The patient has a sensation of weight, pain, and dragging in the testis, the scrotum becomes distended, reddish, or purplish, and the superficial veins are seen to be enlarged. The skin adheres to the gland, ulceration occurs, fungus protrudes, the inguinal glands are secondarily involved, and the patient by this time presents the characteristic cancerous cachexy.

3. In varicocele the tumor is knotty and irregular, like a bag of worms; bluish in color; most frequent upon the left side; increases in size upon the application of heat; develops gradually; is dull on percussion; fluctuation doubtful; spermatic cord not affected; inguinal canal not involved. No cough-impulse. It reduces spontaneously by any position that favors increased venous return, but returns immediately when the patient stands up, notwithstanding pressure at the ring. There is weight and dragging in the scrotum.

4. In hæmatocele the advent is sudden, usually traumatic in origin; grows from below up if spontaneous; fluctuates until coagulation occurs; is at first soft, and hard after coagula form. It is pyriform in shape; ecchymotic; irreducible; heavy; dull on percussion. The spermatic cord is unaffected,

* The bacilli inberculosis which were formerly probably disporting in the blood in a state of innocuous desuetude, now finding a fertile soil in the increased vascularization of the part, proceed to inhabit, multiply, and take possession of the part, to its ultimate destruction—just as other microbes have an affinity for the epiphysis of long bones where the blood current is sluggish.

and the inguinal canal empty. There is often pallor and prostration from loss of blood. The bowels are unaffected.

5. Bubo is seldom mistaken for a scrotal tumor, and it is unnecessary to name differential points.

6. An *undescended testicle* is painful, and pressure upon it yields a peculiar sickening sensation. It is found wanting upon the side occupied by the tumor, and the scrotum is imperfectly developed upon the same side. It is sometimes mistaken for a bubonocele.

The Diagnosis of Renal Cancer.

Dr. Jno. A. Octerlony thus writes in the *Jour. Am. Med. Ass.:*

Attention to the following points will generally establish the differential diagnosis:

CANCER OF STOMACH.	CANCER OF KIDNEY.
1. Vomiting is the rule.	1. Generally absent.
2. Hæmatemesis, especially in the form of "coffee-grounds," very common.	2. Very rare.
3. Hæmaturia absent.	3. Hæmaturia generally present.
4. Tumor in epigastrium.	4. In one or the other flank.
5. Tumor small.	5. Tumor often large.
6. Tumor movable.	6. Generally fixed.
7. Tumor descends with diaphragm.	7. Does not descend with diaphragm.

Enlargement of spleen and renal cancer have been confounded (Luna). It is, of course, only when the left kidney is involved, that such a mistake is likely to be made. The two differ as follows:

ENLARGEMENT OF SPLEEN.	RENAL CANCER.
1. Absence of descending colon in front of tumor.	1. Descending colon may be found in front, vertically dividing the tumor in two lateral halves.
2. Border of tumor thin, rigid, smooth, but not rounded.	2. Border often irregular, nodulated, rounded, not thin.
3. Extends upwards under the ribs.	3. Less so.
4. Direction of tumor downwards and inwards.	4. Downwards toward iliac fossa.
5. Very movable.	5. Generally almost or quite immovable.
6. History of malaria or leucocythæmia.	6. Absent.

Hydro-nephrosis and renal cancer also present certain resemblances and dissimilarities, which are brought out in the subjoined table:

RENAL CANCER.	HYDRO-NEPHROSIS.
1. Generally unilateral.	1. Generally unilateral.
2. Tumor hard or irregularly soft.	2. Soft.
3. Rarely and then imperfectly fluctuating.	3. Fluctuating.
4. Tumor permanent.	4. Liable to subside suddenly at times, with copious discharge of urine.
5. Tumor often of enormous size.	5. Not so.
6. Tumor generally fixed.	6. Movable.
7. Does not descend with diaphragm.	7. Descends with diaphragm.
8. Tumor of rapid growth.	8. More slow.
9. Cachexia.	9. Absent.

The differential diagnosis between cystic degeneration and cancer of the kidney is established by attention to the following points:

CYSTIC DEGENERATION.	CANCER.
1. Bilateral.	1. Generally unilateral.
2. Tumor may be large.	2. Tumor attains an enormous size, much larger than is ever reached in cystic degeneration.
3. Tumor movable; it rises and falls with the diaphragm.	3. Tumor stationary, and does not move with diaphragm.
4. Runs a rather slow course.	4. Runs a more rapid course.
5. No cachexia.	5. Cachexia sets in early, and is well marked.

Various uterine and ovarian enlargements have been confounded with renal cancer.

Malherbe (Soc. Anat., 1872,) relates a case in which cancer of the kidney was mistaken for a fibrous tumor of the uterus. And Dr. Greenhalgh (*St. Barthol. Hosp. Rep.*, vol. lxxxv.,) gives the history of a patient in whom a tumor, supposed to be ovarian, acted as a complication in two pregnancies, and the propriety of removal was about to be entertained when the patient again became pregnant. She died without obvious cause three weeks after delivery at the full term, and the autopsy showed that the supposed ovarian tumor was really the left kidney in a very advanced stage of disease. It weighed twenty-seven pounds three ounces. Pregnancy and renal cancer were mistaken for one another when fœtal diagnosis was not so well understood and practiced as it is now, but at the present such an error could hardly be made or adhered to for any length of time by an intelligent and careful observer.

Besides the case of Lossen, which will be mentioned further on, it happened to Peaslee, of New York, and to Spiegelberg, of Breslau, to make the diagnosis of ovarian tumor, and to open the abdomen, when the disease proved to be renal cancer. Both patients died within three days.

The points involved in the differentiation between the two conditions are:

RENAL CANCER.	OVARIAN TUMOR.
1. Generally unilateral.	1. Generally unilateral.
2. Develops from above.	2. Develops from below.
3. Tumor hard.	3. Soft.
4. Rarely fluctuating.	4. Generally fluctuating.
5. Irregular, nodulated.	5. Generally smooth.
6. Loop of intestines in front of tumor common. Dullness to the outside.	6. Intestines pushed aside, resonance on outside. Dullness central.
7. Aspiration brings pure blood and sometimes cancerous material at point of needle.	7. Aspiration brings away characteristic ovarian fluid.

Hepatic and renal tumors have not seldom been confounded. Rayer and Frerichs both mention cases in which renal cancer had been pronounced cancer of the liver. It is true the two may coëxist, as was observed in one of my own patients; but as a rule, attention to the following points will distinguish them:

Cancer of the liver lies much higher and

generally presents an irregular nodulated border running more or less diagonally across the abdomen; the intestines never lie in front of it. Jaundice is common, hæmaturia is rare. In renal cancer the tumor occupies a lower point, rises vertically and not so high; ascending colon generally lies in front of it. There is an appreciable interspace between the margin of the liver and the upper border of the renal tumor. Jaundice is very rare and hæmaturia common.

Many other diseases from which renal cancer is to be diagnosticated can be mentioned only in passing. Hydatids of kidney, perinephritis, psoas-abscess, enlargement of mesenteric glands, abdominal aneurism, ascites, distension of cæcum and ascending colon, etc.

The judicious employment of purgatives to empty the bowel, the practice of auscultation and percussion, the use of the aspirator and attention to the history of the case, will generally suffice for a correct apprehension of the nature of the disease.

Gangrene of the Penis.

Dr. F. A. Coward thus writes in the *Brit. Med. Jour:*

As cases of gangrene of the penis are somewhat rare, I forward notes of two cases which have come under my care this year.

Case 1. On January 9, J. L., a weaver, aged 35, a married man, consulted me for a swollen and œdematous condition of the penis. He had not suffered at any time from gonorrhœa, syphilis, or stricture. He had had good health, but at times was given to fits of intemperance. He had worked up to the time of consulting me. On the 10th I found him in much the same condition as the day before; the only difference being that there was a slight discoloration on the skin on one side, near the prepuce. On the morning of the 11th, I was surprised to find the whole of the prepuce, and a portion of the skin behind it, one black mass of slough. With the assistance of my friend, Mr. John Martin, I placed the man under chloroform, and slit up the gangrenous mass. I then found that the glans penis was also in a partial state of degeneration; but no signs of chancre, either hard or soft, were to be found, nor could we find any enlargement of the lymphatic glands. From the 11th up to the 17th, the gangrene spread slowly from the extremity to within an inch of the root; and, a line of demarcation having now shown itself, about three-fourths of an inch from the root, on the afternoon of the 17th, again assisted by Mr. Martin, I amputated the penis by means of the thermo-cautery, and the man made a rapid recovery, his temperature never rising above 99°. He returned to work on February 5, and has had no relapse, nor any signs of venereal complaint. There can be little doubt that this was a true case of idiopathic gangrene, due to embolism of the dorsal artery.

Case 2. On April 8, J. J., aged 40, a married man, came to the surgery suffering from acute orchitis of the left testicle, and an inguinal hernia of old standing on the right side. I ordered him to bed, and visited him the next day, the 9th, and found his condition much the same, only that the hernia was not down. On the morning of the 10th, he sent, asking to be seen early, as he was in great pain, and unable to pass urine. My assistant went, and found the penis greatly swollen and œdematous, and twisted upon itself; the scrotum and lower portion of the abdomen were œdematous also, and evidently infiltrated with extravasated urine. He, with difficulty, passed a No. 1 catheter, there being a tight stricture about two inches from the meatus, and drew off over a pint of urine, but retained the catheter in the bladder. On the 11th, the man appeared better. The swelling had somewhat subsided. He was in no pain, and had passed a fair quantity of urine by aid of the catheter. On the 12th, the catheter was removed, and a No. 3 passed and retained. The swelling had gone down considerably, but a slight discoloration was now noticeable on the skin near the prepuce. On the 13th, at noon, he was much depressed. His skin was clammy; he had muttering delirium and flickering pulse; respirations over 40. The penis, near the prepuce, was one gangrenous mass. By 4 in the afternoon, gangrene had spread from the extremity to the root of the penis, and thence over the lower portion of the abdomen; and by 11 the same evening, the last time I saw him, it had reached the umbilicus. He died before morning. Evidently on the 10th, during an effort to pass urine, the urethra must have given way behind the old stricture, and extravasation of urine occurred. The bladder could not have been ruptured, for by the aid of the catheter urine was passed freely up to the time of death.

Tests for the Purity of Milk.

The *Western Druggist* says: What process affords the simplest and most accurate test for determining the quality of milk, was the subject of a paper read before the

Massachusetts Pharmaceutical Association by W. W. Bartlett, who called attention to the various procedures used by adulterators of milk, and discussed various methods of discovering the same, giving preference to Wauklyn's method. Milk should have a specific gravity at 60° F. of 1,029 to 1,033; if fresh, should have a slight acid reaction. Alkaline reaction in alleged fresh milk indicates adulterants; excessive acid reaction indicates lactic fermentation. The cream should be determined by a 100 cc. tube graduated into cubic centimetres and the volume read off at the end of twenty-four hours. The total solids are then determined as follows: If a porcelain capsule be used to evaporate the milk, a small amount of pure white sand should be added to the latter, after having been washed, heated red, cooled, and then weighed with the capsule (the sand breaks the film formed on the drying milk). It is best, however, to use a perfectly flat-bottomed platina capsule, 2½ inches in diameter and ½ inch deep. The capsule being perfectly balanced on the scales, five grams of milk are carefully weighed into it. The dish is then placed on a water-bath heated till apparently dry (takes about one to one and one-half hours). It is then placed in a hot-air oven and exposed to a heat of 220° F. for half an hour, by which time its weight will be constant. The difference between the weight of the empty capsule and its present weight will be the weight of the solid contents of the milk. The capsule and contents are next placed upon a water bath and boiled with three successive portions of petroleum benzine, decanting off each portion carefully after boiling for a minute. The capsule is then carefully washed off with benzine, dried in the oven, cooled in a desiccator, and quickly weighed; as the fat is removed by this process, this difference between the last weight and the former is the weight of the fat. The other solids ignited at a red heat yield the percentage of inorganic salts. The amount of water present is easily determined. Thirteen per cent. of water found in each sample in excess of 87 per cent., allowed by law, represents one per cent. of added water. The amount of milk sugar may be determined by a standard Fehling's solution or the polariscope; the last yields the best results.

Syphilitic Chorea.

The *Maryland Med. Jour.*, quoting from the *Lancet*, says: A young man in Buenos Ayres, who by his strange contortions had excited the curiosity of the passers-by, recently came under the care of Dr. Francheschi, who was somewhat puzzled by the symptoms. The movements were of a choreic nature, the most characteristic being a contortion of the thoracic, abdominal, and pelvic muscles. The patient's condition became so grave that he could not move out of his room. For a month various methods of treatment were unsuccessfully employed—electricity, sulphur baths, strychnine, hyoscyamine, etc. A consultation was then arranged with Drs. Valdes and Alcorta. The first of these gentlemen remembered having treated the patient six months previously for a chancre, which at the time was not thought to be syphilitic, and had not been treated by mercurials. There were no enlarged inguinal glands or other marks of syphilis; however, it was decided that the chorea might be of syphilitic origin, and therefore Ricord's pills (green iodide of mercury), inunction over the spine of a mercurial and croton ointment, together with Van Swieten's solution (perchloride of mercury) and vinum ferri, were prescribed. In three days salivation occurred, and simultaneously with it the choreic convulsions disappeared. The mercurial treatment was then discontinued, but it was found necessary to resume it, for the convulsions soon began to recur. The salivation subsequently became so distressing that the mercury was again stopped, and the convulsions returned, though not so severely as before. Mercurial and iodide treatment was continued for six months, at the end of which time the patient was completely cured. Dr. Franceschi considers this case especially instructive, as, though various predisposing causes are named in connection with chorea, neither syphilis nor mercurial treatment is mentioned, as far as he can find, by Bouchut, Graves, Jaccoud, Diday, Tardieu, or Trousseau. It has, on the contrary, been stated that mercurialization may act as a factor in its etiology; here, however, is a case in which mercury cured it. The author seems to think that perhaps a hereditary syphilitic taint may sometimes have some effect on the development of chorea, and that, if so, mercury would be the best form of treatment to adopt.

The Cocaine Craze.

In an article entitled "Sensationalism in Therapeutics," Dr. C. H. Hughes (*Weekly Medical Review*) says:

The truth about cocaine is that it is a tonic and stimulating exhilarant of some power in

melancholia, mental depression, and nerve weariness.

That it acts rapidly but much more evanescently than morphia.

That, excessively used, it intoxicates and converts melancholia into mania.

That, given largely in the upright position, it is capable of inducing vertigo, whether, as Dujardin-Beaumetz thinks, by inducing anemia is not proven.

That, as an antidote to alcoholism and its effects, it is not equal to morphia.

That it is not equal to morphia as a tonic in melancholia or as a narcotic in certain states of nervous debility.

That in equal doses it nauseates more certainly than morphia.

That it is not an antidote to meconophaggism, though beneficial if judiciously used and timely abandoned.

That it may be used with advantage, if carefully given, in the withdrawal of opium and the cure of the opium habit, as one of many substitutes, but cannot be alone relied upon.

That it intoxicates some persons and poisons them.

That its continuous use is difficult to break off.

That it is probably capable of developing permanent madness, like similar intoxicants, as a few doses occasion temporary insanity.

That it is a dangerous therapeutic toy, not to be used as a sensational plaything.

That it will probably help to fill rather than deplete the asylums, inebriate and insane, if it should unfortunately come into as general use as the other intoxicants of its class.

As an intoxicant it is more dangerous, if continuously given, than alcohol or opium, and more difficult to abandon.

Gastrostomy for Cancer of the Œsophagus.

In 1880, in Moscow, Dr. Knee founded a private clinic of his own, specially for surgical cases. He has now 16 beds. For the last four years Dr. Knee has treated 27 cases of cancer of the œsophagus. The patients were 25 males and only two females. In the clinic were treated 17 patients, of whom 6 were lost sight of. Gastrostomy had been performed in 13 cases, of which in 10 the result was favorable, and in 3 unfavorable.

The cases with favorable result were as follows:

No. 1. Male, æt. 49, sick 15 months; gastrostomy performed January 2, 1882; lived after operation 9 months; cause of death, cancerous metastasis.

No. 2. Male, æt. 48, sick four months; gastrostomy September 6, 1882; was alive 2 months since, but was lost sight of.

No. 3. Male, æt. 62, sick 5 months; gastrostomy January 21, 1883; lived after operation 5 months and 28 days; cause of death, pleurisy.

No. 4. Male, æt. 40, sick 6 months; gastrostomy August 30, 1883; was seen alive in December, 1883, but was lost sight of afterwards.

No. 5. Male, æt. 50, sick 8 months; gastrostomy October 2, 1883; lived 5 months; cause of death pneumonia.

No. 6. Male, æt. 50, sick 8 months; gastrostomy October 2, 1883; lived after operation 8 months and 17 days; cause of death pneumonia.

No. 7. Male, æt. 62, sick 5 months; gastrostomy January 13, 1884; lived 9 months; cause of death, cancerous diathesis.

No. 8. Male, æt. 41, sick 7 months; gastrostomy February 7, 1884; lived 9 months and 6 days; cause of death, pneumonia.

No. 9. Male, æt. 59, sick 4 months; gastrostomy April 14, 1884; was seen alive July 11, 1884, but afterwards was lost sight of.

No. 10. Male, æt. 56, sick 5 months; gastrostomy July 3, 1884; was seen alive November 6, 1884, but afterwards was lost sight of.

Cases with unfavorable result:

No. 1. Male, æt. 62, sick 12 months; gastrostomy November 11, 1881; died within 36 hours; cause, perforation into the left bronchial tube.

No. 2. Male, æt. 39, sick 6 months; gastrostomy December 28, 1883; died on 8th day, from bleeding.

No. 3. Male, æt. 61, sick 8 months; gastrostomy November 15, 1884; died on twelfth day from exhaustion.

In Europe there are known 56 cases of gastrostomy (except those of Dr. Knee) with favorable result.

Dr. Knee protests emphatically against treatment with bougies or probes in cases of cancer of the œsophagus, for fear of perforation into trachea or bronchi, and also of premature opening of the cancerous tumor. No cicatrization can be hoped for in such cases. Out of 13 patients of Dr. Knee, 6 had a complete stricture of the œsophagus, and 7 could pass only small quantities of fluid. The operative technique adopted by Dr. K. is as follows: A primary incision in the abdominal wall, from 6 to 8 cm. long, from the 8th rib, along the margin of ribs. The peritoneum having been incised, he at-

tached the peritoneal coat to the edges of the wound. Then he extracted a portion of the stomach, and attached it to edges of wound by from 15 to 20 Lembert sutures, taking care that sutures should pass only through the serous coat of the stomach. On having finished this part of operation (laparotomy), the wound is dressed and the patient is ordered to take ice and opium. Four nutritious clysters per day. The wound was dressed again on 6th day. The stomach was opened on 8th or 9th day, and a tube from 5 to 6 mm. introduced. At first only liquid food (milk, wine, egg) was introduced through the fistula, and afterwards scraped raw meat and even roasted meat. Some patients took by fistula about six pounds of food per day. In one case there was an obstinate vomiting, which disappeared only gradually. Complete cicatrization took place in from 18 to 20 days after laparotomy; therefore Dr. Knee removed sutures only at the end of a fortnight.

Malignant Infantile Jaundice of Seven Days' Duration.

Dr. A. B. Hirsh thus writes in the *Polyclinic* for September:

Mrs. J. T. F., aged 28 years, American, was delivered by me, on August 3, 1886, of an eight months' male fœtus, having been for some six months previously under my care for recurring attacks of albuminuria, during the intervals of which both casts and albumen would entirely disappear from the urine. General œdema was present for three weeks prior to confinement, so that she was greatly discommoded. It will be seen that her system was greatly depressed, although persistent efforts were employed to relieve the kidney affection. Labor set in at the beginning of the ninth month of pregnancy. The stage of dilatation lasted fully thirty-six hours, but that of expulsion only a short time. This hardly accounted for the cyanosis present in the child at birth. The latter condition changed in about an hour to the usual congestion of the skin found in the newly-born, and this passed off by next day. Then jaundice set in, and became more marked to the end. The yellow hue of the sclerotic was soon hidden by the deep, passive congestion of the conjunctiva, which, despite treatment, never changed. The lids usually remained closed, and on the last day a puriform discharge oozed between them. Respiration was always feeble, and the infant's cry was more akin to bleating. The extremities remained cold despite the outward warmth applied by cotton batting, hot baths, etc. After the first day the child's attempts at nursing were very feeble, and swallowing became almost out of the question. Death was preceded by chronic spasms. It is to be regretted that no autopsy could be obtained.

The influence of this, as any other cachexia, upon premature birth and viability of the fœtus, is well known, as are also the theories of cholesteremia and of infarct into the renal pyramids in fatal cases of this affection. In describing this case of malignant jaundice in the new-born, it is merely desired to record those objective symptoms which, collectively, may hereafter serve to furnish a definite pathology of the disease, with, possibly, more exact therapeutical indications than are at present known.

Delhi Boil.

Dr. Cunningham has discovered a peculiar parasitic organism in the Delhi boil (*Scientific Memoirs of Medical Officers of the Army of India*, Part I, Calcutta, 1885). The organism in question, brought into view by the use of gentian-violet, was found amidst the lymphoid elements that form the substratum of the boil. The organism is, on an average, larger than a lymph-corpuscle, but great variations as to size and form were met with—some being circular, others elliptical, others lobate. They contain nuclear-like bodies, which have an affinity for the staining material, and in some specimens present an appearance like that of actino-mycosis. The organisms occurred in variable numbers in different specimens, and in some were apparently undergoing division. Their most frequent seat was the layer of granulation tissue beneath the papillary layer of the skin; but in places they occurred within the papillæ, and exceptionally even in the epidermis. They were also met with in the subdermal tissue. No definite conclusion as to their nature could be arrived at; but until their life-history can be studied they might be classed provisionally with the Monadineæ among mycetozoa. As to their connection with the disease, it is obvious, Dr. Cunningham points out, that they cannot gain entrance by a raw surface, since no such condition exists, and the epidermis is abnormally thick and resistant. This very fact, however, suggests the notion of their being causally related to the affection—an idea further borne out by the endemic occurrence of the disease and its connection with water-supply. It is possible that they

gain entrance through the hair follicles and sweat glands, around which the inflammatory changes are most marked and the organisms most abundant. The distribution of the organisms also indicates the need for free excision in the treatment of Delhi boil. "It is quite possible," adds Dr. Cunningham, "that similar changes may be produced by other parasitic organisms, or that the lesions may arise apart from any parasitic agency."

Case of Total Extirpation of Scapula, with Excision of the Head of the Humerus and the Acromial Portion of the Clavicle for Caries, with Final Recovery with good Utility of Arm.

Dr. Schulz, of Sonnenberg in Neumark, reports (*Deutsch. Zeitschr. f. Chir.*) the case of a farm-hand, æt. 16, who was admitted to the Johanniter Hospital in Sonnenburg, August 11, 1884, for pain, redness, and swelling of the shoulder-joint. He had gone to sleep July, 1884, and, on awakening, could not use his arm. Treatment with tr. iodine. After one week incision liberating pus. Fistulæ remained below the spine of scapula and in the internal aspect of the upper third of arm. Movement was greatly impaired; pressure caused pain; temperature 40° C.; pulse feeble; occasional fainting spells.

Treatment.—Tonic, eggs, wine, quinine, phosphates; repeated incision and drainage: arm maintained in fixed position.

Subsequently improvement set in. But incision of an abscess above the spine of the scapula became necessary; the focus was scraped out with the sharp spoon. Roughened bone could be felt over the whole of the scapula with probes, and joint-affection was established.

September 1. Arsenic given, with general improvement; subsidence of suppuration; increase of appetite. Soon, however, another abscess appeared near the acromion demanding incision.

December 12. Extirpation of scapula; incision from spine to angle; subscapular artery tied; head of humerus exsected, as well as acromial end of clavicle, both being carious. Sublimate dressings; reactionary temperature 38.0°; subsequent reconvalescence.

February 10. Patient up and about; can move fingers and forearm, and rotate and swing upper arm, but cannot abduct it.

May 6. Dismissed with a support; can write; was seen after five months again, still improving.

Some remarks are added, and a brief mention of twelve other cases is made.

The Treatment of Chronic Abscesses by Injections of an Ethereal Solution of Iodoform.

Verchère (*Rev. de Chir.*, June, 1886,) reports twenty-three cases which were treated in this manner, and gives the following directions in regard to the operation: The solutions of iodoform should be of varying strength, one of five per cent. being used for large abscesses, and one of ten per cent. for small ones, while small, superficial abscesses may be filled with a saturated solution. If the skin over the abscess is not affected, the needle of a hypodermic syringe is introduced in an oblique direction, so as to form a valvular fold; the pus is then drawn off, and the iodoform solution is injected. If, however, the skin over the abscess is quite thin, the pus is removed with an aspirator, and the opening made by the needle is sealed with collodion, after which a hypodermic-syringe needle is inserted into the abscess cavity, and the injection is made as before. The object of these manœuvres is to prevent the ether from escaping through the puncture, as it at once tends to do on becoming volatilized. As the solution volatilizes, the iodoform is deposited over the entire inner surface of the abscess, and is slowly absorbed---so slowly in fact that the danger of poisoning by the drug is said to be very slight. The phenomena observed after an injection are, briefly, as follows: Rapid and sometimes excessive swelling results from the volatilization of the ether, but this soon subsides. If the skin over the abscesss is healthy, the abscess cavity will speedily be replaced by indurated tissue, without the occurrence of any external change. If the skin is already inflamed, it will separate in a few days in the form of a yellowish slough, after which healing will occur by granulation, the resulting cicatrix being slight. The advantages alleged for this method of treatment are the perfect safety of the operation, the rapidity of the cure, the fact that the patient is not confined to his bed during the treatment, and the nonrecurrence of the abscess.

Conception of Male Children at the Time of the Post-Menstrual Anæmia.

The *Therapeutic Gazette* says that Dr. Camillo Fürst, of Graz, publishes in the *Archiv für Gynœcologie*, 1886, xxviii., 1, p. 14, a contribution to the interesting and frequently discussed question, When and how is the sex of the conception product determined? In the first section of the paper, which treats of "the time and causes of the determination of the sex in general," Fürst

proposes certain maxims which, though not new, will interest our readers. According to the author we find a surplus of male conceptions in the working classes and country inhabitants as compared with the well-to-do people and the inhabitants of cities. Likewise, we can look for the surplus of male infants during hard times and the concomitant rise of food-prices, and before the ultimate extinction of a race. If a deficient nutrition of the procreators produces a surplus of male children, our author continues to argue, we can be certain that also the state of nutrition of the fecundated ovum, especially shortly after conception, will influence the sexual differentiation. And as after menstruation the vessels of the genital organs assume an ischæmatous character—forming the so-called post-menstrual anæmia—Fürst concludes that conceptions taking place immediately or shortly after menstruation will give a surplus of males, on account of a relatively bad nutrition of the fecundated ovum. To strengthen his theory, the author utilizes the statements of women confined in maternities, who mostly with astonishing certainty could remember the end of the last menstruation and the day of conception. The statistics of the mentioned institutions show a very considerable surplus of male children for the first four or five days following menstruation, and a surplus of female ones for the succeeding period.

Case of Cholecystotomy.

Dr. A. Landerer, of Leipsic, reports (*Münchener Med. Wochenschrift*) the case of the wife of a shoemaker, æt. 35, who suffered for about eight months from severe pains in in the region of the liver. No stones were passed; no jaundice occurred; the pains were intermittent in character. A tumor of the size of a child's head, with irregular surface and hard to the feel, could be made out in conjunction with the liver and participating in its movements. The lower portion gave a tympanitic note, and the tumor, slightly movable under the integument, was painful on pressure, especially near its upper part. Urine and pelvic organs normal.

Incision parallel to the median line over the tumor revealed the tumor adherent to the transverse colon and covered by hepatic tissue, and connected with the meso-colon behind. Tapping produced mucus and pus, and verified the diagnosis of empyema of the gall-bladder.

As extirpation was impossible, the author stitched the liver to the abdominal wall around the incision by means of five silk sutures, and applied sublimate and iodoform dressings. After six days, during which no febrile reaction occurred, a large trocar was inserted into the gall-bladder through 2½ ctm. of liver tissue, and drainage established. Subsequently the opening was enlarged by Paequelin's cautery.

The patient made a good recovery, the pains were effectually cured, and only a fistula remained, through which only a few drops of ropy mucus were daily discharged.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. T. D. Crothers, of Hartford, Conn., has issued as a brochure his medico-legal study of the Otto case. It is an instructive paper.

——Dr. Louis J. Lautenbach, of Philadelphia, sends a paper containing his ophthalmoscopic examination of the insane at the Norristown State Hospital and at the Philadelphia Hospital. He advances no inferences as yet.

——In a recent reprint, Dr. W. A. Edwards reports a case of intestinal casts and discusses the disease sometimes called "membranous enteritis." He enters very fully into the bibliography of the affection.

——Dr. F. B. Stephenson, U. S. Navy, in a learned article entitled "Arabic and Hebrew in Anatomy," traces many of the terms now or formerly used in this science to their origin in the languages named. It is a curious and interesting study of this remote branch of medical literature.

——In a paper read before the Social Science Association, Hon. Robert Adams, Jr., advocates the restoration of corporal punisement by flagellation; in other words, the old-fashioned whipping-post, for the benefit of those men who shall be convicted of beating their wives. We heartily second the motion.

—The *Brit. Med. Jour.* tells of a scybalum so large that in order to extract it, it was necessary to give the patient chloroform and apply Simpson's short forceps. The patient, a woman, suffered from delusions which appeared to be due directly to the intestinal accumulations.

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TREATMENT OF TYPHOID FEVER.

Since the treatment of this peculiar disease is necessarily, to a great extent, the treatment of each individual case, it is well to know how our great men treat their cases. The following is a brief outline of the plan of treatment which is carried out under the directions of Prof. Draper at the New York Hospital: There can be no doubt that quinine in large doses acts as a powerful agent in reducing high temperature in typhoid fever. In small or moderate doses, such as 20 grains in the course of twenty-four hours, little or no antipyretic effect will be obtained in most cases. But if used at all for this purpose, it should be in heroic doses, and 30, 40, 50, or even 100 grains in the course of twenty-four hours will often be necessary to produce the desired effect. With the reduction of temperature which these large doses produces, there is also an improvement in the quality and frequency of the pulse and respirations, and the restlessness is quieted, and the delirium disappears, and the expression of the face improves, and the patient feels better. In this condition of high fever it is much more difficult to produce cinchonism than in non-febrile states, and hence quinine may be given with more boldness in urgent cases. But many of the milder cases of typhoid fever need no antiphlogistic treatment at any time; for this is a self-limiting disease, and it often runs its whole course favorably till it ends in recovery.

Alcohol is unquestionably an antipyretic in all cases where there is a high grade of fever, and it certainly does reduce temperature. However, its utility in fever is not confined to its antipyretic effect, but it also does good by sustaining and stimulating the heart's action, and by furnishing the patient with an easily digestible food which he can assimilate, and by supplying him with a sort of potential energy which lessens the consumption of his own tissues. A striking peculiarity of alcohol when used in conditions of high fever is the fact that it is practically impossible to intoxicate the patient. This is probably because the ability to digest it is now greatly increased, and so it is all consumed as food and does not circulate in the system as alcohol, and hence it does not irritate the nerve centres. Sometimes it is necessary to give from 24 to 36 ounces of whisky in the course of twenty-four hours, and yet the patient will show no signs of intoxication. Nevertheless, there are some cases where it is quite possible to do harm by the free administration of alcohol. The rule is that if by its use the irritability and

frequency of the pulse are increased, and the delirium becomes more active, and the tongue, instead of moistening, becomes more dry, and if tremulousness, subsultus, and restlessness are aggravated rather than diminished, the alcohol is doing harm, and should be withheld. Where large quantities have been used to advantage during the height of the fever, the amount given should be gradually diminished as the febrile symptoms lessen and the pulse and temperature fall.

As to the form of administering this remedy, brandy, whisky, and gin are all more easily digested than wines; but pure alcohol itself is probably preferable to any of its preparations, for it is the essential part in them all, and it is not likely that the others do any good. To avoid its local effects upon the stomach it should be administered with food, and the best plan of all is to mingle it with milk if the patient will take it so. The quantity to be administered should be regulated by the severity of the case, and by its effects in relieving the symptoms. Four ounces in the course of twenty-four hours may be enough, or a quart or more may be required. The period of twenty-four hours in which the largest amount should be administered is between the hours of 6 p. m. and 6 a. m., for this is the time when the vital powers are at their lowest and the danger of exhaustion is greatest.

Besides alcohol, sometimes carbonate of ammonia, ether, or other diffusible stimulants may be necessary to tide the patient over a temporary or special danger, and digitalis may also at times be used to advantage to stimulate the heart's action. Where insomnia and great nervous irritability are persistent, opium may be administered in moderate doses. These are the general principles to be carried out in the treatment of typhoid fever, and any additional indications should be carried out as they arise.

AN IMPORTANT MEDICO-LEGAL CASE.

It has been usually conceded that a man cannot shoot himself in the head without presenting evidences of the proximity of the weapon, to be found in the scorched and blackened skin, singed hair, and presence of grains of powder, and these facts have been usually considered to establish the question as to whether death from a shot wound of the head has been suicidal or homicidal. But it would seem, from a very interesting case which Dr. D. B. N. Fish reports in the *Boston M. and S. Journal* (September 23), that this conclusion is erroneous. In the case in question a man was found dead with a bullet wound in the back of his head, and as there were no signs of the proximity of the pistol when discharged, it was at first supposed that he had been murdered. But there were collateral circumstances which suggested the theory that it was a case of suicide wherein the suicide desired to create the impression that he had been murdered. So Dr. F. set to work to find out whether a man could shoot himself in the head when holding the pistol more than eighteen inches away, for within that distance the scorching and singeing will always be found. It was noted that there was a long string attached to the stock of the pistol, and herein was found the clue to the mystery. Dr. F. discovered that if a man were to tie a string as this was tied, he could, by passing it under his foot, steady the pistol when held at arm's length, holding the pistol somewhat as one would hold a pen. Then pointing the pistol at his right eye, after securing his aim, he could, by turning his head around towards the left shoulder, shoot himself in the back of the head, making such a wound as had been found in this case. At the same time the pistol would be so far away that no scorching would occur. The theory of suicide thus explainable was endorsed by the fact that the man was in financial trouble and had a heavy insurance on his life. The jury rendered a verdict of suicide. The importance of this case from a medico-legal point of view is very great, as can be readily perceived.

Notes and Comments.

Cocaine in Angina Pectoris.

Prof. Laschkewitch has found good results from the internal administration of cocaine (in doses of one-half to one-third of a grain three or four times daily) in cases of angina. It does not cut short an attack, but diminishes its intensity, and after a few days' consecutive administration it gradually diminishes the force and duration of the seizures until they may wholly disappear (*Revue de Méd.*, August, 1886). He details four cases; one was that of a man thirty-five years of age, the subject of aortic regurgitation and dilatation of the aorta. Anginal attacks occurred as frequently as eight times daily, and were of a characteristic kind. He was obliged to keep his bed, but the attacks also occurred during the night, preventing sleep. The disease had lasted two years, and had not been

much benefited by oxygen inhalation. Half-grain doses of cocaine were prescribed, with the result that the attacks became less frequent and shorter, eventually disappearing. The patient died subsequently of an infectious disease. Another case was that of a man aged sixty-three, with mitral disease, aortic dilatation and general arterial sclerosis. Anginal attacks had occurred during the past six months on physical or mental exertion, and were only subdued by morphia. Here, again, cocaine acted admirably, the angina ceasing after three days' administration. In a third case the patient, aged fifty-eight, presented marked arterio-sclerosis; the angina disappeared after two days' administration of one-third of a grain four times a day. The fourth case, a man about forty years of age, was one of aortic regurgitation with marked dilatation of the aorta; and the administration of cocaine speedily cut short the anginal attacks, which had become severe and frequent. Prof. Laschkewitch says that the remedy produces slowing of the pulse, which gains in volume; at the same time the quantity of urine is increased. He thinks that by combining this treatment with that by inhalation of oxygen, which acts immediately in an attack, the anginal seizure may be arrested, and its reappearance prevented.

Hypodermic Injections of Calomel in Syphilis.

Professor Stukovenkoff reports very favorably in the "Zemskaya Meditsina" on the anti-syphilitic treatment recommended by Professor Scarenzio. This consists of the hypodermic injection of calomel suspended in glycerine, or, better still, in a mucilage of gum arabic. The localities chosen for the punctures are the gluteal regions. A grain and a half of calomel is injected on each side, making a total dose of three grains. This double injection is repeated at the end of two or three weeks, and that, as a rule, concludes the treatment, for it is rarely necessary to have recourse to a third dose. The author has practiced these injections for a whole year, and is convinced that they never give rise to serious evil consequences. In two or three days after the injection a swelling appears at the seat of puncture, but the skin is not reddened, and it diminishes in three days and passes away in a fortnight, never becoming an abscess. The syphilitic symptoms rapidly vanish; gingivitis and salivation never occur. Comparing this method of treatment with that of inunction with mercurial ointment, Professor Stukovenkoff says that from three to nine grains of calomel injected in the course of from four to six weeks are equivalent to from thirty to forty inunctions of half a drachm of grey ointment. This plan has the advantages of simplicity, convenience, and of extreme cheapness. The mercury can be detected in the urine from two to four weeks after the commencement of the treatment, or somewhat later, and in smaller quantity than when other methods of mercurial treatment are employed. Before the injection is given, it is important to shake up the mixture well, also to see that it is quite white, as a greyish tinge indicates that the calomel is being partially reduced, and that the preparation is unfit for use.

Etiology and Treatment of Diphtheria.

M. Delthill, of Nogent, in an interesting communication read in the Nancy Congress, gave an account of the results of his method of treating diphtheria by the fumes of turpentine and coal-tar, with local applications of turpentine. Of 134 cases so treated 126 were cured, and prophylactic measures of the same nature being rigorously enforced, only three mild cases of infection occurred amongst 670 attendants. Amongst other observations, he found that the saliva of diphtheritic patients is always acid, that the incubation period is about five days, and that diphtheritic matter which has not been destroyed preserves its infecting power for more than a year; also, that the disease may "vegetate in a chronic manner" for several months in an individual. Perhaps, however, the most interesting part of M. Delthill's paper and of the discussion which followed related to the connection between diphtheria in human beings and epizoötic diseases. M. Delthill mentioned the case of a child with diphtheria at a farm house, where upon inquiry he found that two months previously to the child's illness the fowls had died of the pip (*pépie*), and that the pigeons had suffered from the same disease. The child had been in the habit of playing in the farm yard where the fowls were kept. M. Bouchard mentioned that he, too, had had a case of diphtheria in a farm house near Paris, where all the fowls had died of the pip. He remarked that in England the pip in fowls is called croup, and that he had no doubt that it had some connection with diphtheria in the human subject. M. Delthill referred likewise in his paper to intestinal diphtheria, the existence of which was undoubted in the human subject, and of frequent occurrence in the calf.

The Intra-Uterine Galvano-Cautery.

Dr. P. Landowski spoke at the recent Congress at Nancy in favor of the action of the electro-cautery in membranous dysmenorrhœa. He expressed his belief that though this condition is doubtless chiefly met with in women who suffer from cachexia or some general disease, still the general condition is very frequently the consequence rather than the cause of the uterine disorder. He mentioned two cases in which he had applied the galvano-cautery, the os being first dilated, and the time chosen being five or six days after the cessation of menstruation. In one of the two cases a complete cure resulted. In the other the pain accompanying menstruation was relieved, but a piece of membrane the size of a penny was expelled at each recurrence of the period. This was probably due to a portion of the intra-uterine wall having been insufficiently touched with the cautery. At the same congress M. Apostoli stated that he had employed the intra-uterine galvano-cautery in a large number of cases of chronic metritis and endometritis with very great success. He does not confine the patient to bed during the intervals between the applications, and improvement very quickly follows the first few cauterizations. The author compares this method with that of scraping the intra-uterine wall with a sharp spoon, and considers that it has the advantages over the latter of being capable of exact graduation, of being more easily localized, and of not being so instantaneous. The result of the cauterizations is to cause the formation of a new and healthy mucous membrane.

Chylous Ascites.

The existence of cases of chylous ascites has been called in question by many observers. Some have asserted that all reported cases of this condition were merely of an inflammatory or cancerous nature, in which the products of the morbid processes had undergone intense fatty degeneration. M. Guinochet, of the Hôpital Tenon, has endeavored to set this question at rest, and apparently satisfactorily. A patient suffering from a peritoneal effusion, believed to be largely reinforced by the escape of normal chyle into the serous sac, was experimented upon in the following fashion: Two punctures were made, partly to relieve tension and also to ascertain the chemical composition of the ascitic fluid. Thus the chemistry of the fluid was determined whilst the patient existed on ordinary diet. Before ascertaining whether any modification of the diet would be followed by a corresponding change in the chemistry of the ascitic fluid, the patient was placed upon milk alone, in which as much butter was emulsionized as the patient could tolerate. If the peritoneal effusion were really derived from the lymphatics, the fluid withdrawn after the administration of a diet so rich in fats as that mentioned should exhibit corresponding changes, not only in an actual increase of the fat, but also in the presence of butyrine—an article which does not occur normally in ordinary human fat, but which would be present in the chyle if butter were an article of consumption. The analysis made by M. Guinochet fully satisfied these requirements.

Note on the Value of Corrosive Sublimate Solutions in Ophthalmic Operations.

In the *Brit. Med. Jour.*, Dr. J. Crawford Renton says:

From the beginning of October, 1885, until the end of June, 1886, in every ophthalmic operation, I have adopted the precaution of bathing the eye with a solution of corrosive sublimate, strength 1 to 5,000, whenever the superficial parts of the eye were to be operated on, and 1 in 2,000 in cases of evisceration, operations on the eyelids, etc.

One hundred and fifty-two operations have been performed, and these include 23 operations for cataract, 34 iridectomies, 11 cauterizations for ulcer of the cornea, 8 eviscerations, 12 tenotomies for strabismus, 2 trephinings of the cornea for conical cornea, and 35 in which the canaliculus was slit open. In none of these did inflammation and suppuration follow; this fact I cannot but regard as a testimony to the value of the antiseptic employed, all the more so as in every previous winter I have invariably seen eyes destroyed by acute suppuration after very slight operations. Cocaine solution (4 per cent.) was used regularly along with the sublimate solution, and I have not as yet been able to satisfy myself that any harm has accrued from it.

The above results confirm the observations of several continental ophthalmic surgeons, and also those of Mr. Berry, given in the *Ophthalmological Review* for October, 1885.

The Manufacture of Quinine by Synthesis.

The *Lancet* tells us that a remarkable discovery, by which the price of quinine may be reduced to something like 15 cents per ounce, has been made by Mr. Cresswell Hew-

ett. The synthetical manufacture of quinine was first suggested to Mr. Hewett in 1869 by the late Dr. Mattheson, of St. Bartholomew's Hospital, whilst giving his assistance in a course of experiments in connection with apomorphia. Subsequently, Prof. Parkes, of Netley, aided with his advice, and to these gentlemen, rather than to himself, Mr. Cresswell Hewett modestly explains that the process is due. The importance of this discovery is rendered greater by the fact that, while hitherto we have been depending for our quinine on the cultivation of the cinchona tree, from whose bark only about 2 per cent. of good quinine can be extracted, 98 per cent. being valueless, the drug can now be manufactured without limit by a very simple process, from an article which can always be got in abundance in any part of the world. Mr. Hewett intends to put himself in communication with the British government, who annually spend in India alone about $300,000 in the cultivation of the cinchona tree.

Elixir Iron Pyrophosphate, Quinine and Strychnine.

Dr. C. R. Bechmann, of Fountain City, Wisconsin, says that the following formula will not precipitate by long standing:

℞.	Quinine sulphate,	120 grains.
	Strychnine sulphate,	2 "
	Iron pyrophosphate,	240 "
	Sodium or ammonium citrate,	60 "
	Alcohol,	2 fl. oz.
	Water,	1 fl. oz.
	Glycerin,	3 fl. oz.
	Simple elixir enough to make	15 fl. oz.

Put the quinine and strychnine in a flask, pour on the alcohol and 5 fluid ounces of simple elixir, then place the flask in hot water, shaking occasionally, until dissolved. Dissolve the iron in the water without heat, then add the sodium (or ammonium) citrate and the glycerin. Pour this solution into the alkaloid solution flask and shake well. When cold add enough simple elixir to bring the quantity up to fifteen fluid ounces. An elixir made three months ago and subjected to 41° F. has remained as clear as when first made.

Addison's Disease in a New-born Infant.

Dr. E. Belaiëff, of Voronej, details in the *Meditzenskoie Obozreine*, No. 1, 1886, a unique case of Addison's disease in a new-born male infant. No case occurring in a child younger than three years of age has ever been recorded. The child had been deserted, and was found lying on the pavement. It appeared to be about seven days old. The integuments were slightly yellowish with a grey tint. Later on, the yellowish discoloration disappeared, while the skin gradually assumed a dirty grey color, which was most intense on the back and belly, especially around the navel. Notwithstanding a good appetite, the infant steadily became prostrated and emaciated, and fifty-three days after admission died in an unconscious state during a paroxysm of tonic and clonic convulsions. There was no fever from the beginning to the end. At the necropsy both supra-renal capsules were found considerably enlarged (1 x ¾ inch), their upper two-thirds being transformed into an aggregate of thin-walled, semi-translucent cysts, the size of which varied from that of a pin's head to a small cherry. The cysts contained clear serous fluid.

Treatment of Recent Abdominal Wounds with Hernia of the Omentum.

Dr. H. Hartmann calls attention to the fact (*Revue de Chirurgie*) that, although French surgeons have adopted advanced views with regard to abdominal surgery in general, they still hold the method of allowing omentum, protruding from an abdominal wound, to cure itself by sloughing off, and then proceeds to give a detailed criticism of the authorities for this method, showing the crudeness of their reasoning, and that the failures of the method of ligature and return to the abdominal cavity, which caused its former repudiation, were due not to any defect in the method itself, but to faults of its application, and recites three successful cases to show the perfect safety of ligaturing the protruding part and dropping it back into the abdominal cavity, all under careful antiseptic precautions, by which a surer, more rapid and more generally satisfactory cure was obtained than was possible by the expectant plan.

Fall of 110 Feet; Slight Injury.

J. S., aged about forty, and weighing fourteen stone, on May 14, fell a distance of 110 feet from the steeple of a church, in course of building, the total height of the spire being 130 feet, and the fall occurring when he was within twenty feet of the top. In his descent, he broke a scaffold pole in two, and then fell through the wooden roof of an engine-house below, breaking several planks and two strong joists, on to some sacks of cement inside. He was unconscious when

picked up, but became sensible in a short time; and, on examination, by Dr. J. S. Parrott, who reports the case in the *Brit. Med. Jour.*, was found only to have dislocated the left metacarpals from the carpus, to have broken the left tibia just above the ankle, and to have sustained some bruises about the back and hips. On May 26, the leg being in plaster-of-Paris, he was able to leave for his home twelve days after the accident.

The Nature of Jaundice.

Following in the lines of M. Chauffard, Professor Kelsch, of Val de Grace, writes in support of the specific nature and infective origin of catarrhal jaundice (*Revue de Méd.*, August, 1886). He confirms the clinical observations of M. Chauffard, especially as to the urinary excretion, but is unwilling to accept the doctrine that the condition is due to ptomaines formed in the intestinal tract, regarding an external agent as more probable. The observation of epidemics of jaundice in the army, of which he records instances, points to the conclusion that they are due to telluric conditions, and therein establishes a link between catarrhal jaundice and malignant jaundice. The latter is mostly admitted to be due to foul water supply or bad drainage; and both varieties are frequently associated in epidemics. M. Kelsch, indeed, avers that the simple and malignant forms are one and the same affection, and therefore sums up his belief in the propositions that—

1. Sporadic or epidemic catarrhal icterus is a specific, infective disease.

2. That the infective agent is developed outside the organism.

3. That it is generated in marshes and in soil abounding in animal and vegetable matter.

4. That owning thus a common origin with malaria and typhoid fever, the coincidence of epidemics of jaundice with ague and typhoid is explained.

Trouve's Electric Sound for Foreign Bodies.

M. Pollaillon gave an account before the Académie de Médecine of an operation which he performed on a man who swallowed a table-fork. There was some difficulty in detecting the exact position of the foreign body; palpation and the introduction of an œsophageal sound gave but little result; but the sound of M. Trouvé, to which is attached an electric bell, solved the difficulty. An incision was then made from the ninth rib of the left side, a quarter of an inch from the costal cartilage down towards the umbilicus for three inches; the peritoneum was opened, and the anterior wall of the stomach was drawn to the abdominal opening and incised to the extent of an inch, the fork was seized with a forceps and easily withdrawn, the wound was ligatured with catgut, and the stomach abandoned. The external incision was treated in the ordinary way, and the patient did well.

The Action of Antipyrin and Thallin.

"Taking all things into consideration," says Mr. Raymond Johnson in the *Lancet*, "it seems to me that the evidence is strongly in favor of antipyrin. Any slight advantages which thallin may possess are more than counterbalanced by the transitory nature of its action, the frequently repeated doses which are therefore necessary, and the great liability to the occurrence of shivering or rigors. This conclusion agrees with that of most German observers. Unless, therefore, future investigations shall disclose some yet undiscovered advantages in thallin, we may, I think, decide to employ antipyrin in preference to it, in any case in which a rapid antipyretic effect is desired. Still more is antipyrin to be preferred in cases such as phthisis, where a long-continued use of the drug is necessary. Regarded as a purely symptomatic remedy, the unanimous verdict is that antipyrin is a most efficient agent."

Epileptoid Convulsions Following a Gunshot Injury of the Brain.

Prengrueber (*Bull. de la Soc. de Chir.*, July, 1886,) reports an interesting case of brain injury, due to a pistol-shot, in which the ball entered the middle part of the temporal fossa. During the first three days after the injury, no symptoms were observed except general prostration accompanied by a subnormal temperature. On the fourth day the patient had several epileptoid attacks, whereupon the writer exposed the cerebral wound and removed several splinters which were buried in the brain-substance. An attempt was made to reach the ball with a probe, but it could not be touched. The spasms did not return, and the patient made a perfect recovery.

Papilloma of the Trachea Removed Laryngoscopically.

Dr. C. Labus records, in the *Monatsschrift für Ohren-Heilkunde*, No. 4, 1886, the case of a man, aged sixty-three, who had suffered for nearly two years from difficulty of respiration and other signs of obstruction

in the air-passage. With the laryngoscope a tumor could be seen nearly filling the trachea and growing at the level of the fifth tracheal cartilage. By means of a peculiar forceps the tumor was torn away piecemeal. In seven sittings sixty pieces were removed, which together had a volume of four cubic centimetres. The patient experienced immediate relief, and four months after the operation, although he occasionally expectorated little pieces of the tumor, his respiration was easy, and he could run and ascend stairs without difficulty. On microscopical examination of the pieces removed, the tumor was found to be a papilloma racemosum.

Lanolin.

On the occasion of the reading of a paper by Dr. Thomas G. Morton, on "Lanolin," before the College of Physicians, Philadelphia, Dr. Keen bore the following testimony to its use and value. He observed: "I have used lanolin in several instances during the last week or ten days. One case was that of a child, eight years of age, with an enlarged gland under the jaw, the size of an English walnut. I prescribed iodine, two grains to the drachm of lanolin. I saw the child a week ago, and the gland had almost entirely disappeared. There was a more rapid disappearance than I have ever seen from other iodine applications. This," he observes, "is the only case in which I have had any results, although I have used it in a number of instances, and like it very well."

The Elixir of Life.

According to Dr. Burggraëve, of the University of Ghent, the great panacea for all ills is common salt. According to his theory, salt is the great regulating agent. If the blood be too rich, salt will clarify it; if it be too poor, salt will strengthen it and furnish it with the necessary elements. He estimates that the quantity of salt which every adult in ordinary health should consume daily is two-thirds of an ounce, and he goes the length of saying that if everybody would only take salt, centenarians would become almost as common as new-born babes. What has become of all the centenarians?

The Significance of Collapsed Intestine in Laparotomy for Intestinal Obstruction.

Dr. J. E. Michael, of Baltimore, referring to a statement (*Med. News*) that a dilated intestine would indicate that the cause of the obstruction is lower down, while a collapsed intestine can only be expected on the peripheral side of the obstruction, the writer quotes two cases, which had come under his observation, in which the small intestine was collapsed while there was an obstruction at the sigmoid flexure, to show that the proposition is not strictly correct or invariably true.

Recrudescence of Typhoid in the Same Individual.

At the Congrès de l'Association Francaise pour l'Avancement des Sciences, M. Dehayes spoke on a case of typhoid fever which attacked the same individual a second time after a lengthy interval, and considered that this affection, as well as other contagious maladies, did not render the person proof against recurrences, and in this view he was supported by several of his colleagues.

Correspondence.

Morphia, Hypodermically, for Post-partum Hemorrhage.

Eds. Med. and Surg. Reporter:

I simply desire to add my testimony to the statement of Dr. M. S. McMahan, that morphia, hypodermically, is the remedy for post-partum hemorrhage. I have employed it for nearly twenty years, and regard it as not only superior to any other remedy, but of more value, and entitled, under all conditions of the patient, to more implicit confidence than all other agents combined. My rule is to charge my syringe during the progress of labor with one-fourth grain of morphia, and place it where it can be called into service at a moment's notice. If a woman is pale and nervous, with a rapid pulse, at any time within two hours after delivery, though the uterus be firmly contracted to its smallest dimensions, then is the time to strike with the morphia without waiting for the hemorrhage. I regard post-partum hemorrhage as a mere result of disturbed nerve forces. Have often seen the characteristic pallor and anxious countenance, with feeble, flying pulse, and heard the startling sigh before the uterus had begun to relax.

Opium to the rescue, in this moment of peril. If it can only reach the nervous centres before the uterus yields its grip, the equilibrium will be restored, the hemorrhage will be stayed, and the woman will be happy in twenty minutes. Hot water, chunks of ice, sponges saturated with vinegar, or the rough hand of the doctor thrust into the

uterus, are cruelties involving dangerous and often fatal delay. B. F. Ward, M. D.
Winona, Miss.

News and Miscellany.

The Philanthropy of Dr. Wakley.

In the course of its obituary notice of Dr. James G. Wakley, late editor of the *Lancet*, the *Brit. Med. Jour.* says:

"Dr. Wakley's presence was, of course, familiar in metropolitan professional circles. His chief inclinations, however, during his leisure, were in the direction of occupations that compose the outdoor life of an English gentleman. These he thoroughly enjoyed, for he was a keen sportsman. But, although he will be missed in many ways, it is certain that his loss will by none be more keenly felt than by the poor of his neighborhood, for whose wants and hardships he had ever constant care and consideration. Of him it might be said, in words which have been applied to his father: 'Indeed, in all subjects relating to the poor and helpless, no champion who ever rose for them was more chivalrous than the founder of the *Lancet*. The people were his care. He inquired into the condition of their homes; he sent his commissioners into the workhouses; he supported the parochial medical officers in all that was fair, laudable, and humane.' Certainly, in all these respects, the deceased was the worthy son of a worthy father.

"For it is probable that his benevolence to the poor will remain to be remembered as his chief characteristic. Men will for long tell, as is now done by those who knew him intimately, of the stream of active benevolence which he constantly dispensed. For instance, he would start off on a Sunday morning on horseback, armed with a large number of orders for groceries, bread, flour, meat, coals, etc., which he would distribute to those whom he considered necessitous. He constantly paid the rents of many poor; and, that they might not altogether lose his benefactions after his decease, he has arranged that the rents of fifty or sixty elderly persons shall be paid during their lives out of his estate."

Diseases of Syria.

M. de Brun, Professor in the Medical Faculty of Beyrouth, stated at a recent meeting of the Académie de Médecine, that malaria is the affection most frequently met with in Syria; it is observed both inland and on the coast; it is most prevalent on the plain of Becka. Dr. de Brun has seen infants attacked with acute paludism, accompanied with dyspnœa, which, within an hour, resembled croup at an advanced stage. On examining the throat, nothing was observed. Generally, after four or six hours' suffering, the condition suddenly and rapidly improves, and the little patient regains health without passing through a stage of convalescence. This form of malaria is sometimes accompanied with violent laryngeal œdema; and, in some instances, there is a nucleus of pulmonary œdema. Laryngeal symptoms may be absent. Apparently, when death ensues, it results from arrest of the functions of the medulla oblongata. Sulphate of quinine prevents a second attack of malaria. After malaria, syphilis is the most frequent affection. The Mahommedans, although they represent only the fourth part of the entire population, furnish the greatest proportion of the cases. Hereditary syphilis is very frequent. Dr. Brun rarely met with the lesions described by Mr. Hutchinson. The prevalent affections of the alimentary canal are excessive and frequent diarrhœa, dysenteric affections, and especially dilatation of the stomach, resulting from unwholesome food and from indulgence in alcohol. Arack, or raki, is the beverage generally drunk. Dr. de Brun has observed a considerable number of parasites in the alimentary canal, especially tænia inermis. He found that a preparation of cocoa was efficacious in many instances. The sufferers had taken vermifuges, but without benefit, for them. Pulmonary emphysema is very general, in consequence of excess in smoking. Ophthalmia is also very frequent, also the following diseases: Hepatic congestion, gravel, calculi of the bladder, leprosy, elephantiasis, the Aleppo boil, eruptive fevers, typhoid fever, whooping-cough, diphtheria, occasional epidemics of dengue fever, and, in summer, a special form of erythema, known as sweat-spot (*bouton de sueur*). Nervous disorders are very rare.

A Powerful Bottle.

The following story is told in *Harper's Magazine* for October of the General Traffic Manager of a Southern railroad. Some time ago, as he was returning to New York from the South, the train on which he was riding stopped at Elizabeth, and among the passengers who boarded it was a richly dressed lady, who entered the car in which he sat, and anxiously glanced around for a seat. The train was crowded, and Mr. O—— im-

mediately arose and gave the lady his (the outer) half of the seat, and stood in the aisle near by. When Newark was reached, the gentleman who occupied the other half got out and left the car. The lady at once arose, as if to give Mr. O—— his portion of the seat, shook out her skirts, seated herself again with her back to the aisle, and put her little hand satchel on the other half of the seat. By this time many of the passengers had become interested in the situation. When the train reached that portion of the meadows between Newark and Jersey City on which the phosphate works are situated, the terrible stench, so familiar to those who habitually travel on the Pennsylvania and Morris and Essex railroads, penetrated the cars. Quick as thought, the lady seized her satchel, got out a bottle of smelling-salts, and clapped it to her nose. Mr. O—— saw this, and leaning over, he said to a couple of gentlemen in the seat immediately behind her, "Gentlemen, what in the name of heaven has that woman got in that bottle?"

The lady instantly turned, and said, "*It is not this bottle, sir, which smells.*"

Amid the universal laughter he retired to another car, but not until he had shot back, "Madam, as long as I live I'll *never forget the smell from that bottle.*"

The Medical College of the State of South Carolina.

Dr. T. Gaillard Thomas, No. 600 Madison Avenue, New York, has sent the following communication to the newspapers:

Through a letter just received from Professor J. Ford Prioleau, Dean of the Faculty of the Medical College of the State of South Carolina, located in Charleston, I have, as an alumnus of that institution and a native of Charleston, been warmly appealed to in its behalf, and requested to solicit aid from the medical men of our country for the restoration of its shattered buildings and ruined appliances for instruction.

"I have been requested by the faculty of this college," says Dr. Prioleau, "to write to you of the desperate condition of its buildings, and to ask you to endeavor to obtain for us some means of replacing the institution. Unfortunately the property will not bear any security, and the friends who so willingly would help us are as much wrecked as ourselves . . . It is with regret that we are forced to make this appeal."

The winter session of this venerable and eminent institution, which numbers among its teachers in the past Samuel Henry Dickson, Louis Agassiz, and Eli Geddings, and among those of the present some of the most worthy men in our profession, should begin in one month. If aid be not rendered it, quickly as well as generously, its doors must be closed for the coming season.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE THREE WEEKS ENDED SEPTEMBER 18, 1886.

Austin, H. W., surgeon. Granted leave of absence for thirty days, September 16, 1886.

Goldsborough, C. B., surgeon. Promoted and appointed surgeon from October 1, 1886, September 9, 1886.

Yemans, H. W., passed assistant surgeon. Granted leave of absence for ten days, September 16, 1886.

Bevan, A. D., passed assistant surgeon. Promoted and appointed passed assistant surgeon from September 1, 1886, September 7, 1886. Granted leave of absence for thirty days, September 7, 1886.

Glennan, A. H., passed assistant surgeon. Promoted and appointed passed assistant surgeon from September 1, 1886, September 7, 1886.

Norman, Seaton, assistant surgeon. To proceed to Vineyard Haven, Mass., for temporary duty, September 9, 1886.

The Preparation of Skeletons.

An account has recently been published of a novel industry, to which a large manufactory in the suburbs of Paris is devoted, viz., the preparation of skeletons for the market. The proprietor contracts for a supply of corpses from all the dissecting-rooms and hospitals in the city, and the raw material on its delivery is boiled for days in a cauldron. The grease which rises to the surface is skimmed and sold; the bones are carefully cleaned and bleached in the sun, and finally assorted and converted into articulated skeletons. The preparation of frogs, lizards, and various reptiles, occupies a separate department. The comparative cheapness and abundance of the skeleton supply from Vienna since the Russo-Turkish war has somewhat depressed the trade; but really good osteological preparations, as might be expected, always command a good price. For what purpose the grease which is sold is used is not stated, though we hope the silence is not to be regarded as significant.

Mistakes in Prognosis.

In the discussion at the recent meeting of the British Medical Association at Brighton on the duration of life with heart disease, Dr. Bristowe made some very excellent and apposite observations on this subject. "It is," he said, "quite early enough, in my opinion, for a man to know that he has heart disease when he begins to feel the effects of it;" and with this sententious remark most practitioners will agree. Incalculable harm has often been done by the abrupt announcement that a patient has cancer, or that another has heart disease; and the evil is aggravated by the fact that, as in all human affairs, the diagnosis may be wrong, or the prognosis may not be realized. Sir Andrew Clark told a very amusing, but instructive anecdote of his having been called to see a gentleman suffering from bronchitis, who, fifty years before, had been precipitately superannuated on full salary, on the announcement by the medical officer to an insurance company that he was the victim of an incurable form of heart disease, and would probably not live more than six months.

The Only Arabic Medical Paper.

Egypt boasts of only one medical journal, *El Shifaa* (The Cure), which was started last February, and so far has been a great success. It is published monthly, the price being thirty cents, at the offices of a native scientific paper, and is edited by a Syrian in Cairo—Dr. Shemeil—and Dr. Milton. At its start the sanitary department offered to buy 120 copies and distribute them among their officials; but as it was at once found that the native doctors brought its circulation up to 400, the offer was declined. It already pays its way, and will, it is to be hoped, be of incalculable benefit to provincial doctors possessing a modern medical literature. The chief contributors are natives of Egypt and Syria, and Dr. Milton, besides publishing many hospital cases, is now writing on the Treatment of Wounds. Dr. Kartulis, of Alexandria, has recently contributed a paper on the Giant Amœbæ, which he maintains are specific of dysentery.

She Would Not Have a Male Doctor.

The *Med. Age* says that a Parisian journal tells a story of a young married woman who was about to become a mother, but who objected to being attended by the family physician because of his sex, and insisted upon having a midwife. Not wishing to expose her to any of the dangers of the ignorance of this class, the physician conceived the idea of having a young beardless friend, who was a competent obstetrician, dress in female attire and personate a midwife. The ruse worked to the entire satisfaction of all concerned but the doctor, who was put to a severe trial by all the female members of the family, who insisted on his examining sundry little tremors and blemishes on various parts of the body which they would not expose to the gaze of a male doctor. The wounded modesty of the young M. D. was, however, healed by a plaster in the shape of a 500-franc note.

A Suit to Recover for Services.

The *N. Y. Med. Jour.* tells us that an action is now pending in which a New York physician seeks to recover a balance of between three and four hundred dollars, alleged to be due him on a contract to treat a patient for a year, supplying the necessary apparatus, for the sum of seven hundred dollars. Half this amount was paid at the outset, but subsequently the patient's father dismissed the physician and refused to pay the balance. He was, of course, at perfect liberty to decline the doctor's further services at any time, but we fail to see on what ground he should be excused from carrying out the pecuniary part of the agreement. He maintains, to be sure, that the doctor's treatment of his daughter was injurious; but that is a stock answer in cases of the sort, and it is gratifying to learn that in this instance the court granted a motion that the answer should be made more definite.

Remarkable Poisoning Cases.

A serious and remarkable case of poisoning is reported in the British medical papers as having occurred at a wedding breakfast in Carlisle. In all, nineteen persons partook of the meal. Four only escaped unharmed. One person, the bride herself, died on the fifth day. The dishes were all prepared by a professional cook the previous day, and kept in a dry cold cellar. No peculiarity of taste was noticed, except a little bitterness of some of the jelly. The symptoms were much like those of cholera. They were peculiar in appearing late. The breakfast was at noon; some of the persons were taken ill at 8 p. m., others at midnight, some the following day, and one on the second day. The source of the poisoning is as yet wholly unknown. Metallic poisons seem to have been excluded, and some ptomaine has been suspected.

The Homœopathic Treatment of Profanity.

"Another mental condition characterizing anacardium is a propensity to swear. (*Hahnemann Monthly.*) Now, do not suppose that I recommend anacardium for the cure of profanity when it exists as a result of low morals; far from it. When, however, the propensity to swear comes as a result of mental disease, anacardium may do noble work. I once treated a minister who exhibited a remarkable *penchant* for profanity. Try as hard as he would, he could not help it. Anacardium made a complete cure in his case. Another remedy producing a disposition to swear, is *nitric acid;* but I have never seen it do any good in these cases, excepting after the abuse of mercury."

The Whipping-Post Demoralizing in its Effects on the Community.

The whipping-post is at work in Delaware, and the Medical Jurisprudence Society of Philadelphia has been discussing the propriety of adopting it in Pennsylvania. The general sentiment, however, was opposed to it. Quite recently twelve convicts at New Castle, Delaware, were punished with the lash. The infliction of the punishment was public, and was the cause of considerable merriment to the spectators. It is not difficult to believe that the moral effect upon a community is bad, if such spectacles as the whipping of convicts are allowed to be witnessed by the public.

An Extra Coroner Wanted.

A correspondent of the *Medical Brief* states that Mr. Savory, President of the Royal College of Surgeons, was recently going round his wards at St. Bartholomew's Hospital, when he came to a case of hernia just operated upon. Turning to one of the students following him, he asked: "You have passed, have you not?" An affirmative answer was returned. "What is a good thing after an operation for hernia?" "A dose of opium." "How much would you give?" "Ten grains." "How would you give it?" "The liquid extract." "How much of it would you require to give your ten grains of opium?" "Half a drachm." "They will not be long before they require an extra coroner in the district where you settle down," was his comment.

The Editor of "The Lancet's" Confession of Faith.

Some time before his death the late Dr. James G. Wakley made a special request that the following confession of faith should be introduced into any notice of his life which might appear in the pages of the *Lancet:* "Feeling my deep responsibility to God for the position in which, in His providence, He has placed me, I desire to testify to the comfort derived during my sickness from a lively faith in our Lord Jesus Christ, and that I die in the sure hope of a glorious resurrection."

Reception to Dr. E. O. Shakespeare.

Dr. E. O. Shakespeare, who has passed the last year in Europe and Asia as the special representative of the United States to inquire into all the phenomena connected with the propagation, spread, and prophylaxis of cholera, returned to his home, in this city, on the 19th of last month. On Wednesday evening last he was tendered a reception at the Hotel Bellevue, at which there were present the most prominent members of the profession in this city. Dr. Shakespeare has brought home with him some very valuable data in reference to cholera, and his report will be read with very great interest.

A Large Vesical Calculus.

Mr. Thomas Smith reports, in the *Lancet* of August 7, 1886, the removal of a stone weighing 24½ ounces from the bladder. The stone was ovoid in shape, and measured 13 inches in its largest circumference and 9½ in its smallest. On section it was found to be dense in structure and regularly laminated, and to consist of phosphates externally, with a large oxalate nucleus. The patient was a soldier, forty-three years of age. The calculus was removed entire by the suprapubic operation, and the patient recovered completely.

High Death-rate in Kansas City.

During the week ending August 21, the death-rate of Kansas City reached the very alarming figure of 31 per 1,000 inhabitants. This is by far the highest death-rate ever known in Kansas City, the average for the past fifteen years having been about 15 per 1,000. The city is said to be in a very unsanitary condition, and the high mortality has been attributed to that cause.

The National Board of Health.

The Washington correspondent of the *N. Y. Med. Jour.* says that the National Board Health, having failed to receive any appropriation from Congress, have given up their

quarters on G street, and taken down their sign. Except the secretary, Mr. Dunwoody, none of the members of the board have been on duty for many months, and no meeting has taken place. There has, however, been little necessity for a meeting, as the powers of the board over quarantine matters long since expired by statutory limitation.

The Health of Chicago.

According to the "Condensed Statement of Mortality," for August, the whole number of deaths during the month was 1,352, including 1 from carbuncle, 201 from cholera infantum, 6 from cholera morbus, 18 from croup, 27 from diarrhœa, 11 from dysentery, 74 from diphtheria, 38 from entero-colitis, 5 from erysipelas, 8 from cerebro-spinal fever, 1 from intermittent fever, 2 from remittent fever, 21 from scarlet fever, 57 from typhoid fever, 13 from typho-malarial fever, 16 from measles, 2 from pyæmia, 5 from septicæmia, and 15 from whooping-cough.

Late Childbearing.

Dr. A. O. Banes writes in the *Medical Brief* that there is an aged and respectable couple residing in St. Joseph, Mo., the husband seventy-one and the wife sixty-five. This enterprising woman gave birth to a fine, healthy boy, much to the surprise of their kind neighbors and to themselves, as she thought an ovarian tumor was developing.

Lunacy Commission.

At the meeting of the Philadelphia County Medical Society on September 8, Drs. Mills, French, and Henry were appointed a committee to visit all asylums for the insane in the county of Philadelphia, in accordance with the request of the State Commission in Lunacy.

Condemnation of a Midwife.

In Altenburg, recently, a midwife was sentenced to imprisonment for two years, because she advised the parents of an infant suffering from ophthalmia not to seek medical advice. The only treatment consisted in local applications of chamomile tea, and the child lost one eye in consequence.

A French Verdict.

A coroner's inquest was held a short time ago on the body of a woman who, it appeared, had been suffering from heart disease, and this bringing on a fit of despondency she had taken a dose of Paris green. The coroner's jury found that the woman had died of "heart disease accelerated by partaking of a dose of Paris green."

Personal.

—Medical Director A. L. Gihon, the accomplished president of the Section in Medical Climatology and Demography of the International Medical Congress, has been ordered to Mare Island, California.

Items.

—The title of Doctor was invented in the twelfth century, at the first establishment of the universities. William Gordenia was the first person upon whom the title of Doctor of Medicine was bestowed. He received it from the college at Asti, in 1329.

—The fifteenth annual meeting of the French Association for the Advancement of Science took place on August 17th, at Nancy. M. Frudel, Professor in the Paris Faculty of Sciences, and Member of the Institute, was elected president. Some interesting papers were read.

—The Georgetown Medical Faculty have their new college building in Washington nearly completed, and expect to have it ready for lectures October 1. The introductory lecture this year will be delivered by Dr. John B. Hamilton, the professor of surgery.

—The Australian intoxicant, pituri (Duboisia hypwoodi) is said to be found only in one stretch of Australia, thirty miles in length. It is chewed into a pulp, and ashes added to it, after which it is rechewed several times. It is then ready for use as an article of commerce between the Australian tribes. On these it seems to have the same effect as alcohol.

—At a recent meeting of the Conseil d'Hygiène, M. Dujardin-Beaumetz drew attention to the subject of the removal of *débris* from butcher's shops, tripe-shops, and pork-butchers. He urged that the Prefecture of the Police should be called upon to strictly enforce the regulations issued on September 1, 1883. The carts used to remove these remains leave on their track a most offensive smell. Dr. Dujardin-Beaumetz suggests that these vessels should be disinfected daily before being used. The Conseil has named a commission to decide on the best disinfectant to be used for this purpose.

THE

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Original Department.

Communications.

CRITICAL REMARKS ON FRACTURE OF THE OS FEMORIS.

BY EZRA MICHENER, M. D.,

Of Toughkenamon, Chester Co., Pa.

Apologetical.—While I highly esteem the urbanity and professional attainments of my good friend Prof. Ashhurst, I must also accept him as the authorized *exponent* of the present teachings and methods of my honored *alma mater*. And his expositions sometimes cause *regrets*, which I feel it to be my duty to express.

I well remember when, seventy years ago, it was considered a *Quiz Club feat* to lay down *Prof. Physick's* dressings for fracture of the thigh with neatness and accuracy ready for the patient, when the fracture had been reduced. And the inquiry comes up, What progress have we made in these *three-quarters of a century?* We naturally look to our *exponent* for the answer. Well, we have knocked the *Physick block* off Desault's *long splint*, and have laid the *foot-tie* aside. We have *renounced* the time-honored *sine qua non*, the *reduction* of the fracture and *restoration* of the shortened limb; and we have substituted the "*American Treatment*," the *pulley weight* of a *hod of bricks*, more or less, to do—WHAT? To restore the *length* and *service* of the limb, with an *acknowledgment* that it is not capable of doing so.

My Dear Doctor: I am aware that my earnest expressions in regard to this grave inquiry have been accepted as the effect of undue excitement, or as the flickerings of expiring reason in an old man. No! *my dear doctor!* I am indeed an old man, having braved the storms of *ninety-two winters;* but THOSE were not the senile sentiments of *yesterday*. They were the warm and vivid inspirations of *seventy years* ago. And the observations and experience of a long life has not abated their *freshness* or *intensity*. I may have reached the *goal* of human effort, but not that of a *desire* to alleviate the sufferings of poor humanity; though the *appeal* may seem to come back from the *portals* of another world.

I shall speak of fracture of the *shaft* of the os femoris as a *typical* lesion; leaving the surgeon to modify his procedure to meet any *complication* that may occur.

It must be remembered that the treatment of fractures is *mechanical*, and success will very much depend on the *skill* with which it is applied. The best means may fail in the hands of a careless or *clumsy* operator. They necessarily involve suffering and inconvenience to the patients, and it is the *sacred duty* of the surgeon to alleviate the one and ward off the others to the extent of his power.

Reference may be made to MED. AND SURG. REPORTER:

1881, January 8, On Fracture of Os Femoris.—*Michener.*

1881, November 19, How Bones Break.—*Michener.*

1882, February 4, Clinic on Fractures.—*Ashhurst.*

1882, December 31, Review of Clinic.—*Michener.*

1883, January 20, Another Clinic on Fractures.—*Ashhurst.*

1884, March 15, The Fracture Apparatus.—*Michener.*

The *sequence* as well as the *scrip*, seems to have a significance in this connection.

The inquiry resolves itself into four problems:

1. How bones break.
2. How to diagnose.
3. How to reduce: and,
4. How to treat—fractures.

I. How Bones Break.

Fractures are said to be either transverse or oblique, the latter being much the most frequent. This is *literally* true. But a long experience, sustained by the *artificial* fracture of *hundreds* of the long bones of animals, assures me that the obliquity seldom exceeds *forty-five degrees*; often much less.

I have learned from the same sources that the cylindrical bones *generally*, if they do not *always*, break in a *dentated* or toothed form, capable of *interlocking* and holding the fragments in position. And also, that this interlocking may readily be effected at the angle of obliquity, above named, or even a higher one. I would therefore, as a *practical guide* rather than a *literal truth*, consider all fractures *transversal*, so long as the fragments will *abut*, and *interlock*, and *hold* themselves together, aided by the *tonicity* of the femoral muscles.

My note of November 20, 1881, was written at the suggestion of mutual friends, and presented the views noticed above, with the conclusions to which they seemed to lead.

The response: "November 24, 1881. No doubt most fractures are, at first, serrated, and this serration may for a time keep the fragments together. Yet, on the conversion of the bone into granulation tissue—which precedes union—those serrations sometimes disappear, and hence consecutive shortening is very common. I cannot recall more than a single instance in which I have succeeded in curing fractured thigh without shortening."*

This reply was not satisfactory.

A graduate of the University of Pennsylvania, with the honored impress of a *Physick* and a *Wistar*, who ventured to think and to act upon his own responsibilities, after having treated a series of those fractures, as they presented during a period of more than half a century, in accordance with *views* and *methods* in a measure peculiar to himself, and with a success believed to have been *unknown*, and after having given them to the public, asked the *Professor of Clinical Surgery*, in his *alma mater*, to investigate them. The reply was courteous, but curt:

"I cannot recall more than a single instance in which I succeeded in curing a fracture of the thigh without shortening."

And in a clinic a few days later he enforced the same sentiment:

"In adults, a certain amount of shortening is, I believe, unavoidable."

Is this, then, the *ultimum thule*, beyond which inquiry must not—can not go? Our boasted *science* is hardly prepared to tolerate such a degree of *transcendentalism*, from whatever source it may emanate.

The professor, in his clinic, illustrates this softening by an *extraordinary* case. He says:

"I remember a case in the Pennsylvania Hospital who had made a *good recovery* from fracture of the thigh, and was allowed to go about at the end of six weeks. There was, at that time, one-fourth or *one-half of an inch* shortening. After two or three days there was found *two inches* of shortening. At this time the callus uniting the bone is soft, and the pressure from walking readily causes consecutive shortening." (The italics are mine.)

I say *extra*-ordinary—so soft, that an *inch and a half* of the thigh bone should be thus *squashed out*, like so much putty, and the man still able to walk on with such a condition of the limb!!! Is there not a mistake here?

As I had just reported more than a *decade* of typical cases, from infancy to old age, without *shortening*, or a *limper*, and that, too, without *mechanical extension*, I could only reconcile the conflicting results by referring them to the *antipodal* methods we had employed—the one treating the *man* without treating the *fracture;* the other treating the *fracture* without treating the *man*.

II. The Diagnosis.

I have little to offer, except it be a caution not to harass the sufferer with needless pain. It is enough for us to know that a fracture exists. An old physician had just dressed a fracture of a humerus for a young lady, when a former student came in. The dressings were *kindly* removed to allow him to diagnose the case anew, to the great annoyance and suffering of the patient. It was a long-remembered cruelty. Where there has not been displacement and shortening, a sharp, deep-seated pain from the slightest sudden motion will generally tell both the existence and the location of the lesion.

III. The Reduction.

Here we must *part hands*, as the clinic

* I understand this expression to mean an *appreciable shortening*, with a limp—not what a medical friend has called "an inappreciable shortening, without limping."

appears to entirely ignore the *reduction* of fractures; does not even name the procedure.

The bones are so many *stretchers*, to keep the muscles in a healthy tension, ready for immediate action. When the stretcher is broken, their innate tonicity causes them to *retract*. Hence the usual shortening in this lesion. And this increases and becomes more *inveterate* the longer it remains displaced.

The remarkable manner in which bones break seems to indicate a wise provision for their more easy restoration. It is strange that the profession should neglect to avail themselves of so valuable an assistant.

It has also been found that retracted muscles, or other tissues, while they strongly *resist* any sudden movement, will passively *yield* to slow and gentle *suasion* without causing pain.

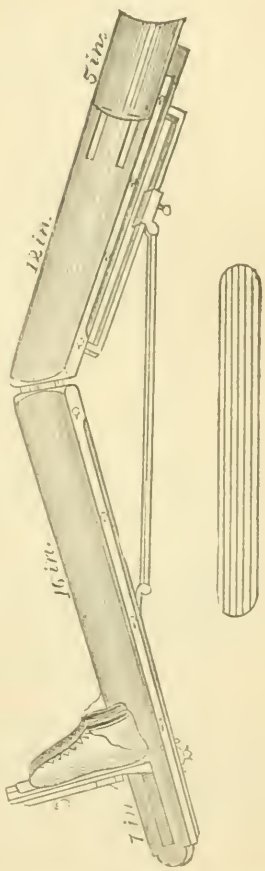
Before proceeding to reduce the fracture it may be well to have the dressings ready for immediate use. If difficulty is apprehended, place a long band under the shoulders, bring the ends over the axillæ in front and fasten them to the bedstead, for *counter-extension*, and provide a trustworthy *assistant* for a pull—a long pull—and, may be, for a strong pull; for it must not be forgotten that in most cases a slow, cautious change can be effected almost without pain. *The tensile force* should be in an *inverse ratio* to the *complaints of the patient;* no matter how much time may be consumed. The most refractory muscles will eventually yield.

While the extension is being thus cautiously made, the surgeon must carefully manipulate the limb and watch the descent of the lower fragment until it gets clear of its fellow, when it will usually fall into position; and as the dentures drop together, they may not be easily displaced. The reduction may be tactile, or even audible, to the operator.

The tension may now be relaxed, as slowly as it had been made, to ascertain whether the bone will again serve as a *stretcher* for the limb. If it fails, further trial should be made. Finally, it may be necessary to dress the fracture while the full extension is kept up; and, perhaps, it should be continued for some time after. I have not seen such a case. When the fracture has been fairly adjusted, the femoral muscles are an excellent adjunct to hold them together.

IV. The Dressing, etc.

Sixty-five years ago (1820), I constructed an apparatus for fracture of the thigh in order to obviate defects in the methods then in use. It was partly on the plan of the *Amesbury apparatus*. Its use, for that long period, and in a variety of cases, from infancy to old



APPARATUS FOR FRACTURE OF THE OS FEMORIS.

age, has proved highly satisfactory. The figure explains itself.

The apparatus is seen to consist of a concave *bed splint* cut into two at the knee and united by *hinges*, with a sliding brace and binding tap screw to fix it at any desired angle. At the upper end is a broad brass *sliding plate*, with binding screws to adapt the length of the splint to the limb. Its edges are provided with *buttons* for the reception of four pairs of strong leather *straps* with buckles. Three *minor splints*, made of thin strips of wood, glued on muslin, answering to the length and thickness of the thigh, a strong *bandage of straps*, and *pads* for the splints, complete the essential dressings.

For the reception of the foot, and to adapt the apparatus to injuries of the leg, the lower section of the splint carries a *sliding standard* with a laced *shoe*, in which the foot may rest. It is also provided with side splints,

straps, etc. (not shown), for treatment of injuries below the knee.

In the case of children, I have always used an *improvised angular splint*, made on the occasion, by nailing two pieces of shingle on an angular block. The application and after-management were the same, and have been satisfactory.

The application is easy. If it was not done before reduction, remove the foot-gear, set the splint to a proper angle, say one hundred and twenty degrees, lay on the pad, and apply it accurately to the sound limb. The minor splints should also be trimmed to fit the thigh, from its top to the condyles and the patella, but never to *rest upon them*.

Now, lay down the bandage upon the pad and place the injured limb conformably on it. Apply the bandage tight; lay on the small splints with thin pads, and buckle the straps tightly over them. This completes the dressing proper of the fracture. The thigh was *broken*, and we have *dressed* the thigh.

Incidentally, the leg hangs over the lower plane. It needs a stocking. The foot-gear may be replaced and the foot be allowed to rest in the shoe, or on a cushion, to avoid the pain, too often produced, by pressure on the heel.

After a *rest*, and needed *refreshments*, revise every part of the appliances to know that there is *equable pressure*, and nothing to gall or produce irritation.

Remarks.—1. I studiously leave the *hip* and *knee* free to move that they may respond to any reflex motion of the patient instead of allowing it to fall on the *fractured joint*.

2. I have never used any form of *mechanical extension*, unless the angular splint be so considered.

3. I have not had either shortening or a limper.

Of the *softening and consecutive shortening* of fractured bones it may hardly become me to speak, for in the cases referred to it would seem that the *method pursued* had prevented either the *softening* or the resultant *shortening*. So far as my experience goes, I can hardly recognize it as *pertinent to good surgery*. It has presented to my mind, and I am willing to suggest whether it may not be *caused*, when it does occur, by the frequent disturbance of the fracture from insecure dressings—a form of *bone inflammation*. Two cases in which there could have been no mistakes go to sustain this view.

Case.—M. W., a child of seven summers, had her leg caught and dragged under a log, on the highway. The soft tissues of the upper anterior and inner tibial regions were entirely torn away, both bones broken, the leg doubled back upon the thigh, with the fragments all protruding more than an inch. After cutting away more than an inch of the upper tibia, which was denuded of its periosteum and left without any possible covering, the limb was placed on an angular splint, the nicely dentated ends of the fibula were held in the fingers and carefully interlocked, and supported by a light outside splint. Thus this young and broken *fibula* was made an efficient *stretcher*, and preserved the entire length of the limb during the long period of restoration of the *tibia*. There was no squashing out of *granulation tissue* here, for there was no shortening nor semblance of a limp.*

Case. Myself the sufferer. Some five years away, I fell with the right upper humerus across the sharp angle of a curb. The fracture click was unmistakable, and I immediately passed my hand over the *clavicle*, *acromion*, and *humerus*, without detecting a fracture. It soon became manifest in the latter, but was so near the joint that efficient dressings could not be applied. An axillary pad, with shoulder-strap to support and bind the arm to the side was applied, but was unsatisfactory, and permitted frequent disturbance of the fracture. I was not aware that the lesion had ever been much displaced. Union progressed slowly. But what was my surprise when putting on my coat to find the right sleeve apparently an inch longer than its fellow! *Ergo*, the injured arm was an inch shorter than it had hitherto been. I state the facts, others may apply them.

RESUMÉ.

What John and Jonas say contrariwise.

John.—I had laid a good while, and there was much shortening, and it required a good while to restore it; but it was done so cautiously as scarcely to give me any pain, and there was no shortening afterward. The bone made all the *extension* required.

Jonas.—My bone was never *set*. I, as I then thought, had happily escaped a painful operation, with the promise that the after-treatment would do all that.

My *American patriotism* had all been knocked out by the fall, but it returned amazingly, as I was assured that I should have the "American treatment." I didn't then *know* what that was.

*As this case was somewhat remarkable and is made to carry an unusual weight of testimony, I am free to state that she is now the wife of Goodwin Chalfant, near Unionville, in this county, and will verify this statement.

John.—My limb was placed on a close-fitting, curved, angular splint, with the knee gently flexed—a *Scultett's bandage*, and *three minor splints*, extending from the top of the thigh to the condyles—*but not over them*—when buckled tightly around the limb, constituted the *entire fracture dressing*. A stocking, and other comforts for the leg and foot were only incidental.

Jonas.—I was dressed with two splints—an outer and inner one. The first, "simply a long piece of board," extending from the *axilla* to below the foot; the other from the *groin* below the foot. The outer splint rests upon the projecting point, of the *hip* and external *condyle;* the inner is held off by the *big end* of the thigh and inner *condyle*. Neither can give much *lateral support* to the fracture. To do this the interspaces were filled with *bags of bran*, which could hardly be expected to do better. I was finally *pinioned* down to this "long board" by five strong bands, and a *weight-extension of one brick* hung to the foot. (American!!)

John.—I laid *conformably* on a comfortable bed, with *bolster and pillows*, can be raised or even set up a little, and be laid off to refresh the bed. I suffered no pain, except from too long-continued pressure on the *heel*.

Jonas.—I laid *unconformably* on an uncomfortable bed. I soon learned the significance of the "American treatment," and pronounced it *a tricuspid horror*, and withal a *failure*. *Its first cusp is* to be *pinioned down* on one's back to a long board from head to foot—a sort of *straight waistcoat*, worthy of the Inquisition. *Its second cusp is* the *weight extension* of bricks, increasing from day to day up to a hod-full, more or less, as the necessity of the case, or the whim of the doctor, may require. "Some surgeons use from twenty to thirty, and even forty pounds."

The third cusp is the *counter-extension*, made by elevating the foot of the bed three notches higher than the head, with the promise of another notch for every additional brick. Nevertheless, "as far as my experience goes, shortening occurs after all fractures in adults."

The two *forces—muscular contraction* and *gravitation*—one vital, the other mechanical, are *discordant*. They do not and cannot be made to *coördinate*.

John.—After six weeks the tight dressings were laid aside for lighter and looser ones. The *femoral muscles*—not the *doctor*—did not allow me to walk. They had been too tightly bound to resume their functions for some time. I used a crutch for a week or two.

Jonas.—At the end of six weeks my dressings were removed for lighter ones, but I was not permitted to walk on the injured limb.

John.—After eight weeks I was able to walk freely, without any *appreciable shortening*. But I was obliged to go out without the privilege of a *limper's diploma*, or a bill of *indictment for bad surgery*.

Jonas.—Eight weeks ago "I did not suppose much shortening, as extension had been made for forty-eight hours," but on measurement it was still found to be one inch. But "this afternoon we shall probably add *another brick*, and in the course of a *week*, a third." This was all done according to *Gunter*. But here I am with a limb still *one inch short*, and a *limper* for life. In return, I hold a *bona fide limper's diploma*, and a chance to *claim five thousand dollars* damage for *bad surgery*.

CONCLUSION.

My views may prove erroneous; they are certainly immature and not fully developed. The methods derived from them will doubtless admit of successful modifications. All I desire is, that they may be tried upon their own *intrinsic merits*, and be accepted or rejected, according to their *value*, regardless of the *bossism of rival schools* and the *assumed authority of high positions*.

Unhappily, *great men* make *great mistakes*. *Sanguiphobia* is not the only error taught in the schools, which, when innocently and confidingly carried home by their thousands of medical students, tend largely *to people the tenement houses of the dead*.

ON SOME FACTS CONNECTED WITH THE ETIOLOGY OF TYPHOID FEVER.

BY R. W. HUTCHESON, M. D., M. R. C. S., ENG., ETC.,

Of Queen's County, N. Y.

Very much has been accomplished of late in extending our knowledge of the etiology and natural history of many diseases; so much so in fact that the science of medicine is making vast strides toward the time when it may be classed among the exact sciences. But there is much to be accomplished yet before that desirable era is reached; nevertheless the discoveries that have been made in our own times, and the skill and increased interest that have been lavished on very recent investigations, make us sanguine in our expectations that the near future is pregnant with results growing out of these investigations and discoveries; in other words, that

we are on the threshold of an important era in the history of the science of medicine. Would that we could say the same of the *art* of medicine! The fact is, the treatment of diseases at the present time is in a terribly muddled state, as any one who has been practicing medicine for twenty-five or thirty years must admit after reading some of the latest works on the practice of medicine. Not so, however, is the practice of surgery. The recent development of the germ theory has put surgery on a pinnacle of fame which few of us ever dreamed it would have attained in our day. And to the indefatigable exertions of professor Lister, of King's College, London, much of this success is no doubt due, for with his antiseptic dressings he has clearly demonstrated that much of our former ill success in surgery was due to the free access and rapid increase of germs in wounds; but by avoiding these and establishing proper drainage, wounds can now be rendered comparatively harmless, and healing by the first intention easily attained.

While these grand discoveries are being recorded they should stimulate each worker in the vast field of medicine and surgery to add his mite to the material that is wanted to make the sciences exact. City physicians and surgeons no doubt are doing Herculean work in investigating diseases; but they are not in a position to find out everything. There are many facts connected with medicine and surgery that the country doctor can discover, which do not come under the cognizance of the city practitioner. Facts, I say, are constantly occurring in the practice of country practitioners which if duly recorded would help to set at rest many of the uncertainties connected with the sciences of both medicine and surgery.

To illustrate my remarks let me take a disease, say typhoid fever. Now repeated observations have taught us how that disease is communicated from person to person when it has once started in a community. But whether typhoid fever originates *de novo*, and if so, how, are open questions; at least recent writers on medicine, ignoring the opinion of Murchison and other competent observers, tell us so. Now I ask, Could not the combined experience of the medical profession of the country solve that? Having had quite a number of cases of typhoid fever under my observation during the last twenty-five years, I have very naturally obtained some practical information from them, and a part of this relates to its etiology. I would, therefore, say that from my experience typhoid fever does originate *de novo*, and that the cause is the ingestion of decomposed animal tissues under certain conditions, and among these tissues I should mention dead toads, rats, snakes, etc. Not only have I had frequent proofs of this in my own practice, but I have known it to occur in the practice of other physicians. The mere presence of dead toads in a well is not the only requisite to generate typhoid fever; they should remain in it long enough to become thoroughly decomposed, so as to impart a decided odor and taste to the water. In the instances that occurred in my practice, the wells were completely enclosed, so as to exclude the light, and only a very limited amount of stagnant air reached the water. It would indeed be a very interesting discovery if the bacillus typhosus could be demonstrated in these putrid walls; and, if they are the real exciting cause of the fever, they surely must be present in such instances in enormous quantities.

The following are some of the cases that I remember to have occurred in my practice where typhoid fever originated *de novo*.

1. A few years ago I was called to attend three children, living with their mother in a neighboring village. They had been complaining for several days, and were then ill with fever. There had been no cases of typhoid fever in the neighborhood for years, and the children had not been from their home for months previous to their illness. No one from any other part of the country had visited them. Every circumstance in fact incontestably proved that the disease could not have been communicated to them from any one. When a glass of water, drawn from the well from which they obtained their supply, was handed to me, I immediately detected an odor in it. "What is the matter with the water?" I inquired. "We don't know, doctor; the water has smelt like that for some time." "Don't drink another drop of it until the well has been cleaned," I replied. "The children are suffering from typhoid fever, and the cause of the fever you will no doubt find in the well." On the following day the top of the well was removed, and the *fons et origo* of the mischief soon came into view. Several dead toads, decomposed to a pulp, were found floating on the surface of the water. The fever in these cases ran the usual course, and the children under my care recovered. But an elder brother, living in the city, visited the house during their illness. He contracted the fever, and died at his lodgings away from home.

2. A year or so subsequent to this, I was summoned to attend another case of typhoid

fever. It was that of a farmer, aged fifty, residing with his wife and two children, who were at the time quite well. Before I arrived, these people had themselves detected that there was something wrong with the well-water, and had ceased to drink it. When the well was opened the surface of the water was found covered with the decomposed flesh of dead toads.

When informed that the illness was typhoid fever, the other members of the family were very much afraid of catching it. I answered them that the disease was not communicated from person to person like measles and scarlet fever, but was contracted in other ways—notably, through drinking water; that if they were careful in disinfecting and burying the excreta, and refrained from drinking their well-water, they would not take the disease. This allayed their fears for a time; but in about two weeks, down came the mother with the fever, and in a few days more the two children were also taken down with it. This, in their estimation, rather tended to upset my knowledge of the contagiousness of typhoid fever, and I had to set to work to discover how the disease originated in these latter cases. The family had ceased drinking the well-water, and had disinfected and buried all of the excreta. But there was another channel by which the fever might be communicated, of which they little dreamed, and that was through the milk. "Do you boil your milk before you use it?" I inquired. "No, we do not." "Where do you water your cows?" "From the well." "From the tainted well?" "Yes; we use the well-water for all other purposes, except drinking." This inquiry threw a flood of light on the subject; the cows drank the tainted water, the milk-pails and other utensils were washed with it, and those who drank the milk thus contaminated contracted the fever. This confirms a fact that was first shown by Ballard in 1871, and has been frequently mentioned of late by several writers, and is about the clearest case of the kind that has come under my own observation.

Soon after the fever had attacked the children, the friends employed a nurse to assist in taking care of them. She also, at first, was afraid of catching the disease. I assured her that if she would follow my instructions, and not eat or drink anything from the house where the sick were, she need have no fears of contracting it. She followed my advice and escaped.

3. In 1883 I remember attending another case of typhoid fever in which the disease no doubt originated in the house where the patient resided. But in this instance the water was obtained from a driven well, which, as a rule, is less liable to contamination than the water from an open one. The house was built on a low plot of ground, and about four feet of pipe readily reached the water. There was a water-closet in the house, and the pipe leading from it ran under the kitchen, right by the pump, which had been driven but a few feet in the ground. Just where they met there was a leakage, and for months fecal matter had been allowed to escape and penetrate the soil, and thus reach the drinking water. The family resided in an isolated part of the country, and there was no other case of typhoid fever in the neighborhood at the time. The disease was of a severe type, but the patient finally made a good recovery. The drainage pipe was properly fixed, disinfectants were freely used, and no other case of the fever occurred in the family.

4. In the last part of August, 1885, a party of young folk, numbering some fifteen, started out to spend the day on the banks of a creek, near East Rockaway. They carried no water with them, but relied on procuring a supply from a sunken barrel near the creek that had been used for that purpose for a number of years. On this occasion it was noticed that the water smelled and tasted badly, so much so that some of the party refused to drink it. Exactly one week from the day of the picnic most of those who had drunk the water, some nine in number, were stricken down abruptly with typhoid fever. I regret very much that I did not have an opportunity of examining the barrel with its contents immediately after the picnic, as I am now left in doubt as to the cause of the decomposition in the water. Shortly after the outbreak of the fever, some person, fearing that others might drink the water, pulled up the barrel and destroyed the well. But from a number of reasons I can positively say that there was no possibility of the water being contaminated with the fecal matter of a patient suffering from typhoid fever, which is the recognized way of communicating the disease; and if the germs of the fever did not originate *de novo* in the well water, I ask the question, Where did they come from?

I might mention that the disease in these cases pursued the usual course of typhoid fever, some of the patients being ill for four or five weeks. There were several cases of relapse, and one of these died. The patients were treated differently. Quinine was ad-

ministered to some of them, both in small and large doses, but it had no effect in shortening the duration of the fever, thus clearly proving that the disease was not malaria.

TREATMENT OF PRURITUS PUDENDI.

BY E. S. M'KEE, M. D.,

Of Cincinnati.

In a paper read before the Cincinnati Academy of Medicine, September 20, 1886, on Pruritus Pudendi, the author discussed that interesting section, the treatment, as follows:

First, we should ascertain the cause of the disease to treat it intelligently. We should treat the constitutional diseases as the origin of the trouble. Next, we should treat the morbid phenomena, the pruritus. Remove the cause, and the pruritus will disappear of itself. The parts should be washed twice a day with castile soap and water. The diet should be vegetable, and regular action of the bowels maintained. As a general rule stimulants should be disallowed.

In this troublesome trouble, for we can hardly call it a disease, we need all the remedies we can find, hence I give all I know.

4	per cent.	solution of	boracic acid.
3-10	"	"	carbolic acid.
2-5	"	"	argenti nitratis.
0.5	"	"	bichloride of mercury.
25-50	"	"	sulphurous acid.
6	"	"	sodii biborat.

Ointments of tar, boracic acid, camphor, or iodoform, mixtures of camphor and chloral, infusions of tobacco, 20 per cent. solution of chloroform in almond oil.

Treatment with the bichloride should be preceded by a removal of the mucus with warm water, and then dry with soft linen. Pass a sponge moistened with the solution rapidly over the affected part. This leaves a smarting, burning sensation, which is alleviated by a few minutes' washing with cold water. Subsequent applications become less and less painful.

M. Dubois recommends in the rebellious cases that the entire surface of the vulva be cauterized with a solid stick of the nitrate of silver. The great objection to this is that it is extremely painful, and the alleviation produced by it is almost always temporary.

Meigs recommends:

℞ Borax, ℥ ij.
Morph. sulph., gr. ivss.
Aquæ rosæ dest., ℥ viij.
M. S.—Apply three times a day to the affected part with a sponge or soft piece of linen. Take care to wash well the parts beforehand with soap and warm water, and dry them well afterward. A compress dipped in the oil of sweet almonds and laid in the commissure of the vagina, is recommended.

When the trouble is general, temporary relief may be obtained by placing the woman in a prolonged soda bath, and subsequently rubbing the entire surface with vaseline.

Pruritus which has extended upon the distended abdominal walls is well treated with,

℞ Lin. saponis comp., ℥ v.
Chloroformi, ℥ j.
S.—Apply locally.

If the itching comes from an ulcerated cervix, or more properly from the irritating discharge proceeding from it, apply nitrate of silver, and introduce a tampon of tannoglycerine.

Pruritus from breeding pediculi is well treated by mild mercurial ointments. Staves-acre answers well. A plasma formed of flour of sulphur and water, saline purgatives, as Pullna or Friedichshall water. Vichy baths, or even bathing with cold or tepid water, constitute the best palliatives. Salines and colchicum may be indicated, also bromide of potassium. A weak solution of Goulard's lotion, or a lotion composed of

℞ Liq. morphiæ hydrochlorate, ℥ j.
Acid Hydrocyanic, ℥ iss.
Aquæ, ℥ vj.
M. S.—Use as a lotion.

Pledgets soaked in the following and placed in the vagina have been found useful:

℞ Acidi sulphuric,
Sodii biborate,
Acidi sulphurici,
Glycerini, āā ℥ ij.
M.—Insert at bed-time and withdraw in the morning.

Iodoform may be dusted over the parts. The following has often given relief:

℞ Chloroformi, ℥ ij.
Ol. amygdal., ℥ ij.
M. S.—Apply externally.

Morphia and chloral internally may be found necessary to obtain relief at night. Hildebrant has found the tinct. cannabis indicæ, x.–xx. gtt., to be of even more benefit than these.

There is no end to remedies; the trouble is to get the right one.

℞ Extract opii, gr. v.
Plumbi acet., gr. x.
Acidi hydrocyanici, dil., ℥ j.
Aquæ, ad., ℥ j.
M. S.—Apply on lint to the vulva.
Or,
℞ Liq. plumbi subacetat., ℥ j.
Acid hydrocyanici, dil., ℥ j.
Aquæ, ad. ℥ j.

℞ Acidi tannici, ʒij.
Extracti belladonnæ, gr. x.
Butyr. cacao., ʒv.
M.—Div. in suppos. No. xx.
S.—Insert one in the vagina night and morning.

℞ Sodii biborat., ʒij.
Morph. sulph., gr. vj.
Aquæ rosæ, ʒviij.
M. S.—Apply to the vulva on lint.

Trousseau recommends—

℞ Potassii carbonat., ʒij.
Aquæ, ʒiv.
M. S.—Lotio.

℞ Hydrargyri chloridi mite, ʒj.
Adipis, ʒj.
M. Ft. ungt. S.—Apply locally.

A solution of nitrate of silver (i–ʒj.) applied to the neck and cervical canal, so far as accessible, will often remove the pruritus even when due to pregnancy. If due to vesicular eruptions on the genitals this application should be made to the affected part.

Fox recommends the following:

℞ Sodii hyposulphitis, ʒiv.
Glycerini, ʒij.
Aquæ dest., ad. ʒvj.
M. S.—Lotio.

℞ Hydrargyri bichloridi, gr. j.
Acidi hydrocyanici dil., ʒj.
Emulsion of almonds, ʒvj.

℞ Acid hydrocyanici dil., ʒss.
Infus. marshmallow, ʒv.
M. S.—Apply twice daily.

℞ Sodii biborat., ʒj.
Acid hydrocianici dil., ʒij.
Aquæ rosæ, ʒviij.
M. S.—Use in the pruritus of old people.

℞ Ammoniæ acet., ʒj.
Acid hydrocianici dil., ʒiss.
Infs. tobacco, ʒviij.
M. S.—Apply twice daily.

McCall Anderson recommends:

℞ Potassii cyanidi, gr. vj.
Pulv. cocci, gr. j.
Ungt. aquæ rosæ, ʒj.
M. S.—Use as ointment.

Guerneau de Mussey recommends the following:

℞ Infs. marshmallow, 1 litre.
Cherry laurel water, 50.00.
Sodii. sub borat., 10.00.

He then prescribes an ointment to be used night and morning as follows:

℞ Glycerole of starch, 20.00.
Pot. bromid.,
Bismuthi subnit., āā 1.00.
Hydrarg. chlor. mite., 0.40.
Ext. belladonnæ, 0.20.

De Savignac uses the above lotion, and then dusts the surface with the following powder:

℞ Pulv. lycopodii, 30.00.
Bismuthi subnitratis, 19.00.
Bellad. rad., 2.00.

Dr. Martineau recommends an ointment of cocaine 1 in 10.

It is claimed by German writers that this pruritus is localized on a certain small area of the mucous membrane, and that by the removal of this part by the knife we remove the cause. This, I think, would have no effect on a case dependent upon the pregnant state, a discharge, or the condition of the urine.

Editorial Department.

Periscope.

Paralysis Depending upon Idea.

Dr. C. W. Suckling thus writes in the *Lancet*:

In the *Birmingham Medical Review* for June, 1885, I published an account of a boy who had suffered from paralysis of one leg for two years, and whom I was able to cure immediately after making the diagnosis of paralysis depending upon idea. Since then I have met with three other cases, two of which were men. In one case there was complete anæsthesia of the hand; in another hemi-analgesia with localized and severe headache. In the four cases I have now seen, an accident occasioning slight injury was the exciting cause in each. All four cases were rapidly cured. Dr. Russell Reynolds, I believe, first described paralysis depending upon imagination. There is no malingering in these cases, but the patients are firmly convinced that they are suffering from paralysis. If the confidence of the patient be gained, an immediate recovery follows when he is told that he will be well immediately, the idea being got rid of. In making the diagnosis it is important to bear in mind the two classes of people in whom functional nervous disorders are met with—the neurotic and the hysterical—the features of which have been so graphically described by Dr. Clifford Allbutt in the Gulstonian

Lectures for 1884. It is the neurotic that is apt to be affected by these paralyses depending upon idea, and it is these cases that are instantly cured when the diagnosis is made. The hysterical patient is cured with difficulty and frequently relapses; the neurotic does not relapse. The neurotic individual is vivacious, good-tempered, unselfish, intelligent, active, and industrious, anxious to be cured, and grateful for recovery. The hysterical individual is listless, apathetic, lazy, selfish, with characteristic expression, not usually anxious to get well, or thankful for recovery. The following is the fourth of these cases of paralysis depending upon idea that I have met with during the last twelve months.

Sarah F., a widow, aged forty-six, was sent to the Queen's Hospital, to be admitted under my care, by Dr. Middleton, of Harborne, on the 15th of March last, and was discharged well on March 28. She has led a very industrious life, having supported her five children by needle-work since her husband's death ten years ago. On October 9, 1885, she tumbled downstairs, falling down twenty-one steps on to her back. She was much hurt and "dazed" and very much frightened, thinking every bone in her body was broken. She walked about after the accident for a day or two, but suffered from pains in the back, down the legs, and round the body; these pains were intermittent, very severe, and lasted altogether three weeks. Two days after the accident she took to her bed, and a day or two later found that she was paralyzed in both her legs, and had lost all feeling in them. Since the accident she had suffered from constant headache and backache. Upon examining her, I found that she had a little power over the legs, but very little. Slight ankle clonus could be elicited on the left side. The plantar and abdominal reflexes were lost, but the knee-jerk was well-marked. There was complete analgesia and thermal anæsthesia in both legs up to the knees. She was unable to localize tactile sensations below the knees, the anæsthesia not being complete. When touched with a sharp-pointed instrument she said she felt as if she were being pushed. Muscular sense was unaffected. There was superficial tenderness over the lower dorsal spines, but no pain on firm pressure or on percussion, and no irregularity of the spine. The bladder and rectum were unaffected, and I was informed by Dr. Middleton that she never lost control over the bladder, nor had any sign of bed-sore during her illness. There was no œdema of the legs, no alteration of the temperature, and no change in in the color or aspect of the skin or nails. In fact, there were absolutely no trophic changes whatever. The response of the muscles to faradization of their nerves was normal, but there was considerable electrical anæsthesia. In summing up the symptoms present, I of course observed their incongruity if we supposed the case to be one of myelitis, or, in fact, as due to any organic lesion. If the anæsthesia were due to actual lesion of the grey matter, how could the bladder and rectum escape? How was it that there was no sign of bed-sore, no œdema, or other atrophic change, such as muscular wasting? I diagnosed the case immediately as being purely functional, and, the woman being of the neurotic type, as paraplegia depending upon idea. I at once acted upon this diagnosis, and told the patient that I should give her the battery, which I said would at once remove the loss of sensation and enable her to move her legs as well as she ever did. She was delighted to hear this, and after a minute's faradization sensation was completely restored, and she had full command over her legs. I then told her that on my next visit I should expect to see her walking about the ward, for I was sure that she would be able to do so. I instructed Dr. Whittendale, my house-physician, to see that she got up after I left, and to apply the faradic current whenever she displayed any hesitancy. On my next visit, two days later, I found her up and able to walk and run about the ward perfectly well. She was quite delighted at her recovery, and had been most industrious with her needle since getting up. She expressed deep gratitude, and hoped to be able to repay our kindness. I may add that I saw my patient on the 14th of the present month (September), and she was remaining quite well.

How was the cure effected in this case? Undoubtedly, I think, it was by the mental state of faith or expectation, or both, on the patient's part. She fully believed what I told her, and thus I was able to remove the idea she had that she was paralyzed. The essential thing, then, in these cases, is to make a correct diagnosis, and then the patients can safely and with success be told that they will quickly recover. Now, had this been a hysterical woman, I should, in all probability, have failed to cure her, or, at any rate, the cure would have been more tedious. I recently had a woman under my care suffering from locomotor ataxy with hysterical anæsthesia. For two years I did all I could to cure the anæsthesia, and failed; but when she left the infirmary she applied leeches to

her legs and returned with the anæsthesia gone. Isolation, so useful in hysterical cases, is not needed in these.

In the same ward with my case of ideal paralysis there was a young woman suffering from hysterical neuralgia, and the contrast between the two patients was very marked. The hysterical woman was listless and apathetic, did not manifest any desire to be cured, and would scarcely allow that she was any better than when admitted. When told that she was well enough to go back to her duties as a teacher, she seemed disappointed, and said that she did not intend to begin work again for some months. The neurotic woman, on the contrary, wanted to leave the hospital immediately she could walk. The hysterical woman was observed to be always sitting opposite the neurotic woman, contemplating her, with her hands idly folded in her lap, watching the other busily working.

Such cases as these illustrate the enormous influence of the mind over the body. It is with these cases that the so-called faith-healers work pretended miracles. What an opportunity for a faith-healer my case would have afforded! Just as the mind has an enormous influence in causing disorders of sensation, of motion, and also of the organic functions, so, also, its influence can be used as a practical remedy in disease. As Dr. Wilks has well observed, "the practice of medicine is not only one of physic, but of psychology also."

Is Cirrhosis of the Liver Curable?

The *Medical News* says that this question has been discussed recently at La Société Médicale des Hôpitaux, according to the *Gazette Hebdomadaire*, Nos. 31 and 34, and answered affirmatively by several members, who quoted cases which seemed to bear out the view that the disease may be arrested or even cured. The diagnosis of cirrhosis is rarely reached until the onset of symptoms of obstructed portal circulation, although before this stage the condition may be reasonably suspected. The cases of cure are those in which the ascitic fluid has not reaccumulated after treatment, or, after a hæmatemesis, the symptoms have been relieved and the patient has had years of tolerable, or even good, health. Most physicians have met with such instances among their alcoholic patients.

In the discussion referred to, eight cases were reported by four or five members, and from the details we can reasonably infer that the ascites depended upon the cirrhosis. But we must be careful not to confound the relief of a symptom with the cure of the disease. The post-mortem room affords examples of advanced cirrhosis in persons dying of intercurrent affections in whom there has never been any history of hepatic trouble, and on the other hand, the most extensive dropsy may exist with a very moderate grade of interstitial change. We must look beyond the liver for an explanation of these facts. In the first place, unquestionably, we must take into account the collateral circulation carried on by the diaphragmatic, œsophageal, and lumbar plexuses, the hemorrhoidal anastomoses, and the veins of the round ligament; if enormously enlarged, these may partially, or even fully, compensate for the narrowed portal channels, as in the rare instances of obliteration of the vena portæ. The degree to which this collateral circulation is established varies extremely in different cases, and is a very important factor in the duration of life in this disease. It will be found that the very instances in which advanced cirrhosis has been accidentally discovered post-mortem are those in which there are numerous supplementary blood-channels.

The two most striking symptoms of cirrhosis are ascites and hæmatemesis, in both of which the venous radicles of the portal vein are directly concerned. We are apt to consider them as immediate results of the heightened blood pressure, due to the narrowing and obliteration of the interlobular vessels; but Cohnheim's experiments indicate that this alone cannot induce either diapedesis or serous exudation. The condition of the vessels themselves must be taken into account, and in altered states of their walls we must seek an explanation of the sudden and profuse hæmatemesis, or the rapid dropsy. The abruptness with which one or other of these symptoms may supervene, as possibly the very first manifestation of the disease, points plainly to disturbances in the radicles of the portal veins, and not in the central hepatic branches, which in the indurated organ must be much less subject to variations in calibre.

Heretofore we have been in the dark as to the nature of these peripheral changes, but Dieulafoy has determined, in certain cases, the existence of a subacute peritonitis, and in four instances periphlebitis of the walls of the rootlets of the portal veins. These lesions have not been fully described, but their existence throws light on the origin of the dropsy and the hemorrhage, and they possibly furnish the additional factor which, as Cohnheim insists, is needed to permit

transudation of blood corpuscles or plasma under heightened blood pressure. The dropsy may be due to transitory and remediable causes, anæmia for example, and does not necessarily indicate that the contraction of the portal canals has reached a high grade. These are points which must be considered in discussing the curability of cirrhosis, and, as we remarked, the relief of a symptom may not mean the removal of the disease.

We probably have not any remedies at our command which are capable of curing a cirrhotic liver. The nature of the tissue change is such as almost to preclude the possibility of restoration, but in the early stage many practitioners place great reliance upon drugs, particularly the salts of gold, phosphate of sodium, chloride of ammonium, and, as recommended by Dujardin-Beaumetz, hippurate of lime. Unfortunately, the diagnosis in the cases in which these remedies have been reported to be successful is often a matter of doubt, and we very strongly suspect that when a case of cirrhosis presents features clearly enough marked for detection, the interstitial hepatitis is probably beyond arrest, as it is certainly past cure.

Fatal Case of Chorea Associated with Rheumatism and Cardiac Disease.

Dr. Martin Oxley thus writes in the *Lancet:*

The following interesting case has recently come under my notice:

Harriet B., aged ten years, had measles, scarlet fever, and whooping-cough before she was three years old. At the age of five she was in the Infirmary for Children suffering from rheumatism and chorea. She was admitted into the infirmary on the 21st of April of this year. Her mother stated that three weeks previously she began to suffer from rheumatic pains in her joints, and that one week before she was brought to the infirmary chorea set in. On admission, the patient complained of pain in the right knee and right wrist. She was also suffering from a well marked attack of chorea, most marked on the right side. The choreic movements were more violent during the night, when awake, than in the daytime. The heart's apex beat in the fourth and fifth interspaces, internal to the nipple line. There was slight epigastric pulsation. A rough systolic thrill could be felt over the apex. There was a loud grating systolic murmur, heard most distinctly over the axilla. There was no œdema or albuminuria. A few days after admission she had clonic twitching of the right side of the face, accompanied by incoördinated movements (described by the house-surgeon as being like an infant's convulsion). The patient improved considerably, and on May 25 she was sent to our convalescent home at Waterloo. She remained there for three weeks, and seemed to be improving in health and benefiting by the sea air. On her return (June 14) to the infirmary, it was noticed that there was much greater impulse over the cardiac region, and that the apex was now outside the nipple line. The chorea had disappeared, and she was allowed to be up and about the ward. A few days after her return she was noticed to have a slight rise of temperature at night (101°), and she was ordered back to bed. On July 2 the heart symptoms became much more marked, and her face and feet became œdematous. From this time she became rapidly worse, and died on the morning of July 11.

Post-mortem Examination.—There was slight œdema of the legs and eyelids. Heart very much enlarged, displacing the lungs, especially the left, and extending, partially covered by the thin edge of the lung, about half an inch to the right of the sternum and to the lower border of the second left rib. Pericardium: A patch of thick, firm, white adhesion, about the size of a sixpence, situated over the right ventricle near its apex, attached the two layers of pericardium; there were no other signs of pericarditis. On the surface of the aortic, mitral, and tricuspid valves, minute vegetations about the size of a pin's head were to be seen grouped in clusters. The aortic and mitral valves were both incompetent. The lungs were congested and œdematous all over; the left pleura was slightly adherent at the back. The liver was most typical nutmeg, and a large and apparently recent infarct was found on section.

Remarks.—This case, taken with others which have been reported, helps to strengthen the opinion held by many, that rheumatism and heart disease are responsible for chorea; and the fact that in chorea we frequently cannot find evidence of heart disease is no proof that there is no valvular disease. This was very well illustrated in a case which I brought before the members of the British Medical Association at their meeting in Liverpool in 1883. It just happened that many of my colleagues were examining cases in order to supply information to the Collective Investigation Committee, and a patient who was under my care at that time was frequently examined with the view of detecting

heart disease. No cardiac bruit could be detected, and there was no apparent hypertrophy; yet, notwithstanding, after death, which occurred unexpectedly during the chorea from exhaustion, vegetations about the size of pin's heads were found to fringe the aortic and mitral valves. In both these instances the vegetations were very small, and were very readily detached from the valves. In two other fatal cases of chorea which I have had under my care, the patients being of the ages of seven and eleven respectively, one had vegetations on the aortic and mitral valves, while the other had well-marked pericarditis and nodular rheumatism as described by Drs. Barlow and Warner.

Piperine in Intermittent Fever.

Dr. C. S. Taylor thus writes in the *Brit. Med. Jour.*:

As many cases of intermittent fever seem to resist the use of quinine, and all the other remedies in ordinary use, the following cases, which fell under my observation, will, I trust, exemplify piperine as an excellent addition to our knowledge of the treatment of this disease.

Case 1. M. J., aged 18, had suffered periodically, upwards of two years, with intermittent fever. It appeared that she had taken sulphate of quinine in great quantities, and in large doses, with the effect of only subduing the disease for a short time. She was sent abroad for a change of climate, and every other means had been used to cure the disease, without success.

Treatment.—She was directed to begin as soon as perspiration commenced, without regard to the heat of the skin, or quickness of the pulse, 3 grains of piperine every hour, until 18 grains had been taken; and on the following day, when intermission was complete, the same quantity every three hours. This has, in every case, succeeded in checking the paroxysm, and as soon as that is accomplished for some days, the following pills, taken in the morning, noon, and evening, will be found beneficial:

R.	Pilulæ hydrarg.,	gr. j.
	Piperinæ,	gr. ij.
	Quinæ sulph.,	gr. iij.
	Syrupi, q. s.	

Should the second paroxysm be escaped, the following pill should be taken every third hour:

R.	Piperinæ,	gr. v.
	Mucil. gum. acaciæ, q. s.	

It is now upwards of three years since the patient was treated, and she has continued free from the malady.

Case 2. Mrs. C., aged 34, had had several severe paroxysms of tertiary intermittent fever, but very irregular in its attacks. Infusion of cinchona, as well as sulphate of quinine, had been freely taken, but to no advantage. On April 15, while taking a cold bath, she was seized with ague. At 7 a. m. I found her shivering severely. I ordered warm drinks to be given frequently. At 12 o'clock, cold shivering continued, and the symptoms were alarming; the pulse was scarcely felt. The skin was cold, universally clammy, and unpleasant to the touch. The lips were of a slate-color. The countenance was contracted, the eyes sunken, and the patient evinced marks of great agitation and alarm.

Treatment.—Hot flannels were applied over the chest and abdomen; the legs and feet were rolled up in hot cloths, and stone vessels, filled with hot water, were constantly kept under her arms, and along the inside of the thighs and legs; and warm brandy toddy was given frequently in small quantities. At 4 p. m., finding the reaction could not be brought on, five grains of piperine were given. This was with great difficulty swallowed; it was, therefore, washed down with an ounce of brandy, in half a tumbler of champagne. Afterwards, full doses of the aromatic spirit of ammonia were ordered to be taken every third hour, and the champagne to be continued. At 6 p. m. reaction commenced, and, as the heat increased, the hot applications and stimulants were suspended. At 8 p. m. heat was general, and in proportion to the cold stage. On the following morning, the sweating stage commenced; and, as soon as it was general, five-grain pills of piperine were ordered to be taken every second hour, and continued for four days. On physical examination, the liver and spleen were found to be enlarged and hard, yet free from pain when pressed. The following pills were prescribed, and the patient was ordered to take one every two hours:

R.	Piperinæ,	gr. xxxvj.
	Pilul. hydrargyri.	gr. xij.
To be made into twelve pills.		

In case the bowels were not open, a wineglassful of the following mixture was to be taken when required:

R.	Sulph. magnesiæ.	℥iss.
	Sulph. quinæ.	℈ij.
	Acidi sulph. dil..	℥ij.
	Aquæ puræ ad..	℥xx.

It is now three months since she first had an attack of the disease. Health perfectly restored.

There are a great many patients having an objection to taking quinine in consequence of its affecting the head; but the piperine, although a powerful stimulant, carminative, and febrifuge, does not in the least degree, from personal observations, affect the sensorium.

Chancre of the Gum.

Dr. D. N. Kinsman thus writes in the *Cleveland Medical Gazette*:

The peculiar mode of infection in the following seems to justify its publication. While there is, of course, an element of doubt, such as must exist in all such cases, I feel sure its origin is such as I shall detail.

B. consulted me June 24 concerning a swelling of the cervical and sub-maxillary glands on the right side. They were large, hard, painless, and without the adhesions to the surrounding tissues usual in the ordinary cases of adenitis of their duration.

In seeking for a cause for their development I found an ulcer surrounding the right middle incisor, in the upper jaw. This ulcer had been under treatment by a dentist for several days, and by him was supposed to be due to an accumulation of "tartar," which had extended beneath the gum and caused the ulceration. It had been treated with iodine locally.

I told him the glandular swellings were due to the ulcer, and when it healed the swelling would disappear. He returned to the dentist for treatment for a few days. I saw him again July 1. There was no change in the aspect of the case, except the glandular swelling was increased, and the glands of the other side of the neck and those in the occipital region were also involved.

I found he had fever and headache, for which I gave quinine. July 3 he was worse and sent for me to see him at home. At this visit the case became clear, for the papular syphilide upon his face, chest, and arms left no possible doubt. He subsequently had nocturnal pains in the head and shins, and pharyngitis and patches upon the tongue. Under specific treatment he did well, and in five weeks the apparent manifestations had disappeared. Three years ago this man was treated for supposed syphilis. This diagnosis seems to have rested upon the occurrence of a sore upon the penis and a consecutive suppurating bubo. He had none of the secondary accidents of syphilis.

For some time the origin of this chancre was a mystery. Finally, I learned that B. was having sexual relations with a young woman who was living at home, and that they had continued for more than a year. In the early part of May, or last of April, this young woman, who till then had been free from all sores, had a fissure on her lip, which was cauterized with a crayon of nitrate of silver. This fissure took on the appearance of a broad-based sore, so the young man says, and for some time refused to heal. Finally, the glands in her neck enlarged. She had an eruption, and, upon consulting a physician, the case was diagnosticated syphilis, and accordingly treated, when her symptoms subsided.

B. supposed that he had been poisoned when kissing her while her lip was sore, and I am led to believe, from all I can learn, this woman was contaminated by the crayon of silver, which may have been soiled by contact with a chancre on some one else. Such modes of infection are common enough. This case, as well as others, teaches us we cannot be too careful to protect others from contamination by soiled instruments which have been used about syphilitics.

Circumcision Under Cocaine—Improved Operation.

Dr. E. R. Palmer, Professor of Physiology in the University of Louisville, writes to the *Med. Record* that, desiring to perform circumcision under cocaine, he determined to use Corning's method of sequestration.

"The patient, a young man, twenty years old, with a complete congenital phimosis, was seated in a chair, and the penis was seized by my assistant and drawn upon firmly. A Martin bandage, seven-eighths of an inch wide and a yard and a half long, was next applied, the first turn being made behind the scrotum to prevent slipping, and the bandage being then wound tightly back and forth from the symphysis pubis to the corona and back again. An ordinary hypodermatic syringe was next filled with a six per cent. solution of cocaine, and the needle, directed toward the extremity of the penis, was passed at four different points through the skin over the glans, a fourth of the contents of the syringe being discharged each time into the subcutaneous tissue. No attempt was made to introduce the drug from the mucous surface. In about three minutes I began adjusting a Rogers clamp, occupying as many more minutes in getting it placed to suit me and screwed down. The prepuce was removed with one stroke of a pair of long curved scissors, and the clamp removed. The dorsal artery was found not

bleeding; the frænum was not cut. The mucous membrane was split up, and some eighteen sutures leisurely introduced. The bandage was now removed, and, contrary to expectation, no hemorrhage ensued. Less than a drachm of blood was lost during the entire operation. The wound was dressed loosely with absorbent cotton wet with equal parts of listerine and water. Not a twinge of pain was felt after the last needle puncture had been made. The young man, of nervous temperament, was at first quite pale, but later assisted in the stitching, and as he washed his hands after the operation remarked that his penis still felt dead. The wound healed in forty-eight hours by first intention.

"The advantages of the bandage are several: It wholly controls bleeding, it localizes the action of the cocaine, and it increases the facility with which the penis can be handled during the operation. The reverse direction for application, that is, from behind forward, will be found the best, because the easiest, and fully effectual."

Dr. Palmer adds that he performed the operation a second time in the same manner, with equally good results as regards anæsthesia. But the continuous suture was used, and although perfect coaptation was accomplished, some trouble was experienced later from swelling and from syphilitic induration of the parts. It was attempted to remove the suture, but this was found impossible, and the writer thinks it would have been better had interrupted sutures been employed. The case is now doing quite well, however, and the result will be good.

Note on a Rare Dislocation of the Elbow-Joint.

Dr. C. George Battiscombe thus writes in the *Lancet:*

On April 9th I was called to see a gentleman who had met with an accident while hunting. I found him lying in a field, and was told that his horse, after jumping a fence with a long drop, had fallen over backwards upon his right arm and leg. He complained of great pain in the elbow-joint on the slightest movement. It was very much altered in shape, and evidently severely injured. I secured the arm in a sling, and had him removed to the Cottage Hospital (Chiselhurst, Sidcup, and Cray Valley), which was close by.

On his arrival at the hospital I examined the arm, and found it in the following condition: The forearm was fixed at rather more than a right angle to the arm; all power of natural movement of the elbow-joint was lost; and any attempt at forcible movement caused great pain. The hand was partially pronated, but on turning it pronation and supination could be readily performed. The elbow-joint appeared too wide from within outwards and from before backwards; it presented two prominences below, an inner and outer, and one above the latter, which projected backwards and was continuous with the forearm. The inner angle of the joint was too high, so that the arm appeared to be shortened. There being no amount of swelling, the following points could be clearly made out. The ulna and olecranon were missing from their natural position in relation to the humerus, the two condyles of which could be distinctly felt with the notch between them. The ulna and olecranon were resting fully half an inch above the external condyle of the humerus, the elbow projecting about an inch beyond the latter. The radius could be felt above, with its head resting against the outer border of the humerus. It was not separated from the ulna, and rotated readily on pronating and supinating the hand.

I put the patient under chloroform, and carefully examined for any fracture. I could find none whatever, and concluded that it was a case of complete dislocation outwards of both bones of the forearm. I then proceeded to reduce the dislocation. Grasping the forearm with one hand, and the elbow with the fingers of the other, I pulled it steadily downwards, endeavoring to get the olecranon over the external condyle. It took some minutes to do this, and required a good deal of force. Then, holding the olecranon below the condyle with the left hand, I seized the forearm lower down and used it as a lever, and while forcibly extending the forearm I rotated it outwards. On continuing the extension, the olecranon suddenly slipped into its natural position. The joint immediately answered to all its proper movements, but when left alone tended slightly to return. I fixed it at a right angle on a posterior angular splint.

When I called in the evening the patient was free from pain, and complained only of a feeling of numbness in the arm and hand of the injured side. The next morning, when I arrived at the hospital, he had gone home; but I ascertained that, beyond the numbness and a little swelling, he was very comfortable. A week afterwards he was doing well, could move the joint pretty freely, and was free from pain.

Complete lateral dislocation of both the bones of the forearm is, I believe, extremely rare. I have seen no description of it, though it is mentioned in several surgical works.

Antipyrin as an Analgesic in Headache.

Dr. John Blake White, Physician to Charity Hospital, New York, sends the following to the *Medical Record:*

"The high road to truth is the knowledge of facts, and well is it for searchers after truth when facts can be ascertained and carefully recorded.

"Symptoms are the alphabet, cases the language, of disease, and that physician subserves his profession who carefully records his experience.

"During the past two years I have abundantly tested the therapeutic value of the drug known as antipyrin in various forms of headache. The prompt relief obtained through its use compels me to accord to it a high rank among our medical resources. I have already called attention (*Medical News*, July 10, 1886,) to the potent antipyretic power possessed by this remedy in the management of various forms of fever, and have observed that after its administration the urgent symptom of headache, so uniformly present in these cases, was soon controlled.

"Antipyrin undoubtedly possesses bradycrote properties in a high degree, as the pulse is notably softened and moderated in frequency soon after a proper dose of it has been taken. It produces some somatic change favorable to a reduction of the pulse in cases of fever, and so exerts a calming influence upon the vaso-motor system. The capillaries, through its agency, doubtless dilate, and local congestions are dissipated, as the relieved patient usually sinks into a refreshing repose soon after its exhibition. In the course of large experience with antipyrin I have found that, when administered in masterful doses, it not only promptly relieves the symptom of headache whenever present, whether resulting from disordered digestion, disturbance of the menstrual functions, loss of sleep, undue mental effort, or even that associated with dreaded uræmia, but also possesses reliable prophylactic virtues against recurrent attacks of cranial neuralgia. So confident am I of the power of this remedy to disappoint neuralgic headache when imminent, that I have instructed many patients, who are liable to such visitations, to keep in readiness and take a dose of antipyrin as soon as they have premonition of its recurrence, and all so far testify in favor of its efficacy.

"The value of this remedy in the above respect has not only been tested in my hospital and private practice, but I also record the fact it has proved successful in the hands of professional friends, upon whom I had urged its employment for the relief of neuralgic affections of the head and face. I have been singularly impressed with the promptness of relief which often followed the administration of even a single dose of fifteen grains of the antipyrin. The grateful relief from headache usually ensues within half an hour after the drug is taken. A sense of drowsiness ordinarily supervenes, followed by a brief but sufficient slumber, and the patient awakens quite relieved of this distressing symptom. I have never yet seen the sleep-disposing properties of antipyrin alluded to by any other observer, although this effect seldom fails to ensue when a full dose such as I have named has been taken."

Ergot in Labor.

Dr. J. W. Macfarlane thus writes in the *Med. Times:*

We notice in a number of journals of late that ergot is given a prominent place in the management of labor, some recommending it in the second stage, whilst others believe it to be indispensable to the proper management of the third. This journal of September 4 contains an article by Dr. Reichard endorsing it unequivocally in the third stage.

That ergot is a remedial agent of great virtue there is no question; that it should be given in every case of labor seems not only irrational, but harmful.

Labor is a physiological process, and where nature is capable of performing its functions properly it seems meddlesome, to say the least, for the *accoucheur* to give a dose of ergot when the after-birth is expelled and the uterus firmly contracted, under the impression that it will ward off septic trouble and what not.

It is questionable whether ergot should be given in the second stage of labor. One is probably debating whether to apply the forceps or not, and, to get out of the dilemma, or to be doing something, gives ergot. When I was a resident physician, hour-glass contractions of the uterus and retained placenta were not uncommon things under the use of ergot, and the consequent manipulation to remove the after-birth (which several times necessitated the introduction of the

band) left the patients nervous, exhausted, and liable to hemorrhage.

When there is any difficulty in the third stage of labor, we use the Credé and Cazeaux methods combined. If there is a disposition for the uterus to relax after the removal of the after-birth, the patient is placed upon her back, and the fundus of the uterus is grasped with one hand, whilst two fingers of the other hand are introduced into the vagina. Under these circumstances the neck of the uterus is generally filled with a large clot. A little manipulation with the external hand and fingers within the vagina brings on firm contractions of the uterus, and the clots are forced out into the palmar surface of the hand, and thence into the bed.

In cases of post-partum hemorrhage we empty the cavity of the uterus that we may secure perfect contraction. Why not invite a relaxed uterus to contraction in the same manner, when we have the means so ready at our command?

We have never seen the above-named procedure fail to procure firm contraction, though we have, in certain cases where the patients were feeble, followed it up with ergot, to guard against any possible danger.

Lying-in women generally get along without a bad symptom. Why make them sick by the use of ergot?

The "Strangers' Cold."

Mr. R. Augustine Chudleigh writes to the *Brit. Med. Jour.*:

"Under its Maori name of murri-murri, I have been for eighteen years much interested in the St. Kilda cold, and everything connected with it. When Boswell and Johnson visited the Hebrides, in 1773, the disorder was evidently an article of popular belief, though the medical man himself had as little respect for the mysterious cold as for the Rev. Kenneth McAulay, who vouched for its existence. In *Tour to the Hebrides*, Boswell says, at page 126, that, from his conversation, Dr. Johnson was persuaded that McAulay was not capable of writing the book on St. Kilda which goes by his name. And, at page 343, he waxes merry over the idea of people catching cold merely because strangers came; for, says he, if one stranger gave them one cold, two would give them two colds, and a ship-load would kill them. He further adds that the evidence was not adequate to the improbability of the thing; and not till a physician should go to St. Kilda and report the fact would he believe in its existence. It appears from your journal that several physicians have visited St. Kilda since 1773, but they have not quite settled the question of *eadar na gall* either way. May I, therefore, cite the case of the island of Wharekauri, one of the Chatham group, about 480 miles east of New Zealand, nearly at the antipodes of St. Kilda, where, under the name of murri-murri, an identical disorder, with a similar alleged origin, is now frequent. In its main features, murri-murri is indistinguishable from a severe influenza cold. Its invasion may occupy four hours; the patient remains 'intensely miserable' for about four days, when the disorder gradually dies away. No period of incubation precedes, and no permanent ill-effects are observed to follow. One attack does not preclude the recurrence, and European residents, as well as Maori and Muriori natives, are liable to the disorder. In order to be infected, a person need not know that a ship has come; indeed, the mere appearance of murri-murri is proof to the inhabitants—even at distant parts of the island, which is thirty miles long—that a ship is in port, insomuch that, on no other evidence, people have actually ridden off to Waitangi to fetch their letters. There is a hill whence one can see across the island into Waitangi Bay; and people are wont to climb this hill, and scan the bay for a ship, on no other evidence than the occurrence of murri-murri. It is very curious that the name of that hill is Mount Dieffenbach (see Mr. Dixon's letter, *Brit. Med. Jour.*, page 286, 'Darwin quotes *Dieffenbach*, etc.'), and that the ship that would have been descried thence would almost certainly have been the *St. Kilda*, which, for many years, did the trade of the islands. There may have been connection between St. Kilda and Wharekauri."

Effects of Syphilis in Pregnancy.

Dr. Louis Hirigoyen, who has published a series of articles in the *Journal de Médecine de Bordeaux* embodying the results of observations on the effect of syphilis upon the course of pregnancy, states that in the Bordeaux Maternity Charity, in which five-sixths of the cases are those of unmarried women, the syphilitic are 5 per cent. of the whole number. The author's observations go to confirm Fournier's dictum that "a syphilitic woman becoming pregnant is more likely to abort than a pregnant woman who becomes syphilitic." For example: Of eight women who had been syphilitic for more than a year, five aborted, one bore a child which died on the eighth day, and two bore living but puny

children. Of nine women who contracted syphilis within the first two months, six aborted at six months, and three at seven months, all of macerated children. Of three women who contracted syphilis during the third month of pregnancy, one miscarried at seven months of a macerated child, and two of a similar child at eight and eight months and a half respectively. So that in all the twelve cases where syphilis was contracted before the commencement of the fourth month miscarriage of a dead fœtus resulted, even in some cases in which anti-syphilitic treatment was diligently pursued, the only apparent effect produced being the retardation of the period of miscarriage. Syphilis occurring after the commencement of the fourth month proved less fatal, for of four cases which took place from the fourth to the sixth month, one brought forth a healthy child at eight months; the second, who was treated medicinally, went her full time, and was delivered of a healthy child; while the other two women were confined at seven and eight months respectively of puny children, which died shortly after birth. Where the infection was delayed till after the beginning of the seventh month, it proved still less fatal to the children. Thus, of seven cases of this kind four terminated in the delivery of apparently healthy children, and one more might have been born alive but for maternal dystocia. The bodies of the macerated children, as well as those which died after birth, were examined, and no definite syphilitic appearances could be discovered in the osseous or other parts. Of course, treatment was adopted where the woman was seen early enough, and in all cases stringent isolation and antiseptic precautions were enforced, with the result of the avoidance of all serious accidents.

A Study of the Cause and Treatment of Pelvic Hæmatoceles.

Before the Chicago Gynecological Society Dr. H. T. Byford cited the case of a non-suppurating, retro-uterine hæmatocele of six months' standing, which he evacuated *per vaginam* March 18, 1886, and then treated with antiseptic irrigations. She was up and about the house in eleven days. As the odor and discharge were still causing discomfort, the doctor, influenced by the advice of Apostoli and Doléris, curetted the cavity. He found no more blood or débris, but started up a mild attack of local peritonitis, which delayed instead of hastening the cure. The patient left the hospital in a little less than a month after the cessation of all discharge. A small lump of induration extending from the abscess opening to the right sacro-uterine ligament was all that was left of the tumor.

The following résumé of interesting points in the case is given:

1. The length of time from the occurrence of the hæmatocele to the time of operation, about six months.

2. The method of opening the cavity, viz., by first tearing the vaginal wall, and afterwards the sac wall.

3. The absence of fluid in the tumor.

4. The breaking up of the mass with the finger without an attempt at thorough curetting or removal of the entire contents.

5. The complete disintegration and discharge of all bloody substance in thirteen days.

6. The absence of high temperature—102° F. having never been reached.

7. The small amount of anodyne required—one dose (except the two doses to relieve the irritation from subsequent unnecessary curetting).

8. The toleration of strong antiseptic solutions. It was necessary to weaken them on account of their effect upon the vagina.

9. The absence of the usual amount of odor in such decomposing masses.

10. The large quantity of food taken throughout.

11. The absence of any kind of sickness from the beginning until the cavity was curetted.

12. The curetting of the cavity on the thirteenth day delayed her recovery, producing the only serious symptoms that were noticed.

13. Notwithstanding a set-back of ten days, caused by the curetting, she was well enough to go home inside of a month and dispense with treatment.

14. The attack came on after a miscarriage.

Emotional Icterus and Lichen.

So many cases of emotional icterus are on record that it is scarcely worth the while to enter into a statistical discussion to show the existence of such an affection. Dr. Negel, of Jassy, Roumania, reports, in *Progrès Médical*, of August 21, a "case of emotional icterus accompanied by a general eruption of lichen," which is sufficiently rare to give in detail. The patient was twenty-three years old, of robust constitution, with a tendency to obesity, and for some years subject to acne of the face and back, and there was

slight submaxillary engorgement. There was no hereditary taint in the patient.

In February, 1885, there was a herpetic eruption on his prepuce, which he himself treated with cauterizations of nitrate of silver, as a result of which there was an enormous ulcer and balano-posthitis. He then consulted a physician, who ordered emollient dressings, but the ulcer grew larger. To make a long story short, the physician finally told him that his penis would gangrene; but the patient showed so much alarm that Dr. Negel was consulted. When he arrived some time later, he found that the patient's urine was brown, and left a deposit in the *pot de chambre;* the fæcal matters were colorless, and there was slight constipation. This state lasted for two days, when the patient noticed that his saliva was bitter, and there was slight fever. There was now intense icterus, accompanied by an eruption of lichen, situated principally on the thorax (back and sides), abdomen, and face, the limbs and scrotum. It was of the simple variety, and presented a few vesicles here and there. The urine contained a great deal of bile pigment. An emeto-cathartic was given, and then saline purgatives, lemonade, bicarbonate of soda, and antiseptic dressings were applied to the ulcerated and swollen prepuce.

After ten days of treatment the ulceration and balanitis were almost cured, but the lichen persisted. The icterus had greatly diminished. After about three weeks the patient was practically well, but there was still some jaundice and lichen.

Diaphragmatic Hernia.

Il Bullettino della Reale Accademia Medica di Roma (May, 1886, p. 245) contains a description by Dr. Ferraresi of a diaphragmatic hernia revealed in the necropsy of a young man who had died with symptoms of intestinal strangulation. On surface inspection of the well-nourished body, it was noted that the abdomen was only slightly swollen; the left half of the thorax was broader and more prominent than the right, and the left intercostal spaces dilated. Percussion revealed an area of absolute dullness over the whole left chest, excepting the subclavicular triangle, which yielded tympanic resonance. On opening the abdominal cavity, the coils of small intestine, slightly reddened, presented small patches of fine basal injection. Carefully opening the thorax, the left pleural cavity was found filled with a bloody liquid, on giving exit to which the lung, compressed and driven upwards, became visible, the heart being displaced to the right. Besides liquid already referred to, the pleuritic cavity contained numerous coils of intestine enormously distended, of dull red color; the serous membrane was opaque, rough, and studded with numerous hemorrhagic spots. The stomach was displaced to the right, with the great curvature turned towards the abdominal wall. Holding aside the stomach and the small intestines, still retained in the abdomen, it was observed that the splenic angle of the colon and a good part of the jejunum passed into the pleural cavity through a hole in the left inferior half of the diaphragm at a point corresponding to the normal position of the heart's apex. The descending colon was much contracted. With great difficulty, and after repeated punctures, it became possible to reduce the coil of colon, a piece of omentum, and the displaced small intestine. The hole in the diaphragm was oval, rather more than an inch in diameter, surrounded by a strong, thick, fibrous ring. The gastro-colic omentum which followed the displaced coil was shortened, and adherent posteriorly to the margin of the fibrous ring.

Bacteriotherapy in Pulmonary Tuberculosis.

The plan of treating pulmonary phthisis by the inhalation of spray containing bacterium termo, the organism of putrefaction, has received a severe handling from some of the fellow-countrymen of its advocate, Prof. Cantani, of Naples. At a meeting of the Medico-Chirurgical Society of Pavia, held on March 20, Prof. Guiseppe Sormani read a paper on the subject. After criticising the principle from a theoretical point of view, he recorded three cases where the plan was carefully and rigorously carried out, and even for a longer time than had been recommended by Prof. Cantani. The results in these three cases were altogether negative. The conclusion was that bacteriotherapy was not a remedy, either rational or practical, against tuberculosis. Prof. Sormani thought, however, that the inhalation of the spray of fresh good meat-broth might act as a palliative against distressing cough, difficult expectoration, dyspnœa, and other symptoms. He advised, therefore, recourse to this means in suitable cases; without, however, for a moment thinking of first putting in the broth a bacterium which was certainly useless and might be noxious. Prof. Riva, in speaking on Sormani's paper, criticised the scientific basis of Cantani's method. The basis of the method was that there was a struggle for ex-

istence between the bacterium termo and the bacillus tuberculosis. The bacterium termo, however, subsisted only on dead substances; so that wherever one sent it, it would only take its nourishment from the excretions, or from mortified tissues, and would not attack the proliferating tissues of tubercle. The only result would consequently be the decomposition of the excretions, which, being in the neighborhood of a large absorbent surface, might be carried into the circulation, and might act hurtfully on the organism. In answer to questions touching Sormani's three cases, it was stated that in one case only was there a rise of temperature of some tenths of a degree. Whether the urea increased or not was not known.

Parenchymatous Injections of Quinine in Ague Cake.

Professor F. Fazio relates in the *Rivista Clinica e Therapeutica* for July, 1886, the case of a woman, thirty years of age, who had suffered from malarial fever, and who had also marked hypertrophy of the spleen. The tumor extended from behind the margin of the ribs to a line drawn on a level with the anterior superior spine of the ilium. It was determined to attempt a reduction in the size of the spleen by means of parenchymatous injections of quinine. The instrument used was the ordinary hypodermic syringe provided with a longer and thicker needle than usual. The bisulphate of quinine was employed, and thirty-two injections of each 4½ grains were made, care being taken to make the successive punctures at some distance from each other. The result of treatment was a reduction of over one inch in the length of the tumor. The injections were not followed by pain or by any other unpleasant symptoms. The experiment was interrupted by the departure of the patient from the hospital, but Dr. Fazio believed that the results obtained were sufficiently encouraging to warrant further trials of the method.

Scarlatina.

The *Birmingham Medical Review* contains a contribution to the pathological anatomy and histology of scarlatina by Dr. Crooke. It is remarkable that the mammilated appearance of the pyloric region of the stomach was very marked in a case that terminated fatally in twenty-six hours. Microscopical examination showed that this appearance was due to inflammatory hyperplasia of the adenoid tissue, which is normally present in the gastric mucous membrane of children and young adults, as Dr. Herbert Watney has demonstrated. At some places the hyperplasia is seen to be so considerable as to extend up to the surface of the mucous membrane, displacing in its extension the gastric tubules. Whilst able to corroborate the accuracy of the observations of Dr. S. Fenwick as to the presence of interstitial gastritis in scariatina, Dr. Crooke does not regard the interstitial change as evidence of a past morbid process. He believes that simple catarrhal gastritis occurs in a more or less marked degree in most cases of scarlatina, fatal during the febrile stage; but that in cases characterized by the exceptional severity of the gastric disturbance, where the interstitial changes are so pronounced as in three cases examined by him, the condition is usually, if not invariably, associated with a similar acute interstitial and follicular inflammation of the mucous membrane of the intestine, and is therefore to be regarded as part of an acute inflammatory attack, of which the chief stress falls on the adenoid tissue of the stomach and intestines.

Induction of Premature Labor.

Dr. T. Gaillard Thomas says: The method of inducing premature labor which I now invariably adopt is a very simple, and is at the same time a perfectly efficient one. The patient is placed across the bed, with the buttocks resting near the edge, and under is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub on the floor. In this tub we put one or two gallons of water at a temperature of ninety-eight degrees Fahrenheit. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half dollar, and when dilation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put to bed, rhythmical uterine contractions soon follow, and the labor is completed in a few hours.

—Free dispensaries are almost unknown in France, there being but three in Paris, according to the correspondent of the *Provincial Medical Journal*.

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PHARYNGEAL CATARRH AND PEPSIN.

Dr. J. Fisher, of Berlin, had a patient suffering with chronic pharyngeal catarrh (*Berl. kl. Woch.* 49-86). Various local and internal remedies were tried in vain, until finally, the patient complaining of some transient gastric disturbance, caused by too luxurious a meal, the Doctor advised him to take five grains of Jensen's pepsin, which by the way is also recognized in Germany as the best pepsin in the market, immediately after each meal. The patient, who from the frequent medication had become averse to medicine, took the pepsin pure, ½ grain of aromatic powder being added to 5 grains of Jensen's pepsin simply to preserve the latter in its dry state. The effect was remarkable. Not only the stomach improved, but after three days' use the pharyngeal catarrh also showed decided amelioration. Dr. F. then administered the pepsin in still larger doses, ten grains each, and two weeks later the catarrh had disappeared. The same remedy was afterwards tried in four more cases and with the same result, but other pepsin preparations failed.

There is one symptom, that seems always to yield readily to Jensen's pepsin, viz., the peculiar dryness, of which patients suffering from chronic pharyngeal catarrh are so apt to complain. The remedy ought to be taken in its pure state, only a moderate dose of aromatic powder being added to keep it dry, and it should be allowed slowly to dissolve in the mouth.

There is a complaint intimately connected with the catarrh in question, viz., circular ulceration of the posterior nares. Patients suffering from this trouble usually have to hawk a great deal every morning, sometimes also in daytime, to their own disgust and that of others, until finally they expectorate a round piece of hard muco-pus, with the scab from the ulcer. The hawking is often so great that it leads to vomiting, and the symptom itself is a very annoying one. In a similar accidental manner as Dr. F., Dr. Hugo Engel discovered that Jensen's pepsin, if regularly used in divided doses (10 to 15 grains 3 to 4 times daily), especially if combined with muriate of ammonia (20 grains 3 to 4 times per diem), and with powdered extract of liquorice (same dose as the muriate), to improve the taste, is almost a specific in the complaint spoken of. Only one must be careful to obtain the genuine Jensen's pepsin, there being many similar but worthless preparations in the market, and they are substituted but too often for the genuine article on account of their great cheapness. The

tablets of Jensen's pepsin are well adapted for the purpose indicated, and may be taken separately from the sal ammoniac. In that case the aromatic powder may be omitted.

THE MICROBE IN HEREDITARY SYPHILIS.

How difficult it often is to discover the germ in infectious diseases, and how easily mistakes are made even by experts in bacteriology, the following incident taken from the *Deutsche Med. Zeit.*, No. 52, 1886, will prove:

Drs. Kassowitz and Hochsinger, in Vienna, had found in the tissues (skin of pemphigus, bones, liver, pancreas, lungs, and thymus) of five grave cases of hereditary syphilis a micro-organism which seemed specially characteristic by its size, form, and arrangement. The same microbe could never be discovered in the tissues of children not luetic. The micro-organism seemed to depend upon the lesions caused by hereditary syphilis. Its main seat is the vascular system and of the tissue nearest to the blood-vessels. The fact of these organisms being met with on the surface of the red blood-corpuscles, and only in organs to which the atmosphere has admittance, appeared to demonstrate the necessity of the presence of oxygen for the development of the microbe.

To determine whether it was really a special germ of its own kind the usual investigations showed a peculiar action of coloring matter, a characteristic chainlike arrangement of whole colonies and the relation already mentioned to blood vessels. Rosenbach's pyogenic streptococcus exists only in the lymph-spaces of the skin, while that of erysipelas is found only with pus.

The specific germ of lues in its altered form of hereditary syphilis seemed to have been found; but the observers sent specimens of the newly-discovered microbe to Dr. Kolisko, of the Pathological Institute in Vienna. He succeeded by pure cultures and inoculations in proving the identity of the streptococcus described with the pyogenic one above mentioned, and he thus explained the reason why the microbe of K. and H. has been found only in grave cases of hereditary, and why not in acquired lues, viz.: because in the former alone pyogenic processes develop, the consequence of the presence of the pyogenic streptococcus.

POISONING BY OPIUM.

Dr. C. Plaster, in Munich (*Münch. Med. Wochschrift*, May 6, 1886), reports the case of a vigorous man, who, with suicidal intent, had swallowed about one drachm of a preparation of opium destined for smokers, a kind of dried aqueous opium extract. When he was brought to the hospital he was in the stage of severe depression, which manifests itself by utter cessation of all reflex excitability and of all voluntary motion. Emetics, dry friction, cold affusions, artificial respiration, and the injection into the œsophagus of strong black coffee, were without any result. But two injections of $\frac{1}{30}$ gr. of sulphate of atropia, each produced transient dilatation of the pupils and some improvement in breathing. Death, however, ensued in a few hours later.

The post-mortem examination showed hyperæmia of the brain and its membranes in an extraordinarily high degree, and this fact causes the author to ask the question, whether under such circumstances as those narrated, venesection was not the only means promising any success. We believe the suggestion a good one, for though it is admitted that venesection would relieve the fullness of the blood vessels but for a short time, the latter is all that is wanted in so grave a case of opium poisoning. If we only succeeded in re-establishing active circulation within the cranium for the shortest space of time possible, our other remedies would have time to eliminate the poison. Besides, blood-letting not only diminishes for a moment the amount of blood in the congested vessels, but by diluting the blood it diminishes the vis a tergo, lessens the existing hyperæmia more permanently, and stimulates absorption and increased activity of the skin. There is, however, another question to be inquired into: Do the large doses of atropia, if not successful in restoring the patient to life, themselves give rise to, or at least favor the congestion of the brain?

A PECULIAR EFFECT OF MASSAGE.

That massage has to credit many of its successes to the fact that it increases and stimulates the peripheral circulation is known, but Dr. Pogosher, of Moskau (*Sjetopissy Chirurg. Obchestwa u. Moskur*, 7, 86, Russ.), has recently discovered another important effect of manipulation.

He connected a sphygmograph with the radial artery of an arm, which was being manipulated by a masseur. He noticed that while the massage was practiced from the periphery towards the centre the arterial pressure was at first increased, later diminished. But if the movement take the opposite direction, viz., from the centre towards

the periphery, the opposite effect sets in, the arterial pressure first suffering a diminution, later an increase.

We learn from this discovery that by massage we may alter ad libitum the quantity of blood in the vessels, and it will be now only necessary to find out whether the same result may be obtained in disease as in health—a rather important point, considering that the experiments were made on a healthy person, and that most individuals for whom massage is mainly indicated generally suffer from some malady connected with morbid changes of circulation.

TUBERCLE-BACILLI IN SUPRA-RENAL CAPSULES.

The frequent occurrence of disease of the supra-renal capsules in Addison's disease is not only generally recognized, but no authenticated case has yet been recorded, where this malady had happened without a lesion. Various morbid changes of these parts have been reported, but the discovery of Rauschenbach—the presence of tubercle-bacilli in the supra-renal capsules in Addison's disease—seems to bring us a step further.

Rauschenbach's observations are published in the *Revista de Ciencias Méd.*, May 5, 1886. We see from his article, that only one drawback exists, which greatly imperils the usefulness of his discovery. The supra-renal capsules were not alone diseased; other parts of the bodies, examined by him, also were the seat of a tubercular process. We cannot assume, therefore, that the lesion of the supra-renal capsules in Addison's disease is always produced by the tubercle-bacillus; but we may say, that various morbid processes, when attacking the capsules, may give rise to the peculiar bronzing of the skin so characteristic of the malady in question. That phthisical patients often present a bronzing of their skin, sometimes greatly simulating Addison's disease, and not seldom really suffering from it besides their main tubercular lesion, has long been known.

Notes and Comments.

Gumma in the Pons.

A case of a gumma in the pons, of extraordinary interest on account of a descending degeneration in the medulla oblongata and medulla spinalis, has been published by Dr. Pasquale Ferrare (*Estratta dalla Rivista Internat. di Medic. e Chirurgia*, 10, 1886).

The new growth had commenced remarkably early—about fifteen months after the primary affection. It started from the right lower portion of the pons, penetrated through the whole thickness of the latter to its left side, and had destroyed the pyramidal fibres, the ascending root of the trigeminus, and the oculo-motorius on the right side, while the facial fibres were compressed on both sides, and had partially been obliterated. During life the following symptoms indicated the existence of the lesion.

The right bulbus had deviated toward the inside and upwards, diplopia existed, further left-sided hemiplegia and hemianæsthesia, paralysis of both sides of the face and of the muscles of the pharynx, in consequence of which latter occurrence the voice had a nasal sound, the speech had become indistinct, and spontaneous deglutition was impossible, the act, when performed, being completely an involuntary one.

The secondary degeneration in the cord concerned the posterior lateral columns and the inner portion of the anterior; at the same time single fibres of the main bundle of the anterior column and of the lateral were affected on the left side, as also the gray substance of the left anterior cornu. Besides, there was noted as the consequence of a compression of the right pedunculus cerebelli a degeneration in the left rectiform body, in the left olive, and in the whole motor field of the left half of the medulla oblongata. Some peculiar anomalies in the course of some pyramidal fibres are also mentioned by the author, and in this fact we probably find the explanation of the somewhat erratic course of the descending degeneration.

Cases of larger single new growths due to lues are rather rare, and the question remains: Was the degeneration due to syphilitic dyscrasia, or did it have its origin from the tumor?—*i. e.*, was it caused by compression and thus by want of blood supply?

The Presence of Iron in Diabetic Patients.

In many cases a great quantity of iron is met with in the liver of persons suffering from diabetes mellitus, and some observers have gone so far as to look upon this augmented quantity as an evidence of diabetes. To determine the point whether iron is indeed always present in an increased degree in the liver and the spleen of such individuals, Dr. Zaleski has made a series of investigations (*Virch. Arch.*, *Bd.* 104, H. 1), and arrived at the following conclusions:

When present, the iron may show itself in two ways: either it penetrates all the tissues of the organism, or it forms special deposits,

where it gradually accumulates. In the first case it becomes an integral part of the cells; it does so most commonly in the liver and spleen. To discover it careful chemical and microscopical examination is necessary, while the microscope suffices in cases of special deposits.

Brownish, rusty-colored deposits of pigment, a very frequent morbid phenomenon, do not give the reaction of Fe in every case of diabetes, neither is siderosis of the organs in the sense of Quincke (Fe in the form of deposits), a common occurrence in that disease. The extraordinary quantities of iron in the liver and other organs also do not happen in every case of diabetes. In many cases Fe is met with as an oxide of iron albuminate, but, though in intimate organic union, it cannot be considered stabile. The Fe reaction, which, as has been contended, never succeeds when applied to the brain of a diabetic patient, does sometimes result. The normal quantity of iron in the blood of such individuals may also be greatly increased, as Zaleski has proved, contrary to the assertions of other observers.

Tympanites in Hysterical Women.

Professor Talma, of Utrecht, writing on tympanites in hysterical women, relates some interesting facts concerning three of his patients. He believes the cause of this condition to be spasmodic contraction of the diaphragm. The first case mentioned is that of a servant, aged twenty-three, who presented, with exception of paralysis, all the symptoms common to hysterical girls. She sought advice for an eruption on the breast, and whilst under Prof. Talma's treatment, mentioned that she had suffered some months previously from enlargement of the abdomen. The abdomen was even then greatly enlarged, and the girl suffered terribly from hiccough, which increased in violence when any of the students approached her. During sleep the size of the abdomen decreased considerably, and when the patient was put under chloroform it resumed its normal proportions. A tube was passed into the stomach, but no abnormal amount of gas was discovered, nor was any undue quantity found in the intestines. As the effect of the chloroform passed off, the abdomen again increased in size, and Professor Talma noticed that the patient took four or five inspirations without any corresponding expirations. During respiration the abdomen was immovable, and the breathing entirely thoracic; the lower border of the lungs was depressed to the tenth rib. Prof. Talma was convinced that the enlargement of the abdomen was the result of spasmodic contraction of the diaphragm. The two other cases were those respectively of a servant, aged thirty-five, and a girl, aged fifteen, who had not menstruated. The cases were somewhat similar, and Prof. Talma came to the same conclusion as in the first case as to the cause of the tympanites.

Acromegalia.

In the *Revue Médicale* for April, Dr. Marie gave an account of some singular characteristics he had met with in two cases of acromegalia, taking the form of a non-congenital hypertrophy of the hands, feet, and head. The skeleton of the hands and feet was like a giant's; the soft parts had developed with the bones, consequently there was no apparent deformity. A singular contrast was observed in the forearms, the arms and legs retaining their ordinary size. The head was only large in some parts, although the skull was affected. Hypertrophy had especially developed in the bones of the face, the general aspect of which was that of an elongated ellipse. Minor characteristic deformities were noticeable. The vertebral column was bent forward; some of the bones had increased in size (clavicle, ribs, patella, and ilium); the long bones remained normal. The fibro-cartilages of the ear and larynx showed a tendency to become hypertrophied; the joints were only slightly altered in shape. The muscles were lessened in volume. There were slight blindness and deafness; sudden unexplained pains occurred, difficult to remove. There were a marked tendency to varicose veins and hemorrhoids, and intense thirst. More than the normal quantity of urine was passed. The skin remained intact, but the patient presented cachexia in a mild degree. Acromegalia attacks both men and women between the ages of 15 and 35; its etiology is obscure; excepting the absence of menses, there are no definite symptoms. Dr. Marie believes that acromegalia is a bony malformation analogous to progressive primitive myopathy.

Tubercle Bacilli and Heredity.

Dr. Curt Jani has examined the healthy sexual organs of nine phthisical patients for tubercle bacilli. No bacilli were found in any of these cases in the semen from the vesiculæ seminales, but, on the other hand, in five cases out of eight a small number were found in the testicle and in four out of six in the prostate. There was no pathological

alteration in the tissues of the testes. Besides these cases, Dr. Jani found in one case of acute miliary tuberculosis numberless tubercle bacilli in the tissue of the prostate. He, further, examined two women who died of pulmonary phthisis, the ovaries both times presenting negative results. In one case of chronic pulmonary phthisis, with extensive intestinal tuberculosis, he examined the tubes and found tubercle bacilli. Dr. Jani is of opinion that the tuberculous poison may pass to the fœtus in two ways—through the semen of the male, and through the migration of the bacilli into the womb from the abdominal cavity. Infection of the ovum after impregnation by the placental circulation he thinks must be unusual, because the examination of the body of a woman five months pregnant, who died from acute miliary tuberculosis, in whom the general infection took place through the growth of a caseous mass in a pulmonary vein, showed that there were no tubercle bacilli either in the placental attachment or in the lungs, liver, kidneys, or the epiphyseal lines of the different bones of the fœtus. Dr. Jani, however, considers that it is by no means certain that in chronic miliary tuberculosis deposits may not form in the neighborhood of the placenta, and thus infect the fœtal organism.

Scabies.

The importance of recognizing this disease is certainly very great, for it is one of the few diseases that we can cure, while at the same time it is a disease that not only will not get well spontaneously, but while it lasts is constantly a centre for the spread of the affection. In the *Boston M. and S. Jour.* (September 23), Dr. F. B. Greenough says that scabies ought to be recognized (although his experience would show that it by no means always is) by the fact of lesions being found between the fingers, on the ball of the hand, and wrists, if not characteristic burrows, at least small vesicles; by the presence of characteristic lesions on the penis in the male subject; by the existence of secondary manifestations on the forearms, buttocks, abdomen, thighs and legs, more or less developed, as the case is of longer or shorter standing; by a decided increase of discomfort in the way of itching during the night, and by the fact that others who are thrown into intimate relations with the patient are similarly affected.

The treatment that he has used is the old sulphur ointment that Hardy introduced years ago at the St. Louis—one part of carbonate of potash, two of sulphur, and three of vehicle, for which he has taken petroleum ointment instead of lard. The objection to the use of sulphur is, of course, its irritating action on the eczematous and pustular secondary eruptions. Strict cleanliness must, of course, be enjoined.

Traumatic Pleurisy.

Dr. Seved Ribbing reports, in the Swedish *Eira*, amongst a number of instructive cases, the following one of traumatic pleurisy. A man, who had received a blow on the right side of the thorax in a drunken quarrel, was admitted into the Cimbrishamn's Hospital with the ordinary signs of pleurisy with effusion. The cavity was consequently aspirated, the puncture being made in the eighth intercostal space just below the angle of the scapula. The signs of fluid returning, it was decided to open up the cavity. This was done by an incision in the same situation as that in which the aspiration had been performed, and a quantity of thick fibrino-purulent matter evacuated, a large French œsophageal sound being used for drainage. Two days after the operation it was noticed that the integuments and superficial muscular layer around the shoulder-joint flapped like a curtain at each inspiration. As this pointed to the existence of an abscess cavity communicating with the chest, a sinus was searched for and discovered running upwards from near where the opening into the thoracic cavity had been made. This sinus was laid open, and, together with the chest, carefully drained and washed out with carbolized water. The quantity of fluid which came away dimished daily; the temperature, which had been high, sank; and in three months' time the man was discharged cured.

Blindness and Fecundity.

It has been asserted by Magnus, Fuchs, and others, that children, one or both of whose parents may be blind, are very liable to be themselves blind. Magnus investigated fourteen instances of married couples in whom one or both were born blind, or became blind at an early age, and found that, out of thirty-four children begotten of these marriages, eight, or 23.5 per cent., were either blind or weak-sighted. Mr. Simeon Snell reports, in the *British Medical Journal* of August 7, 1886, thirteen instances of marriages, one or both the contracting parties being blind, in which none of the children had any trouble with the sight nor any

trouble with the eyes. He noticed one curious fact, however, and that was the small proportion of births. There were ten men with sighted wives, and excluding one whose wife had ceased to bear children before his blindness came on, there were left nine, with twenty-six children between them, or less than three per family. Adding to this number three blind couples with two children, there was a total of twelve with twenty-eight children, or two and one-third per family. It would almost seem, therefore, that such marriages are less than usually fruitful. Farr placed the number of children per wife in England as 5.2.

Disease of the Nose Causing Aphonia and Dyspnœa.

Dr. Predborski mentions in the Polish journal *Gazeta Lekarska* a case of aphonia and spasmodic dyspnœa, where the cause was found to be an affection of the nose. A young Jewess, subject from childhood to attacks of epistaxis, received a severe nervous shock, being, in fact, the subject of an attempted violation. After this she completely lost the power of speech, and began to suffer from attacks of spasmodic dyspnœa; her catamenia also ceased. One of the attacks was so alarming that it was thought that tracheotomy would have to be performed, and preparations were made for the operation, but, on chloroform being given, her condition improved so much that she not only breathed more easily, but began to scream, so that all thought of operative procedures was abandoned. In a few weeks' time the girl seemed much better, but subsequently the symptoms reappeared. The nose, on examination, showed that the lower and middle turbinated bones on the left side were red and tumefied. When they were touched pain was produced, accompanied by sneezing and discharge of mucus. The application of chromic acid quickly and completely restored the patient to her usual state of health.

The Peroneal Type of Progressive Muscular Atrophy.

The thesis prepared by Dr. Howard Tooth for the degree of M. D. in the University of Cambridge contains valuable information and an excellent bibliography. The author of the thesis contends that there is a form of progressive muscular atrophy which commences in the lower extremities, most often in the peroneal muscles, but sometimes in the tibialis anticus, extensor longus digitorum, or gastrocnemius; that the hand and forearm muscles are attacked at an early period; that the disease is one of childhood; that heredity is a marked feature; that the disease shows a slight preference for the male sex; that fibrillar or fascicular tremors are frequently though not always present; that degenerative electrical reactions are often an early phenomenon; and, lastly, that from a record of necropsies, as well as from the clinical symptoms, it may be inferred that the disease is one affecting the peripheral nerves.

Mechanical Removal of Croupous Exudation After Tracheotomy.

After tracheotomy for croup, when it is found impossible to clear the trachea from membrane by forced expirations, suction, etc., Dr. Pievigzĕk, writing in the *Przeglad Lekarski*, advises the use of Schrötter's forceps, which, he says, should be so introduced through the wound that the blades may open antero-posteriorly, and not laterally, for fear of taking up the angle at the bifurcation of the bronchi. Sometimes it is possible completely to clear the trachea by one or two introductions of the forceps. In cases where the obstruction is in one of the bronchi, the patient should be laid on the corresponding side and the forceps inclined accordingly. Information may also be obtained as to the situation of the obstruction by the aid of a mirror introduced into the wound, the patient's head being at the same time thrown well back. The instrument which the author finds most suitable for this purpose is Zanfal's nasal speculum. He remarks that children bear the operation without any special trouble.

Cocainomania.

Erlenmeyer, in the *Deutsche Medizinal Zeitung* (1886, No. 46), has studied the symptoms in a number of individuals who have used cocaine to excess, by subcutaneous injection or otherwise. The characteristic symptoms denote vaso-motor paralysis, the pulse is accelerated, the sweats profuse, and dyspnœa and syncope ensue. Failure of general nutrition is very notable, the eyes become sunken, and the skin of cadaveric hue. At a more advanced stage psychic troubles supervene, sometimes requiring personal restraint. Most of the persons so affected had previously been addicted to the abuse of morphia, and cocaine had been resorted to as the minor evil. It would therefore be unjust to lay too large a share of the

troubles noted at the door of cocaine; still, enough evidence is at hand to prove that it may be productive of evil consequences, and should only be used as a powerful medicament with circumspection.

Ichthyol in Rheumatism.

Dr. Dubelir (*Russkaya Meditsina*, August 10, 1886,) reports eight cases of rheumatism treated by ichthyol at the Moscow Military Hospital. Six of the cases were acute, and two chronic. The preparation was used both internally and externally. The affected parts were first washed off with soap and water, dried, and then smeared with the ichthyo-sulphate of ammonium, and covered with cotton or flannel. After long use, or when the skin was insufficiently or not regularly washed, pustules were caused by the application. Internally the author gave fifteen to twenty-five drops of the ichthyo-sulphate of ammonium in a wineglass of water, or else administered the remedy in the form of pills of one and a half grain each, from six to twelve pills a day. In every case the pains were quieted, but the swelling of the parts did not disappear. The writer advises, therefore, that ichthyol be given in rheumatism only for its anodyne effects.

Henocque's Hæmatoscopic Method.

M. Hénocque exhibited to the Medical Congress at Nancy in August his apparatus for investigating the blood by *hæmatoscopy*. The process consists in first determining the amount of oxyhæmoglobin in the blood by the hæmatoscope, and then estimating the time required for its reduction by observing its passage across the thumb-nail through a direct vision spectroscope. The activity of reduction varies independently of the quantity of oxyhæmoglobin, being generally increased in persons of sanguine habit and in patients with arthritic and rheumatic diseases, and diminished in those with anæmia, chlorosis, epilepsy, temporary bilious disturbances, menstrual troubles, and in certain stages of phthisis.

A Recovery from Hydrophobia.

In the *N. Y. Med. Jour.* we read that in October of 1884 a physician now living in a neighboring city was bitten by a rabid dog. The wound, which was on the right thigh, suppurated; there was much constitutional disturbance, and, according to his own statement, a distinct and severe hydrophobic convulsion. The marks of the animal's teeth are still plainly visible; the affected thigh and its fellow are covered with reddish-brown maculæ varying in size from that of a large pin-head to that of a silver three-cent piece, and both thighs are exquisitely sensitive.

News and Miscellany.

Meeting of the Committees of Conference of the Various Special Associations requested to Participate in Conjoint Session.

In response to the notice issued by the Secretary of the Committee of Conference of the American Surgical Association, the Committees of Conference met at the Army Medical Museum, Washington, D. C., at 12 o'clock noon, on Friday, September 24, 1886.

The meeting was organized by the election of Dr. S. C. Busey, of Washington, Chairman, and Dr. J. Ewing Mears, of Philadelphia, Secretary.

The Secretary reported that he had received notification of the appointment of the following committees:

1. *American Ophthalmological Association*,—O. F. Wadsworth, M. D., Boston; C. T. Bull, M. D., New York; George C. Harlan, M. D., Philadelphia; Samuel Theobald, M. D., Baltimore; R. E. Freyer, M. D., Kansas City, Mo.

2. *American Otological Association*.—C. R. Agnew, M. D., New York; H. Knapp, M. D., New York; John Green, M. D., St. Louis; W. H. Carmalt, M. D., New Haven, Conn.; George Strawbridge, M. D., Philadelphia.

3. *American Gynecological Society*.—S. C. Busey, M. D. Washington; Fordyce Barker, M. D., New York; J. R. Chadwick, M. D., Boston; J. Taber Johnston, M. D., Washington; Thomas A. Emmet, M. D., New York.

4. *American Laryngological Association*.—J. Solis Cohen, M. D., Philadelphia; F. I. Knight, M. D., Boston; G. W. Lefferts, M. D., New York; F. H. Bosworth, M. D., New York; E. L. Shurley, M. D., Detroit.

5. *American Dermatological Association*.—H. G. Piffard, M. D., New York; F. B. Greenough, M. D., Boston; R. B. Morrison, M. D., Baltimore; L. N. Denslow, M. D., St. Paul, Minn.; G. H. Tilden, M. D., Boston.

6. *American Medical Association*.—C. H. Mastin, M. D., Mobile; C. T. Parkes, M. D., Chicago; N. Senn, M. D., Milwaukee; J. Ford Thompson, M. D., Washington; J. Ewing Mears, M. D., Philadelphia.

7. *American Neurological Association.*—L. C. Gray, M. D., Brooklyn; J. Van Bibber, M. D., Baltimore; E. C. Seguin, M. D., New York; Wharton Sinkler, M. D., Philadelphia; Philip Zenner, M. D., Cincinnati.

8. *American Climatological Association.*—A. L. Loomis, M. D., New York; F. Donaldson, M. D., Baltimore; F. C. Shattuck, M. D. Boston; E. T. Bruen, M. D., Philadelphia; W. W. Johnston, M. D., Washington.

9. *Association of American Physicians and Pathologists.*—Wm. Pepper, M. D., Philadelphia; Francis Delafield, M. D., New York; R. T. Edes, M. D., Boston; J. Palmer Howard, M. D., Montreal; J. T. Whittaker, M. D., Cincinnati.

The roll was called and the following members of the committees answered to their names:

1. *Ophthalmological Association.*—O. F. Wadsworth, M. D., Samuel Theobald, M. D.

2. *Otological Association.*—C. R. Agnew, M. D., W. H. Carmalt, M. D.

3. *Gynæcological Society.*—S. C. Busey, M. D., J. R. Chadwick, M. D., J. Taber Johnston, M. D.

4. *Laryngological Association.*—F. I. Knight, M. D., E. Shurly, M. D.

5. *Dermatological Association.*—H. G. Piffard, M. D., G. H. Tilden, M. D.

6. *Surgical Association.*—C. H. Mastin, M. D., J. Ford Thompson, M. D., J. Ewing Mears, M. D.

7. *Neurological Association.*—L. C. Gray, M. D., J. Van Bibber, M. D.

8. *Climatological Association.*—F. Donaldson, M. D., W. W. Johnston, M. D.

9. *Association of American Physicians.*—Wm. Pepper, M. D.

Dr. Wm. Thomson, of Philadelphia, was present as a member of the committee of the Otological Association, in place of Dr. Geo. Strawbridge, who had resigned from the committee; and Dr. W. Hendrie Lloyd, of Philadelphia, was present as a member of the committee of the Neurological Association, in place of Dr. Wharton Sinkler, who had resigned.

On motion, it was resolved that the Associations represented should vote by title, taken in chronological order, and as a unit.

Dr. Wm. Pepper offered the following resolutions, which, after careful consideration and discussion by those present, were adopted separately, and then as a whole:

Resolved, 1. That it is desirable that the following societies—the American Surgical Association, American Ophthalmological Association, American Otological Association, American Neurological Association, American Gynecological Association, American Dermatological Association, American Climatological Association, Association of American Physicians and Pathologists—shall arrange for a conjoint meeting in the city of Washington, in the month of September, 1888, and subsequently at intervals of three years, at the same time and place.

2. That this arrangement shall not interfere in any way with the autonomy of each special society; and that each society shall retain the right to withdraw at any time from this conjoint scheme.

3. That the special feature of the meeting shall be the conjoint assemblage of the special societies on two evenings during the session; on one of which there shall be an address delivered by the President of the conjoint meeting, and on the other there shall be communications by a referee and a coreferee on some subject of general professional interest.

4. That each special society approving this report is invited to appoint one representative (with an alternate), and that the representative so appointed shall constitute an executive committee to serve for one year, with power to elect such officers for the first conjoint meeting as may be deemed necessary; to prepare a programme for said meeting; to make all other necessary arrangements; and to prepare and submit a plan of organization for future meetings.

5. That all expenses connected with the conjoint sessions shall be apportioned equally by the executive committee among the special societies participating.

Owing to the views entertained by the committees of the Ophthalmological and Dermatological Associations with regard to intervals of times of the meetings, they abstained from voting upon the first resolution.

The Secretary was instructed to send to the medical journals of the country a report of the proceedings of the meeting, a printed copy of the same to each member of each Association participating, and a certified copy to the Secretary of each Association.

American Academy of Medicine.

The tenth annual meeting will be held in the chapel of the First Presbyterian church, Wood street, near Fifth avenue, Pittsburgh, Pa., Tuesday and Wednesday, October 12th and 13th, 1886.

TUESDAY, OCT. 12, AT 10 O'CLOCK A. M.

Opening of session, with prayer: reading of minutes of last annual meeting; report of council; election of fellows; amendments to

the constitution and by-laws; appointment of Committee on Nominations; new business.

Report on the Present Working of Laws Regulating Medical Practice, by Richard J. Dunglison, A. M., M. D., of Philadelphia, Pa., and Henry O. Marcy, A. M., M. D., of Boston, Mass.

Reading of papers:

"The Best Equipment for Medical Study." By Frederic H. Gerrish, A. M., M. D., of Portland, Maine.

"The Two Standards, Literary and Medical." By R. Lowry Sibbet, A. M., M. D., of Carlisle, Pa.

AT 3 O'CLOCK, P. M.

New business. Report of Standing Committee on the Requirements for Preliminary Education in the various Medical Colleges of the United States and Canada. Report of Special Committee on the best Preliminary Education for Medical Students.

Reading of Papers:

"The Status of Medical Education in the United States." By John D. Kelly, A. M., M. D., of Lowville, N. Y.

"The Advantages of a Classical Education to the Medical Student and the Physician." By L. P. Bush, A. M., M. D., of Wilmington, Del.

"A Christian Education the Best Preparation for the Practice of Medicine." By Andrew C. Kemper, A. M., M. D., of Cincinnati, Ohio.

"Prolonged Gestation." By J. Cheston Morris, A. M., M. D., of Philadelphia, Pa.

AT 8 O'CLOCK, P. M.

Address by the President, R. S. Sutton, A. M., M. D., of Pittsburgh, Pa.

AFTER THE PRESIDENT'S ADDRESS.

Annual collation of the Academy at the Hotel Duquesne, Smithfield street, opposite City Hall.

Tickets for the collation (fixed, by resolution of the Academy, at two dollars each) may be obtained by remitting the amount to Dr. S. N. Benham, 156 Third avenue, Pittsburgh, Pa.

WEDNESDAY, OCT. 13, AT 10 O'CLOCK, A. M.

New business. Treasurer's report. Report of Committee on Nominations.

Reading of papers:

"The Duties of Physicians to each Other." By Traill Green, A. M., M. D., of Easton, Pennsylvania.

"The Medical Service of the United States Pension Bureau." By Phineas S. Conner, A. M., M. D., of Cincinnati, Ohio.

"The Treatment and Management of Tubercular Spondylitis." By Virgil P. Gibney, A. M., M. D., of New York, N. Y.

"Is Modern Wound Treatment Scientific?" By Henry O. Marcy, A. M., M. D., of Boston, Mass.

"Physical Culture in Amherst College." By Nathan Allen, A. M., M. D., of Lowell, Mass.

"What Should Physicians Advise as to the Education of Young Women?" By George E. Stubbs, A. M., M. D., of Philadelphia, Pa.

"The Relation of Specialism to General Medicine: Is it a Result of a Higher Education?" By William S. Little, A. M., M. D., of Philadelphia, Pa.

New business. Induction of President-elect. Appointments for ensuing year (additional members of council; Standing Committee on Requirements for Preliminary Education. Unfinished business. Adjournment.

AT 1:30 O'CLOCK, P. M.

The Fellows are invited by Dr. R. S. Sutton, President of the Academy, to take lunch at his residence, 419 Penn avenue.

College of Physicians of Philadelphia.

At the meeting of the College held on Wednesday evening, October 6, Dr. Henry Hartshorne read a memoir of the late Dr. Edward Hartshorne; Dr. Ruschenberger, "An Account of the Institution of the College of Physicians of Philadelphia;" and Dr. Thomas B. Reed described a plan for a Children's Ward at the Presbyterian Hospital.

NEW BOOKS ADDED TO THE LIBRARY DURING SEPTEMBER, 1886.

General Library.

Field, B. Rush.—Medical Thoughts of Shakespeare. 8vo. Easton, 1885.

Congrès Français de Chirurgie.—1er Session, Paris, 1885. 8vo. Paris, 1886.

Index Catalogue Library Surgeon-General's Office.—Vol. 7. Ins.—Leg.

Lewis Library.

Starr, Louis.—Diseases of the Digestive Organs in Infancy and Childhood. 8vo. Philadelphia, 1886.

Lemoine, G.—De l'Antisepsie Médicale. 8vo. Paris, 1886.

Simon, P.—Des Fractures Spontanées. 8vo. Paris, 1886.

Chuffart.—Des Affections Rhumatismales du Tissu Cellulaire sous-cutané. 8vo. Paris, 1886.

Dejerine, J.—L'heredité dans les Maladies du Systeme Nerveux. 8vo. Paris, 1886.

Van Merris, C.—La Scrofule et les Bains de mer. 8vo. Paris, 1886.

Baker, H. F.—Practical Notes on the Treatment of Deformities. 8vo. London, 1886.

Lays of the Colleges. 8vo. Edinburgh, 1886.

Sharkey, S. J.—Spasms in Chronic Nerve Disease. 8vo. London, 1886.

Brunton, T. Lauder.—On Disorders of Digestion. 8vo. London, 1886.

Farr, William.—Vital Statistics. 8vo. London, 1885.

Radcliffe, C. B.—A New Chapter in the Story of Nature. 8vo. London, 1886.

Sutton, J. B.—An Introduction to General Pathology. 8vo. London, 1886.

Masson.—De l'Origine du Sang en Médecine Légale. 8vo. Paris, 1885.

Berjon, A.—Le Grande Hystérie chez l'Homme. 8vo. Paris, 1886.

Skwortzkoff, Mlle. Nadine.—De la Cécité et de la Surdité des mots dans l'Aphasie. 8vo. Paris, 1881.

Moussous, A.—De la mort chez les Phtisiques. 8vo. Paris, 1886.

Broca, A.—Étude Clinique sur quelque Lésions Cutanées des Membres Variqueux. 8vo. Paris, 1886.

Lachèse, Lanoaille de.—Trassis Troubles de l'ame et du corps chez l'Homme. 8vo. Paris, 1886.

Irregular Medical Schools.

The *Jour. Am. Med. Ass.*, October 2, says that the Iowa State Board of Health will not recognize diplomas from the following colleges: American Eclectic College, Cincinnati; American Health College, Cincinnati; American University of Pennsylvania (Buchanan), Philadelphia; Beach Medical Institute, Indianapolis; Bellevue Medical College of Massachusetts; College of Physicians and Surgeons, Buffalo, N. Y.; College of Physicians and Surgeons, Milwaukee; Eclectic Medical College of Philadelphia; Edinburgh University, Chicago and St. Louis; Excelsior Medical College, Boston; Hygeo-Therapeutic College, Bergen Heights, N. J.; Hygeo-Therapeutic College, New York City; Joplin Medical College, Joplin, Missouri; Livingston University, Haddonfield, N. J.; Medical Department of the American University of Boston, Boston; New England University of Arts and Sciences, Boston; New England University of Arts and Sciences, Manchester, N. H.; Penn Medical University, Philadelphia; Philadelphia University of Medicine and Surgery, Philadelphia; Physio-Eclectic Medical College and Physio-Medical College, Cincinnati; St. Louis Eclectic Medical College, St. Louis; St. Louis Homœopathic Medical College, St. Louis; Curtis Physio-Medical Institute, Marion, Indiana; American Anthropological University, of St. Louis; Medical Department of Drake University, Des Moines, Iowa; and King Eclectic Medical College, Des Moines, Iowa.

Scottish Mediæval Medicine.

The ninth King of Scots, if we may believe the early chroniclers, rendered his reign memorable by the high honor in which he held physicians. It was in Ireland, where he spent years of exile with his father, says Buchanan, that he became familiar with medicine and its practitioners. When settled on the throne of Scotland he so inspired the courtiers with his medical tastes that the healing art, particularly surgery, became quite a patrician accomplishment, and for centuries afterwards "nemo esset in Scotia illustriore loco natus, qui vulnerum curationem non teneret." Even down to the sixteenth century surgery, especially military surgery, was a *métier* in which the Scottish aristocracy were proficient. The gallant King James IV. pursued, according to Buchanan, the traditional practice of his race and ancestry with much zeal. "Unum e vetusta gentis consuetudine hausit avide, ut vulnera scientissime tractaret; cujus rei peritia toti Scotorum Nobilitati, ut hominibus in armis assidue viventibus, fuerat priscis temporibus communis." (One thing he imbibed eagerly from the ancient custom of the Scots—to wit, the thoroughly scientific treatment of wounds: a department in which, from remote times, the whole Scottish nobility, as men living constantly under arms, had shared a common skill.)

Cholera in Hungary.

The number of those attacked by cholera at Buda-Pesth is again on the increase, say advices from Vienna of the 19th ulto,; whereas the fatal cases are not so numerous. From the 12th to the 18th of September, 61 cases of sickness and 19 deaths occurred. The Cholera Commission has discovered practices dangerous to health. In each of two houses belonging to a nobleman there were discovered from 150 to 200 persons lying together on the bare ground in the courtyard. In a cellar, 40 persons of both sexes were found sleeping together on the

ground. A number of such dwellings have been visited. In Vienna and Lower Austria, strenuous preventive measures are being adopted, although there has not as yet been reported a single case of cholera. The Servian Government has decreed a seven days' quarantine for travelers and goods coming from Hungary. At Odessa, a fourteen days' quarantine has been decreed for goods arriving from the Danubian ports. The five days' quarantine imposed at Constantinople consists, it is stated, in remaining five days on board of a steamer at the entrance of the Bosphorus. Fumigation is not regularly applied. There is, it is said, no chance of an early suppression of this quarantine.

An Undesirable Experiment.

A recent incident in the Michigan College of Medicine has been a source of much anxiety to more than one of the parties concerned. One of the professors of clinical medicine was giving his final lecture to the class on the subject of venesection. No patient being at hand upon whom the operation could be performed, the lecturer asked for a volunteer. One of the students responded, and was bled. The demonstration was successful; but subsequently inflammation of the wound supervened, followed by abscess, erysipelas, etc., and caused the gravest anxiety to the student, his parents and fellows, and to the operator himself. Fortunately, the patient is convalescent. The incident is one which may well be borne in mind by would-be observers. We are already familiar with experiments on the human subject, which, whatever their value as arguments, have led to more or less serious consequences. The experimenters were in many cases students, and were, therefore, probably undeterred by consideration for their wives and families; but certainly some caution is desirable, since a fatal result would, in all probability, result in a verdict of manslaughter against the victim's accomplices.

Prohibition "Beverages."

David W. Judd writes from Iowa to the *American Agriculturist:*

However much the citizens of Iowa may disagree as to the prohibition laws, provided for by both the State Constitution and the votes of the Legislature, strangers cannot be otherwise than impressed with the remarkable effects of these prohibition enactments; and the innovation often borders on the humorous. For example, instead of seeing, as in the saloons surrounding the railroad depots in other States, such "bulletins" as "Old Crow," "Whisky Punches," "Hot Scotches," "Kentucky Blue Grass," etc., etc., one is informed by the placards in saloons surrounding the depots at Des Moines and other points in Iowa, that "Hot Coffee," "Hot Tea," and "Pure Lemonade," etc., etc., are "served up here." Of course this order of things provokes no little opposition. But wait, say the earnest advocates of temperance, until you read the reports, after two years, from our Iowa prisons and jails, until you see how much our taxes are reduced by the absence of murder trials, and the expenses attending all the other crimes and excesses resulting from "free rum."

How to Detect a Morphine-Taker.

Professor Bull, of Paris, states that there are two ways by which the morphine habitué can be detected, and these are to be found in the skin and in the urine. The skin will be found to be covered with little dark spots situated in the centre of little indurations about the size of a large shot. It is needless to add that the indurations are the result of the little wound of the needle, but as these lesions are generally found on the inside of the thighs, the patient refuses to let them be seen, and in that case examination of the urine will prove of great service. A few drops of tincture of iron are put into the suspected liquid, and if morphia be present a blue tinge will be produced.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED SEPTEMBER 25, 1886.

Bailhache, P. H., surgeon. Granted leave of absence for thirty days, September 25, 1886.

Vansant, John, surgeon. Granted leave of absence for thirty days, September 24, 1886.

Bratton, W. D., assistant surgeon. Relieved from duty on Revenue Steamer "Corwin;" ordered to duty at Marine Hospital, San Francisco, Cal., September 20, 1886.

Therapeutic Notes.

Platt's Chlorides.—As the prevention of disease becomes of increased importance with the progress of medical science, so will the use of disinfectants as sanitary agents. Of the many which are now obtainable, we may specify as of marked excellence the

combination of chlorides sold by Mr. Platt and described in our advertising columns. They are particularly useful in the sick room, and there is a special call for their exhibition during the winter season, when houses are closed from the external air.

A Brutal Physician.

A French journal states that a physician was called in the night to see a woman in childbirth. The labor was complicated, and an operation was necessary, for the performance of which the physician demanded 250 francs in advance. The husband was a laboring man, and had but 100 francs, which he offered, with promises to pay the balance. The doctor refused in spite of the man's entreaties. Before another physician could be obtained, the woman died in great agony, two lives having thus probably been sacrificed for the paltry sum of thirty dollars.

Veterinary Medicine.

New York is the only State as yet which has undertaken to regulate the practice of veterinary medicine and surgery. A law has been passed requiring the registration of all practitioners with the evidence of proper qualification afforded by a diploma from some legally incorporated college or a certificate from an incorporated veterinary society. The first class in veterinary medicine, consisting of five members, graduated from Harvard University, June 30.

Another Hermaphrodite.

Among the replies to an advertisement of a musical committee for "a candidate as organist, music-teacher, etc.," was the following one: "Gentlemen—I noticed your advertisement for an organist and music-teacher, either lady or gentleman. Having been both for several years, I offer you my services."

Association of the Surgeons of the Pennsylvania Company.

The eighth semi-annual meeting of this Association will be held at the Seventh Avenue Hotel, Pittsburgh, Pa., Tuesday October 19, 1886, commencing at 9 a. m., Eastern time. A number of papers on appropriate subjects are promised.

Loomis Laboratory.

This is to be the name of a new building for the medical department of the University of New York, for the construction and maintenance of which $100,000 has recently been contributed by a gentleman who, for the present, withholds his name from publication.

Personal.

—Dr. S. D. Risley has removed to No. 1722 Walnut street.

Items.

—The seventh volume of the "Index Catalogue of the Library of the Surgeon-General's Office" has just been issued. It brings the index down to "Leghorn."

—Dr. Pekelharing, Professor of Medicine in the University of Utrecht, has been instructed by the government at the Hague to proceed to Acheen to make special inquiry into the nature of the malady known as "beri-beri."

—A gratuity of £10,000 has been granted from the Bavarian civil list to the widow of Professor von Gudden, of Munich, who perished with the late King of Bavaria in the lake at Castle Berg. He left a family of eleven children.

—The number of students in the Imperial University of Tokio is said, by the *Medical Record*, to be nearly one thousand, a large proportion of whom are students of medicine. Five of the professors in the medical faculty are Germans.

—The State Board of Health suffers a severe loss in the resignation of Dr. E. M. Moore, of Rochester, which has just been announced. Dr. Moore was one of its original members, and has always been one of the valuable and active workers in its service.

—A novel way of reassuring a patient was lately resorted to by a dentist in Mexico. A patient was to have a tooth extracted, but the preparations so frightened him that he declined to submit to the operation. To allay his fears, the dentist made his office boy open his mouth, and in a twinkling took out one of his teeth. We are not surprised to learn that the little fellow threw up his situation at once.

—The Paris Municipal Council have decided to open a hygienic museum, in which the microscopic effects of allowing water to stagnate, the skin to remain dirty, and bad air on the blood, will be shown, as well as other causes of disease. Lectures on the laws of health will be delivered in connection with the exhibition.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1546.] PHILADELPHIA, OCTOBER 16, 1886. [Vol. LV.—No. 16.

Original Department.

Lecture.

CARDIAC DEGENERATION.*

BY PROF. WILLIAM H. DRAPER, M. D.,

Of New York.

Gentlemen: The physiognomy of this man is a very characteristic one, and it is just such as you often see in hospitals, when cardiac and renal disease attack the obese and dissipated.

The history of this man has not yet been taken, but he says that he is sixty-two years of age, and he weighs 215 pounds. He has been a policeman on night duty ever since the riot of 1863, and he has been able to do that duty satisfactorily until the past two or three days, and now he finds himself embarrassed by asthma, as he says. You are to understand by this that he uses the term asthma as some professional men often use it, in a general sense. We do not as largely as we should confine that term to the strict definition of that neurosis with a distinct spasmodic character, which is true asthma.

Now, we will proceed at once to the objective examination; and let us suppose that this man could tell us nothing about his subjective history, and let us see how far towards the diagnosis the objective examination will lead us, without asking him any questions.

Inspection.—In the legs there is moderate œdema, and some varicosity of the veins. Then, as we come higher up, we find a very protuberant belly, which may be wholly due to the deposition of a large amount of fat, or partly to that and partly to the distension of the peritoneal cavity with water, gas, or something else. And this is the point to determine by further explorations.

Percussion.—I get some dullness in the line of the posterior spine of the ilium on the left side of the abdomen, but that may be due to deposition of a thick layer of fat. I find dullness in the same line on the right side of the abdominal cavity; but elsewhere there is resonance. There is a visible fluctuation such as you will often see in as fat a belly as this, and I do not think that there is any fluid in the abdominal cavity. The region of hepatic dullness extends below the ordinary line, and well up towards the nipple. I find no evidence by percussion of any considerable cardiac hypertrophy, and the cardiac pulsation is so feeble that I cannot find the apex beat. On percussion of the chest I find very good resonance in front, or perhaps an exaggerated degree of resonance, especially when you consider the thickness of the layer of fat which is lying over the chest walls.

Auscultation.—The respiratory murmur is very good on both sides, but better upon the left. There is nothing in the way of a cardiac murmur, but simply a reduplication of the first sound of the heart. The inspiration is feeble and the expiration prolonged, and I get some moist and sonorous rales at the base of the lungs at the end of inspiration. There is no evidence of any pleuritic effusion, and the breathing is of that sort which is common in persons with some emphysema and chronic Bright's disease. Now, it would ordinarily be necessary for us to examine the urine before going farther in making the diagnosis. But the man has stated to us that the physician who attended him outside, said that he had Bright's disease. The ex-

*Abstract of clinical lecture.

amination of the urine, however, would have enabled us to determine this with only the objective signs to aid us. It is sometimes necessary to make this examination at the bedside, and so it is important that you should always have the means ready for drawing off and examining the urine. Now, we will suppose that we have examined the urine and found albumen in it. What other means of obtaining information could we seek for? We can observe the tongue; and here we find it rather pointed, shaky, and a little dry; and its appearance to me, or to any one accustomed to examine the tongues of hospital patients, would be extremely significant. Again, there is something else significant about him, and that is the appearance of the nose, and the skin of the cheeks. In both there is a very pronounced redness, and the follicles are very large, and the skin of the face is very coarse and has a rather hypertrophic look. He has what would be described by a dermatologist as an acne rosacea, and a consequent hyperplasia of the skin, that means in the great majority of cases alcoholic indulgence. And that, with the appearance of the tongue, and these quick, sharp, restless movements which you have observed, means that this man has been for a long time abusing the use of stimulants. But he says that he is not a hard drinker, and only takes occasionally, while on duty, a little birch beer or whisky. Now here, gentlemen, you see what you get when you come to the subjective history. What he says is entirely the opposite of the conclusions which we drew from the objective examination. But I would still believe in the correctness of my own opinion. This man does not intend to deceive, but he tells you the story which you will hear very often, and even from many patients of intelligence, and that is the very best story that he can tell.

Now, we have completed the objective examination, and we have come to several conclusions. First, that he has albuminuria; another, that he has a very weak heart, probably from muscular degeneration; another, that he has degenerated vessels, for the radial arteries are stiff; another, that he has a chronic bronchitis, and some pulmonary congestion; and another, that he has lately been trying to make himself feel better by taking an occasional glass of stimulant, and has thus aggravated rather than bettered his general condition.

The first thing to do in the treatment of this case is to purge him immediately, to relieve the pulmonary congestion, and also with the view of getting out of the blood vessels some of the alcohol which is circulating in them. And then we shall be better able to see how far the general tissue changes and the morbid state of the vital organs has gone, and how far they are susceptible of relief. The true state is now somewhat masked.

SOME INTERESTING PATHOLOGICAL SPECIMENS FROM A TYPHOID PATIENT.*

MEDICAL CLINIC BY MORRIS LONGSTRETH, M. D.,

Of Philadelphia.

The patient from whom the specimens were removed, died after being in the hospital two weeks; he was admitted complaining only of two days' illness. Had had chill, headache, and was drowsy. Some fever and looseness of bowels. On admission, his temperature was 102⅘°, but that night rose to 104⅘°; still higher the night following; then each rise was followed by a slight fall, though not the same as in normal typhoid fever. His nails were blue, the stools characteristic typhoid stools, and typical rose-colored spots; in fact, there were all the evidences of typhoid. Still, from the condition of the lungs and hectic, early tuberculosis was evident.

Lungs were congested, and auscultation revealed numerous rales. Though in life we found no real evidence of deposit, after death we find it, and also a condition of *general sepsis*. The patient had valvular heart disease, and as a result, alterations in the spleen, which probably terminated his life.

This organ is penetrated in various directions with large cavities—here a white spot, there a large broken-down mass. What are these masses? I notice all these cavities have a *lining membrane*, and contained hardened matter, which is not tuberculous, because tubercle never forms a capsule, or lining membrane; nor a morbid growth, for the same reason. We are therefore practically limited to emboli. (?) A bare possibility exists that it is abscess, but this is rare, for the patient would have died long before this condition was reached, and this is evidently of long-standing. It must have required at least six months to form this dense fibrous membrane. Let us trace the source of the embolus. There is nothing in the present condition of the heart to account for embolus; the source itself must be old, and

* Abstract of clinical lecture delivered at the Pennsylvania Hospital.

I find, to begin with, evidence of old endocarditis—evidence of inflammation capable of giving rise to embolus. The valves are thickened, and there is a white line along their edges; but this is not all, for immediately beneath is the pink line showing there was, at one time, an accumulation of fibrine on the valves, which was washed off by the blood-current and carried into the circulation, leaving the valves smooth.

He had a distinct mitral regurgitant murmur, and I find the mitral valves thickened. Going on to the aortic valve, it also is found thickened and fenestrated. These are just the sort of valves which in their fresh state of injury give rise to embolism. Here is also a fatty heart due probably to the insufficient supply of blood sent for its nourishment during life. A good mode of determining fatty heart is to squeeze the organ between the fingers and thumb, and the sensation is as if the muscular fibre were disappearing from beneath the touch.

The liver bears no evidence of acute inflammation, but presents the usual condition of typhoid fever. The intestines present nothing unusual. Peyer's patches contain the typical typhoid ulcers. A word here about how to distinguish typhoid from tubercular ulcers. Each has its own perfectly characteristic appearance. The base of typhoid ulcer after it is well formed where it is stained with feces is not complete, and the base is thin. The reason is that the point at which ulceration begins is in the follicles of Peyer's patches, elevating the patches as the abscess forms beneath the mucous membrane; the membrane lifts up like a trap-door to let out the matter. I have seen the mucous membrane covering one of these areas of ulceration completely lifted off and found in the stools. This inflammation, which begins in the sub-mucous layer and extends downward, the more the inflammation the more the swelling and the greater the danger of extending into the muscular coat, which, if it reaches down to the inner layer, there is perforation of the bowel, and hence whatever increases the fecal accumulation and pressure greatly increases the danger of perforation; while in tuberculous ulcer the base is thick, for the lymph is deposited layer upon layer, and upon the peritoneal surface as well. This is, I think, a safer guide in distinguishing these two forms of disease than the ordinary description given in books, *i. e.*, one running lengthwise with intestine, the other round—this is not reliable, for it is according to the relation of the intestinal vessels.

MEDICAL CLINIC—SERVICE OF DR. HUTCHINSON.

TREATMENT OF PERITYPHILITIS.

Robert Stone, aged 22, born in England, has been in hospital two weeks. Up to that time he had always enjoyed fair health, though at one time had some slight spitting of blood, which caused no trouble. His present attack was immediately following a heavy oyster feast. He was attacked with severe cramps, but started for work, and was soon picked up in a faint, and carried to hospital.

On admission, the urine was found normal, abdominal tenderness and pain, local of right side; peritonitis; bowels constipated. There was slight dullness at apex of right lung, and a functional heart murmur. His temperature was 104⅘°, and the pain in the abdomen quite severe. Large doses of opium were administered to prevent action of bowels, and the next day temperature fell to normal, but rose again on the day following. Opium was continued for five days.

In local peritonitis the typical position of flexed limbs is not always present, but in this case it was. This was probably a case of typhlitis and perityphlitis, which set up a local peritonitis — the immediate active cause being the large amount of oysters eaten. There was an unusual amount of pain and uneasiness from the first in this case. Typhlitis, or perityphlitis, should always receive active and prompt treatment, for it is a disease prone to advance, and may become, by extension of inflammation, extensive, even fatal peritonitis, or may have abscess from inflammation extending to the cellular tissue.

As to treatment: Keep bowels quiet, prevent peristalsis by large dose of opium, carefully watch respiration, but keep patient under opium while pain and tenderness continue; no remedy likely to do this with half the efficacy of opium. Inunctions of the oleate of mercury continued till gums are slightly touched, but avoid all purgatives. Nourishing food, but of a kind that will not distend the bowel—milk, beef tea, etc.

For this patient, five days after admission, when symptoms had subsided, we relieved the bowel by an enema, which was followed by a small stool. After convalescence on fifth day, there was a recurrence of rise of temperature, which cannot be easily accounted for. We thought possibly we might be treating with a tuberculous patient, but subsequent observation did not confirm this supposition; but on the whole, his condition is interesting. When I first saw him he was

in a state of collapse, prostrated; could not pass water. Though apparently convalescent, he cannot be allowed to leave hospital for some time, and will remain under observation.

COMMUNICATIONS.

OBSTETRIC FORCEPS.*

BY D. BENJAMIN, M. D.,

Of Camden, N. J.

GENTLEMEN: In lieu of preparing a paper on some medical subject, as requested by you, I shall simply make a few extemporaneous remarks on the subject of obstetric forceps.

It has been said that the obstetric forceps have relieved more suffering and pain of woman than any other invention or discovery known to the science of medicine. In view of the discovery of chloroform and ether, this can hardly be considered as absolutely true, but certain it is, that in the hour of her greatest need and suffering, the obstetric forceps has been a friend indeed to woman.

Since the invention of the forceps by Chamberlain in the beginning of the seventeenth century, there have been numerous modifications, changes, and improvements, and when we look at these original straight forceps of Chamberlain, it is a matter of surprise that so much could have been accomplished with them, and how many difficult cases have been and can be delivered by their aid. Another thing worthy of remark in this connection is the fact that the cephalic curve of those original instruments has scarcely been improved, if it has been improved at all, in any of the modern instruments.

Without going into a detailed history of the various instruments that have been introduced as modifications of the original Chamberlain forceps, I will confine myself more particularly to the two leading forceps of the day, viz., the "Simpson" or short forceps, and the "Hodge," and Wallace's modification of the "Hodge," long forceps.

For many years, Professor Penrose, of the University of Pennsylvania, has been highly recommending the Simpson forceps, and I recollect that, after using the Hodge forceps for awhile, I purchased a pair of Simpson forceps, and have been using them for a number of years. I found on a number of occasions, as the Professor had remarked, that no forceps could compare with them in the case with which they could be applied, and in safety to the patient while being operated upon, and with this pair of Simpson's forceps which I hold in my hand I have delivered cases, in consultation with other physicians, where both the Hodge and Wallace's modification of the Hodge had utterly failed to deliver the child successfully.

In one instance the pubic artery had been cut and the vagina tamponed while I was sent for, and in two cases the child's occipital bone had been crushed.

I have also frequently noticed that in the many cases in which I have delivered with the Simpson forceps, in none of them have I ever marked or cut the head of the child, and in no case do I know of ever having injured or bruised the mother in any way, so that I have come to regard them as perfectly safe and incapable of harm to either the child or the mother, so long as the traction is properly applied, and the curvature of the pelvis borne in mind by the operator. One or two of the cases to which I refer will be remembered by one or two of the physicians present with us to-day.

Another matter which I have noticed particularly with the Simpson forceps, is that never in my experience have I known them to slip; and this is a very important consideration, for the slipping of the forceps is not only very dangerous to the child, but extremely dangerous to the mother, and has, perhaps, caused as much injury as any other accident in the use of the instrument.

In holding up these forceps alongside of the Hodge, or Wallace's, you can easily see that when the two pairs of forceps are closed, as I now hold them, and as they would naturally be held in an attempt at delivery, the blades of the Simpson are much wider apart than they are in either the Hodge or in Wallace's modification of the Hodge: you will notice that the Simpson forceps cannot dangerously or injuriously compress the head of the child, while the Hodge, and especially the Wallace modification of the Hodge, will, in almost every case—perhaps in ninety-nine out of one hundred—which will be delivered by the aid of the forceps, compress the head of the child very much, and if the fœtal head is compressed to the fullest extent permitted by these two last-named instruments, there is great danger not only to the brain of the child, but even to its life, unless the head be a very small one, as the greatest diameter between the blades of the Hodge and of Wallace's modification

*Address delivered before the Medical Society of Camden, N. J., annual meeting, September 28, 1886.

of the Hodge is scarcely more than two inches. But, as in most cases the Hodge and the Wallace forceps are not pressed as closely together as they will go, it will be found that the handles will be spread apart nearly one inch. When I spread the handles three-fourths of an inch to one inch, the blades will occupy about the position they would be in when applied to an ordinary fœtal head. You will observe in that case that they are about as far apart in the middle of the blades as the Simpson forceps when the handles of the Simpson are entirely closed; but you will see, when I hold them up together in this way, a very important difference, viz., that while the blades of the Hodge or the Wallace are almost parallel from the middle of the blades to the points, the pulling part of blades, the blades of the Simpson forceps have quite a strong curve, and this is evidently the reason why the long forceps frequently permit the head to slip from their grasp.

By placing my hand between the blades of the forceps in this way, in imitation of the fœtal head, you will see how readily it can be pulled out from the grasp of the Hodge or the Wallace; this is not the case, however, with the Simpson forceps, as they still have, when spread sufficiently to grasp the ordinary fœtal head, such a curvature as will not permit the head to slip, or the blades to spread easily. You will observe further, in comparing the cephalic curves of these different instruments, as I hold them up, both closed, that the points of the long forceps come very close together—about one-fourth of an inch apart. This compels them, when compressed by the hands of the practitioner, to slip either back of the neck of the child and back of the occipital bone, or forward, which is an additional reason why they should slip their grasp, as in no case could the neck of the child, or the base of its head, be so closely compressed as that; and the slipping either backward or forward not only endangers the life of the child, but, as you see, with their strong, sharp pelvic curve, the points of the forceps are either thrown injuriously against the mother's tissue in front, or the broad, convex surface against the mother's tissue posteriorly. Indeed, I regard them as very formidable instruments, capable of great compression and traction, when you can get them properly adjusted, and to hold. In *some* cases, however, I have found them better suited than the Simpson forceps, but not in the general run of cases in which forceps are used, and I certainly regard them as a more dangerous instrument than the Simpson, especially in the hands of the inexperienced, as the long handles give them great leverage and power.

Having mentioned some of the objectionable features of these long forceps, I would now mention some of the features of the Simpson which are also objectionable:

1. I found quite a number of cases where they were too short, either from obesity of the patient or the high position of the child; and,

2. From the want of a little more pelvic curve, the handles could not be sufficiently depressed to bring the blades well down upon the cheeks of the child or towards the base of the skull.

In view of these objectionable features in the different instruments, I got in the habit of carrying both the Wallace and the Simpson forceps, for I believe that in most cases where the Simpson cannot be used the Wallace would be applicable, not only on account of its great pelvic curve, but also on account of the length of its handles. It then occurred to me that if I could eliminate some of the objectionable features from the Wallace forceps and some of the objectionable features from the Simpson forceps—in other words, produce a forceps that would possess the good qualities of each—I could often do away with the necessity of carrying two or three pairs of forceps, and thus save time, and danger to the patient. Acting upon these thoughts I have produced this forceps which I now hold in my hand. You will observe that they have the Simpson blades, the Simpson cephalic curve, with a slightly increased pelvic curve. You will also see that they have the long handles of the Hodge and Wallace forceps, with the blunt hook which the Simpson forceps have not, and you will see, especially, that I have lengthened the shank and given them the Simpson lock and removed the wood. This gives them all the ease of application, all the safety to mother and child, all the firmness and grip of the Simpson forceps, with all the leverage and power of the long-handled forceps. The long shank is also a very good feature, as it enables the operator to apply them with ease above the superior strait as at the inferior strait, while at the same time you have the opening between the shanks through which to insert the finger, either for the purpose of traction or for the purpose of touching the fœtal head, also avoiding the frequent and troublesome pinching, which every practitioner must have noticed the short forceps of Simpson inflicted upon the patient

when an attempt was made to apply them high up. The spreading of the shanks is also an advantage, and the danger of tearing the perineum by the spread of the shanks before the fetal had has become engaged in the external opening of the vagina, spoken of by Professor Hodge, is purely imaginary, as no forceps ever spread sufficiently in front of the child's head to cause a rupture of the perineum; at the same time should they spread sufficiently to cause a stretching of the perineum, it would only save the operator the trouble of the constant and frequent stretching by the fingers, now recommended in all cases to precede the pressure of the head upon the perineum.

It is claimed that this modification of the Simpson forceps will do *all* that the original does, and something *more*. That there is no wood, crevices, or seams to carry infection. That they are safer and easier of application than the Wallace, and therefore better adapted for *general* use, and for recent graduates.

No forceps, however, has ever been invented that will meet *every* case. Occasionally a special case will be found for some other shaped instrument.

In this connection I would like to mention a fact that has frequently been impressed upon my mind, and which I do not remember of having seen mentioned, viz: That the head does not push itself through the mouth of the womb in all cases, but that in, perhaps, the majority of cases, the shortening of the womb pulls its mouth back from over the head of the child. In other words, the child's head may come completely through the mouth of the womb without descending in the pelvis more than one-fourth of the distance necessary to produce such a result, if the mouth of the womb itself had not been drawn up into the abdomen. I would like to impress the idea that nature will, and does, at the expiration of the first stage, obliterate, to a great extent, the cervix, drawing it up from between the head of the child and the superior strait, stretching it out to such an extent that it is almost continuous with the vaginal wall, leaving, when on the stretch during a pain, little more than an elevation, or ring, around the inside of the hollow tube constituting the vagina and uterus. Bearing this in mind, it will be seen that the child's head will slip through the superior strait much more easily if you will wait until the uterus has been thoroughly drawn up, than if you apply your forceps before the mouth of the womb has been completely and entirely dilated; and no doubt most of the lacerations of the cervix, which are so common, have been produced either by imploring the patient to "bear down" during the first stage, or by the application of the forceps to the head of the child before the mouth of the womb has passed up to the child's neck. Indeed, the forceps should never be applied to the head of the child while it is covered by the womb, if it can be avoided, and they should always be removed after the head has been brought down to the perineum, except, of course, in those rare instances where puerperal convulsions, or some other grave complication, renders it imperative to make the most rapid delivery possible.

NOTE.—Benjamin's modification of the Simpson forceps is manufactured and sold by J. H. Gemrig & Sons, Phila.

EDITORIAL DEPARTMENT.

PERISCOPE.

Incidents in the Life and Labors of Louis Pasteur.

Dr. Samuel Bell thus writes in the *Medical Age*:

The subject of the following remarks was born in Dole, France, in 1822. Throughout the greater part of his life he has been laboring for the advancement of science. At an early age he manifested a desire for scientific pursuits. His genius in that direction soon gave him the title of an able experimentalist. At the early age of thirty-two years he was made Dean of the Faculty of Sciences, at Lillel, a town in which one of the principal industries is the manufacture of alcohol from beet root. His investigative genius drifted towards the subject of fermentation. In 1857 he first gave his authoritative views with reference to the germ theory of fermentation, and by crucial experiments and demonstrations proved beyond a doubt the correctness of his statements. His next experiments were made upon wine and beer. After a series of investigations, Pasteur was led to recognize two distinct forms of microscopic life, one of which he termed the aerobies, which require

air, and the other the anærobies, which live without air. Both classes of these organisms conspire to accomplish the great work of keeping up the balance of nature, by giving back to life the material that is essential to its own production.

During the dark days of the supremacy of the commune in France, Pasteur was occupied in studying the little living ferment in beer and wine. Near the conclusion of the national war, he remarked that the "etiology of contagious disease was on the eve of having unexpected light shed upon it." In 1862 his attention was called to the deadly disease which was attacking sheep, cows, horses, and rabbits, and which was communicable to man, known generally under the name of splenic fever. After a careful study of the question, Pasteur affirmed that the living bacilli or micro-organisms which had been before discovered by Davanne and Rayer were the real cause of these terrible diseases. All the foregoing investigations and experiments were but the initial steps to greater and grander achievements. His marvelous career from this date commands our admiration and attention. Whilst he was engaged in his investigations into the nature of splenic fever, his attention was called to a destructive fever among fowls, called "the fowl-cholera." Pasteur soon discovered that a minute microbe was invariably present in the infected fowls, and that he could reproduce the disease at will by introducing these organisms into the blood of the healthy fowls. He also noticed that whenever a drop of liquid containing these microbes was mixed with the food which was given to the healthy fowls, the disease was communicated to them, manifesting itself through the membranes of the intestinal canal. He next found that he could multiply the microbe itself by feeding it artificially in a decoction of fowl-flesh, and that the minutest part of a drop of this artificial cultivation introduced on a needle point into a healthy fowl produced the disease, and severe enough to produce death. His keen investigative discernment now manifested itself to a remarkable degree. It occurred to him, as they were æerobic organisms and subject to the influence of the air, might not the virulence of the contagion be modified by allowing a certain length of time to intervene between the attenuation of the microbe and the inoculation. The attenuation was made, each cultivation was put into a glass flask, plugged with cotton-wool sufficient to prevent the ingress of any floating germ which might be in the atmosphere, and at the same time allowing the entrance of pure filtered air. Another inoculation was made, with the results just as foreseen by the great scientist. The fowls that were inoculated by this kind of virus in a few days became ill and feverish, but no deaths resulted. Another very important fact was established; that after an inoculation of the most deadly virus into fowls previously inoculated by the modified form, not one death ensued, proving the self-protective nature of the disease.

After this important discovery, he still farther prosecuted his studies and investigations with reference to splenic fever, called by the French charbon, by the Russians Siberian pest, and by the Germans milzbrandt. It is a disease which chiefly attacks the lower animals, cows, horses, sheep, and is very deadly and capable of being communicated to man. M. Pasteur stated before the International Medical Congress, which convened in London, in 1881, that France lost animals from charbon annually to the amount of 20,000,000 francs. It was discovered that this disease was also of a non-recurrent type. Did an unfortunate victim ever recover from an attack, immunity from the fatal disease was forever established.

Pasteur discovered that the microbe which produced this disease differed from the others he had studied, in that an attenuated form could not be produced by long exposure to the air. On February 28, 1881, he made the memorable announcement to the Academy of Sciences that he had succeeded in securing a protective vaccine for this most terrible disorder.

It was at once proposed that he should demonstrate the efficacy of this vaccination by a public experiment. Pasteur immediately acquiesced in the suggestion, and it was arranged that fifty sheep should be placed at his disposal, and that twenty-five of these should be subjected to two inoculations at intervals of from twelve to fifteen days, from two vaccines of unequal strength. Some days afterwards these twenty-five sheep, and at the same time the other twenty-five sheep which had not been vaccinated, should be simultaneously inoculated with the virus of virulent splenic fever. Ten cows were also provided, and treated after the same manner. On June 2, more than two hundred people assembled to witness the result. Out of the twenty-five sheep that were not inoculated, twenty-two were dead, and the remaining three dying. The remaining twenty-five which were vaccinated, were well and in good condition. The non-vaccinated cows had large swellings, intense fever, and ano-

rexia; the vaccinated cows were all in good condition. The demand for splenic vaccine became so great that M. Pasteur was obliged to establish a manufactory for splenic fever vaccine a short distance from his laboratory, and at the end of the year had vaccinated 39,346 animals. It was just previous to the above experiment that his daughter made the public statement that "her father would in the near future make some valuable developments in the scientific world." Whatever may be our opinion with reference to many of his previous experiments, the one narrated above has stood the closest criticism, and proved to a demonstration the value of his researches in connection with a very formidable disease. M. Pasteur, in his London address in 1881, stated that the renowned Lister, on reading his publication on milk fermentation in 1857, first received the inspiration which enabled him to mature the most valuable contributions which surgery had received during the present century. Dr. Davaruc, who had also labored assiduously, and not without some success, in trying to find the cause of charbon, gave Pasteur the credit of first inspiring him, or suggesting to him ideas which led to his labors in the above direction, from reading his work on butyric fermentation and the vibrio which is characteristic of it—an instance of the evolution of genius. In 1868 a sad event happened to him, which, for a time, threatened his life—an attack of paralysis on one side. In the conviction that he was about to die, he dictated to his wife a note respecting some conclusions which he had arrived at, to be formally communicated to the Academy of Sciences. He said feelingly: "I regret to die. I should like to render more service to my country." Happily for the country he did not die, but he never regained the use of that limb. The French government gives him a pension of 25,000 francs annually, in order to encourage scientific investigations, a precedent which other countries would do well to follow. While many of his deductions are open to candid criticism, yet he has established enough to disarm critics in several directions, and is at the present time gaining the confidence of many of our most conservative minds.

The Rational Treatment of Nasal Catarrh.

Dr. A. G. Hobbs thus writes in the *Southern Med. Record:*

To treat successfully the diseases of the upper respiratory tract, it is necessary that we have a full knowledge of the various means of examining the diseased parts, else our diagnosis will be guess-work, and our treatment as liable if not more so to do harm as to do good. With some physicians there seems to be but one name, and I might add but one treatment, for all diseases of the nose characterized by a discharge. It matters not whether the discharge be caused by a nasal polypus, a sarcomatous tumor, a fibroid, a foreign body, an ulceration, an hypertrophy over the turbinates, or an atrophy of the mucous membrane, it is all called *catarrh*, and is treated in the same manner, by some so-called specific, by means of an anterior or posterior nasal douche, or by the introduction of some irritating powder. These so-called specifics are always irritating and often very painful, so much so that their use cannot be and fortunately is not persevered in.

The practitioner who invariably resorts to this mode of procedure in a routine way, generally knows as little about what is producing the discharge as his unfortunate patient. Is it any wonder, then, that catarrh is regarded as incurable, when it is so universally treated without any discrimination? Almost any medical journal we pick up contains some catarrh remedy vaunted as a *sure cure* without regard to the cause or character of the disease.

Since it is a fact that a large proportion of the communities in which we live suffer with some form of nasal catarrh, does it not seem strange that its pathology is not more generally studied, when the same amount of labor in this direction will give us better results than in almost any other towards an amelioration, and, in most cases, an entire cure of the disease? We have to treat the pathological conditions as we do in other diseases when we reach success. There can be no specific for a nasal discharge that may have so many causes.

If we would proceed rationally then in these diseases, the first thing we should do is to ascertain by a careful examination the cause of the discharge and the condition of the nasal membrane. If caused by a polypus, this must be extracted either with a snare or by the application of chromic, acetic, or nitric acid, or by the thermo-cautery. If it be caused by a fibroid or sarcomatous tumor, the same means must be pursued, but either will be more difficult to extract than a polypus. If by a foreign body, it must be extracted. If by an ulceration, it must be locally cauterized and constitutionally treated, or both, as the case may demand. If hypertrophic tissue is

found on the turbinates, it must be snared away if large, or scarified if it partakes of the nature of cavernous tissue. All of this should be done with practically no pain by the thorough use of cocaine.

In the meantime, what should be done in these cases, or in others where no tumors are found? Should the anterior nasal douche be used, containing some irritating astringent? Never!—because it does not reach any part of the nasal fossa except the floor, and while it may wash out some of the accumulations contained there, its secondary action of causing the tissues to swell will overbalance the only good it can perform—that of washing the floor of the nose.

Should the posterior nasal douche be used? *Never!* While it can do more good (if effectually used, and not one person in ten can ever learn to effectually use one) than the anterior douche, it may do a great deal more harm by throwing the fluid into the eustachian tube and causing middle ear inflammation.

Then what is to be done when the catarrh is found to be due to an inflammation of the mucous lining of the nose (the result in nearly all cases of a succession of colds), without a polypus, or a tumor, or a foreign body, or an ulceration?

Sprays containing some emollient and non-irritating fluid, such as warmed vaseline, furnish the only rational means of reaching every part of the diseased membrane for the purpose of cleansing and medicating without irritating it. It is necessary that the material used in the spray should be perfectly harmless to the healthy tissues, exert a soothing influence to the diseased tissues, and have a tendency to lessen the inflammation.

These sprays should be applied both posteriorly and anteriorly. After the parts are thoroughly cleansed, any astringent, resolvent, or alterative, such as pinus canadensis, eucalyptol, sandalwood oil, wintergreen oil, pure terebene, or carbolic acid, as the case may demand, may be added to the vaseline spray in small quantities.

It should be remembered, however, that no spray treatment should ever irritate the parts to which it is applied; hence the strength of the medicated spray should be gauged accordingly.

These treatments should be made daily by the physician himself for some weeks, then three times a week, and twice a week, according to the case. In this way alone do I believe that the great majority of the nasal catarrhs can be cured.

As to the constitutional treatment, I do not believe any is necessary except as indicated by the systemic condition. A torpidity of the bowels or kidneys should of course have laxatives or diuretics. A weakened condition of the system will also demand tonics and stimulants, but in most cases no internal medication will be found necessary.

Scarlet Fever and the Puerperal State.

Dr. G. F. Harvey, of Parsons, Kansas, reports to the *Medical Record* the case of a woman who, "on the seventh day after childbirth, got up to have her bed re-made, during which a neighbor's infant was laid upon it; when taken off the child was seen to be covered with a red rash, and it died of scarlet fever during the week. On the following day the patient, having passed a restless night, was found with a temperature of 104° F., dry skin, red strawberry tongue, complaining intensely of headache, smarting of the eyes, and burning pains in the abdomen, limbs, and feet. There was a tendency to delirium, the abdomen was swollen and very tender, the lochia had almost stopped, and had a very offensive ammoniacal odor. Her first child, about two years of age, had been taken sick also through the night, and now presented a clear case of scarlet fever, and in due time desquamated. For about five days the mother's condition was quite critical, large doses of opium being necessary to control the abdominal pains, which were spasmodic in character, and accompanied by an almost constant belching. Recovery took place, there not being any sore throat, rash, desquamation of the skin, or other symptoms of scarlet fever, except 'the tongue' and smarting of the ocular conjunctiva. Since this time the patient has been again delivered normally. I was not present, although called about the second week to treat her for abdominal colic, with eructations similar to those above referred to, and I was told she had had stomache-aches very frequently since, although before her health had been superb. Her first labor was natural. I had acted as counsel at it, in the first stage, during which she had been wrongly instructed to make strong bearing-down effort twenty-four hours before full dilatation occurred. About a month or six weeks after the patient and child were convalescent, the husband, a plasterer, did some work at a house several blocks distant. Precautions had been taken to exclude him from contact with the family. In about three days a little girl came down down with scarlet fever. She had been met outside the house, taken up and kissed, on

the occasion of the first visit of the workman. During the month following six children of this family were attacked by the disease, three of them having severe throat symptoms. The mother, who was very near her confinement, nursed them all through, and while the last three were still in bed, was delivered, a face presentation making a tedious labor, but without any hemorrhage until the placenta was delivered by expression half an hour or more afterward. There was no manual interference in the delivery after the discovery of what was thought to be vertex presentation early in the case—and, contrary to custom, the same with the placenta—so it is very probable there was no abrasion of the parts, as there was no appearance of blood on the child. A point is made of this, as it is thought that micro-organisms do not commonly affect the parts of parturients unless there is some solution of continuity for them to nestle and propagate in. The patient made a good recovery, and resumed her duties on the ninth day. The babe took scarlet fever on the fifteenth or sixteenth day, had sore throat, swelled neck, fever, general rash, and desquamated skin and hair. Scarlet fever had been prevalent about this time, and I had learned of two ladies dying of puerperal fever in our community—one, a primipara, who in the first week had inhaled air that blew over a lawn on which was spread the bedding of a child that had recently died of this fever, and the other was exposed in some way unknown to me. I would gather from these observations that antiseptic precautions are more especially necessary, after instrumental and primiparal labors, during the prevalence of infectious diseases, while it is not of importance in cases which suffer no lacerations of the genitals."

Prolonged Somnolence.

The Paris correspondent of the *Brit. Med. Jour.* (September 4) thus writes:

Eudoxie Hedouin, the patient at the Salpetrière, who has just woke up after eighteen days' sleep, entered the Salpétriére Hospital in 1862. Her mother died from cancer of the stomach. During six years she was subject to epileptic attacks, but these occurred after the birth of Eudoxie. This patient cannot give any information concerning her childhood, whether or not she had convulsions; all she remembers is, that she cried out and laughed without knowing the cause. When she was eighteen years of age, epileptic attacks came on, under what circumstances is not known; at the age of 19 she was treated for gastritis; at 21, she miscarried at the fifth month of pregnancy. During eight months she suffered from frequent uterine hemorrhage. During pregnancy she suffered greatly from sickness, but her epileptic fits were not modified. After a series of these attacks, which occurred when she was 22 years old, she became paralytic, and remains so. She first entered the Salpétrière to be treated for paralysis. Her lower limbs were perfectly rigid; she suffered acute pain in the knees, and the left knee was considerably swollen; she was treated by cupping. She then went from hospital to hospital, and in 1865 was attacked by cholera. In 1886, she again entered the Salpétrière Hospital. She had grown very stout; the abdomen was greatly enlarged; she scarcely ate anything. On the left side of the abdomen there was dulness on percussion. Examination produced pain, hence it was impossible to ascertain the symptoms. She could move her arms freely, but the lower limbs were paralyzed. On May 7th, 1875, she fell asleep, after taking a purgative. The face was calm; the eyelids frequently quivered, and did not always close over the eyeball. When her head was shaken, she awoke, and said she did not dream. On the afternoon of the same day, she slept a long time; on the 8th she frequently fell asleep, and was easily awoke. On the 12th, her sleep persisted, and continued until the 27th. The following day, the 28th, she made a meal, afterwards laughed violently, and then became delirious. The next morning (29th), her upper and lower limbs were rigid, but the feet were not. Last January she slept during fifty days; she has now just awoke from a sleep of eighteen days. During her attack of somnolence Dr. Voisin placed on her skin an emetic, well wrapped up, without saying anything No effect followed. This was removed, and a piece of paper carefully folded and perfectly empty, was next placed on the patient's skin, Dr. Volsin remarking that "she would certainly vomit." Ten minutes afterwards the patient was sick, which proved that during her sleep she heard. The day after she awoke she was given an empty glass, which she was told contained champagne, and a piece of aloes instead of sugar. Two or three times she simulated drinking from the glass, and then swallowed the supposed piece of sugar, which provoked a slight grimace. She showed all the symptoms of drunkenness. Since she awoke the last time, she eats, drinks, sleeps, and cuts her nails, but her mental condition is not normal. She is now 51 years of age.

The Treatment of Tape-Worm.

Dr. James T. Whittaker thus writes in the *Med. News:*

These remedies may be ranked in efficacy as follows:

1. The bark of the pomegranate root, of which three ounces should be macerated in twelve ounces of water for twelve to twenty-four hours, to be then reduced one-half under gentle heat. The whole quantity is to be taken in divided doses in the course of an hour. Pomegranate root remains the most effective of all anthelmintics, and would long since have excluded all others did it not at times produce nausea, vomiting, and colicky pains. To avoid the first of these evils, Bettelheim suggests the introduction of the infusion into the stomach by means of the stomach-pump, and to obviate all of them, Feraud recommends pelletierin, an active alkaloid of the root named in honor of the discoverer of quinine. One to two drachms of the infusion of senna is to be taken on the morning following a day of fasting, and in the course of an hour one-fourth to one-half of a grain of the tannate of pelletierin suspended in water. Half an hour later the same dose is repeated, to be followed in an additional half hour with a tablespoonful of castor oil, the patient remaining meanwhile quiet in bed, to avoid disturbance of the stomach. In one instance, twelve beef tapeworms were expelled at once in this way.

2. Turpentine is a powerful tæniacide, but the use of it is liable to cause headache, pain in the stomach, fever, and strangury. These effects are, however, much less frequent after large than small doses. Hence the dose for an adult should be never less than one to two ounces, for a child one drachm to one ounce, according to age. It may be administered in emulsion with white of egg or be briskly stirred in half a glass of milk and swallowed rapidly. Should it fail to act as a cathartic, it should be followed with a dose of castor oil.

3. Male fern, the ethereal extract, two drachms in four or five gelatine capsules, of which one may be swallowed every five minutes with the aid of a cup of coffee. A dose of castor oil with brandy should follow the capsules in the course of half an hour.

4. Kousso, koussin, pumpkin seeds, santonin, kamala, carbolic acid, zinc, and other parasiticides of less value.

Every attempt at treatment being a forcible intervention, only such individuals should be subjected to it as are known to be affected. The mere statement of a patient is not sufficient proof, and cases of tæniaphobia do not justify it, on so-called psychological grounds, because failures only aggravate the condition as a rule. Pregnancy, advanced age, debility from any cause, are contraindications to all treatment. The physician must be awake to cases of deception. Heller reports the case of a child finally debilitated by repeated treatment because of the continued exhibition of segments of the worm, when, upon closer examination, it was discovered that the fragments did not come from the child at all, but from a lazy nurse, who made a convenience of the child's stool-chair.

Curable Hypertrophic Cervical Pachymeningitis.

Dr. Edgard Hertz briefly considers the somewhat meagre literature of the subject, and then reports two cases coming under his own observation. In addition, he details two cases reported by O. Berger (*Deut. Med. Wochenschrift*, 1878), one by Féré (*Progres Medical*, 1883), one by Joffroy (*Arch. Gen. de Med.*, 1876), and one by Burtin (*These de Paris*, 1878). From these observations he feels justified in formulating the following conclusions:

1. That the disease is caused in the majority of instances by exposure to cold, living in damp dwellings, and prolonged exposure to currents of air.

2. That an analysis of the symptoms confirms the division of the disease into three periods: pains, paralysis and atrophy. For the latter we may advantageously substitute the term period of trophic disturbance, as in fact a veritable atrophy never exists, the muscles preserving the normal volume.

3. That there is a great excess in the quantity of urea excreted, in one case amounting to seventy-six grammes per litre. Improvement is accompanied by a fall in the proportions of urea in the urine.

4. That the disturbances of the sexual functions follow the same course, at first true satyriasis exists, followed by absolute but temporary impotency.

5. That the course of the disease justifies the title of the paper. Cervical pachymeningitis *is curable*, rarely in the first period of the disease, but during the period of paralysis and trophic changes.

6. That from the observations of Joffroy, Féré and Burtin, sensible amelioration of the symptoms may be expected in about eighteen months. Prognosis is, however, unfavorable when the disease affects the lower extremities; when the bladder and rectum are affected, or when the deformity of *main*

en griffe exists, with wasting of the muscles of the shoulder and the flexors of the forearm.

7. That the prognosis should be favorable in the largest number of cases, and that recovery does not take place progressively, but by sudden improvements followed by temporary relapses, which necessitate continuous surveillance and moderate and prudent interference.

8. That the treatment in the painful period should consist in the employment of anodynes, chloral or morphine subcutaneously, and counter-irritants should be freely applied to the cervical region, particularly scarifications and the actual cautery. Prolonged hot baths are of great service. Electricity exercises a favorable influence over the trophic disturbances. The salicylate of soda is of great value in many cases, as the disease is frequently of rheumatic origin.

Paracentesis Pericardii.

Dr. Samuel Westray Battle thus writes in the *N. C. Medical Journal:*

Samuel Reynolds, brick mason, white, aged 60, native of Georgia, admitted to Mission Hospital, Asheville, N. C., July 21, 1886. Patient is of good physique, fairly well nourished. Gives vague history of rheumatism several years ago. He had been ill for a month, his health generally having failed him. He complains of ill-defined pains in left half of trunk from shoulder to hip, front and rear, but there are no subjective symptoms pointing to the heart or its envelope. Upon inspection the face is observed to be anxious, the respiration hurried and superficial. Closer examination elicits a much enlarged area of cardiac dullness; heart sounds muffled, distant and feeble; pulse intermittent and barely perceptible at the wrist, at times not at all so; hands and feet cold, and a clammy sweat is upon the brow and extremities. Upon consultation with Drs. McGill and W. D. Hilliard, the diagnosis of effusion into the cavity of the pericardium, with imminent heart paralysis, is confirmed, and it is decided to aspirate, and that right quickly. Consent of patient being gained, a valvular incision is made in the skin, in the fifth intercostal space, at a point corresponding to the normal apex beat, this being about the centre of the pyriform tumor made by the distended pericardial sac; a medium-sized aspirating needle, attached to the exhausted graduate, is introduced into the tissues and the stop-cock at once opened, that the fluid may start immediately upon the needle reaching the sac. Straw-colored fluid, to the amount of 17¾ ounces, is withdrawn with the most gratifying results. The pulse has returned to the wrist, the heart-sounds, though still muffled, are easily distinguishable the one from the other; the breathing is easier; the whole aspect of the man has changed, and Mors, at least for the nonce, has relaxed his grip. A glass of whisky and water is ordered, and the following, to be commenced at once:

R.	Digitalis tincturæ,	ʒj.
	Jaborand. ext. fl.,	
	Tongaline, āā	ʒj.

Sig.—Teaspoonful every four hours.

August 12.—Three weeks have elapsed, and there are as yet no signs of reaccumulation of fluid in the pericardial sac. By noon of the day following the exhibition of digitalis, jaborandi and tongaline, nausea and diaphoresis were produced, and the medicine was given less frequently. Two days later, tincture digitalis and fluid extract of stigmata maïdis replaced other medicine, and these, in conjunction, are still continued. The heart-sounds have cleared, but are not normal, some degenerative change in the valves and walls having been probably taking place for some time.

The first sound has lost its booming quality, having become short and valvular like the second, and is now and then intermittent; no indefinable murmurs. Patient is comfortable, sleeps well, breathes easily and naturally, eats well, and takes daily exercise without discomfort. In fine, there seems no reason why he should not regain his former moderately good health.

Intraperitoneal Injection in Hemorrhage.

Dr. Rutgers, of Rotterdam, publishes, in the *Weekblad van het Nederlandsch Tijdschrift voor Geneeskunde*, a case of dangerous post-partum hemorrhage, which was attended by a midwife, and not seen by himself till four hours after delivery, when the woman was found to be pallid, cold, and almost unconscious. The external hemorrhage had ceased, but coagula were filling the vagina, and internal hemorrhage was still going on. A subcutaneous injection of Wernich's extract of ergotine was given, and the uterus manipulated externally. These measures immediately arrested the hemorrhage, but did not improve the patient's condition of collapse. A little water was swallowed, but immediately vomited. An hour later, an injection of ether was given in the left arm, and some port wine was swallowed

and retained. The condition then improved, and the pulse became perceptible. A saline solution of six grammes of chloride of sodium and 0.3 gramme of hydrate of soda, in a litre of water, was prepared, and heated to the temperature of the body; fifty grammes were injected by means of an aspirator needle, into the right thigh, and both legs were raised so as to cause as much autotransfusion as possible. No effect, however, was produced on the pulse or general condition. It was then proposed to attempt an intravenous injection of the saline fluid; but no distension of the veins of the arm could be obtained by compressing the upper part of the arm. Dr. Rutgers therefore introduced the solution into the peritoneal cavity, in the hope that it would be taken up by the vessels there, and so pass into the circulation. Half a litre was thus injected with great care, and very shortly afterwards the pulse improved, and the patient was able to speak. After this she did well. She complained the next day of pain in the abdomen, and the temperature was for three days below normal. The writer thinks that this case may show the possibility of intraperitoneal injections in desperate cases, and that such injections may not only be well borne, but may have a very rapid and satisfactory effect. He suggests, too, that perhaps this proceeding may be found of value in the collapse of cholera.

Tubercular Ulcer of the Tongue in a Woman; Removal of the Front Portion, followed by Complete Cessation of the Local Pain.

Mr. Vincent Jackson thus writes in the *Lancet:*

Rachel L., aged thirty-seven, an in-patient of the hospital, was transferred from Dr. Malet's wards to those of Mr. Jackson on account of a very painful ulcer of the point of the tongue. The woman had been married for several years, but had never been pregnant, and her family history showed that her youngest sister died of pulmonary consumption, a disease from which she was suffering in the upper portion of each lung. She states that six months ago she perceived a hard pimple on the front "edge" of the tongue, which was not preceded by an injury or by any irritation in the front teeth, which are well formed and free from caries. Three months afterwards an ulcer formed and has enlarged, and on account of the great pain which eating and the various movements of the tongue caused, she was anxious, as all local applications had failed to give relief, for something more to be done.

On admission, the tip of the tongue was seen to be occupied by a shallow ulcer, oval in shape, measuring half an inch across and a quarter of an inch from above downwards. The floor had a greyish look, and was uneven and nodular, the edges being slightly undermined, but there was no surrounding induration, separate nodules, minute ulcers, or enlarged glands.

April 22. The patient being in a semi-recumbent position on a couch, ether was administered, and the mouth being well opened by a gag worked from the left side, the tongue was pulled out and grasped by a pair of long-bladed forceps about an inch from the tip, and about three-quarters of an inch of this portion of the tongue was cut away with scissors. The mucous membrane of the two surfaces was united by ten points of interrupted suture of very fine silk. The tongue being released, and no hemorrhage ensuing, the mouth was closed, and the patient removed.

26th. All the sutures were removed.

May 4. Patient discharged, wound quite healed. The operation has been followed by a complete cessation of all the distressing symptoms complained of previously.

Tolerance of Hydrate of Chloral and Bromide of Potassium.

Dr. L. G. Taylor thus writes in the *Kansas City Med. Record:*

The case reported below shows a rather remarkable tolerance of chloral hydrate and bromide of potassium:

A certain well known gentleman of this city is subject to very severe attacks of headache of a markedly congestive character, recurring at irregular intervals of a week or a month or more, otherwise being particularly healthy.

I was called to him on the night of July 17, 1886, at 11 o'clock, and found the following state of affairs: During the last previous attack he had obtained from a physician this prescription:

℞ Pot. brom., ℥ss.
Chloral hyd., ʒ ij.
Elixir simp., ʒ ij.
M. S.—Teaspoonful every hour until relieved.

On the evening of July 17, at 8 o'clock, while suffering with a severe headache, he took what was left of the original bottle—about two teaspoonfuls—and sending to the druggist had the prescription refilled with double quantities—a four-ounce mixture. On receiving it, being rendered unconscious

by excessive pain, he took two doses in quick succession, without care as to quantity, the last dose being taken at 9 p. m. I found the bottle but little over half full, and none having been spilled, he must have taken from the two bottles not less than two ounces of the mixture—that is ℥ss. of the potassium bromide and ℥ij. of the chloral.

The patient was in a profound sleep, into which he had fallen shortly after taking the last dose. His pulse was 74, full and regular; respiration 17, and easy; temperature normal; the pupils slightly contracted. On trying to arouse him, he muttered some unintelligible words, turned over, and lay quiet again. I gave him a hypodermic of ♏ iij fluid extract of belladonna. At the prick of the needle he wakened and objected, but soon consented and went to sleep again. There being no alarming symptoms, I left at 11:30 p. m., and returned at 11 a. m. On my return I found him still sleeping, but easily aroused and in good condition, though he said he felt quite weak and did not remember anything since nine o'clock the night before. He had slept an apparently normal sleep of fourteen hours.

The Removal of Hemorrhoids Rendered Painless by the Injection of Cocaine.

Dr. J. Prince Stullard thus writes in the *Brit. Med. Jour.*:

The two following cases may prove interesting, as showing the usefulness of cocaine as a local anæsthetic in operating on hemorrhoids.

Case 1. A gentleman consulted me on June 12, 1886, for a painful swelling, saying that he thought that "his seat had come down." On examination, I found a large venous pile, tense and shining, and tending to ulceration, the base of which sprang from just within the margin of the sphincter ani. With difficulty and pain, it was reduced; but, as it descended on the following day, it was decided that it would be best to tie it. The patient was a very sensitive man, and asked that chloroform might be given to him; but, thinking it was a suitable case, I decided to try the effects of cocaine. Five drops of a ten per cent. solution of hydrochlorate of cocaine were injected, by means of a hypodermic syringe, into each side of the base of the hemorrhoid; and, after waiting five minutes, the tumor was seized with a vulsellum, transfixed with a double-threaded needle, and tied in the usual manner. A morphine suppository was placed in the rectum, and, from the commencement of the operation up to complete recovery, a period of eight days, the patient did not experience the slightest pain.

Case 2. On June 17, a young pregnant woman consulted me for a large venous pile, commencing to ulcerate, and occupying the same position as in the preceding case. The same number of drops were injected, and the hæmorrhoid was tied. She experienced no pain during the operation, which was attended by no evil consequences.

In both the above cases, no toxic effects were produced from the use of cocaine. The solution used had been kept for three months, and contained one grain of hydrochlorate of cocaine in a drachm.

Remarks.—By means of cocaine, operations for the relief of hæmorrhoids can be rendered painless, but the effect of the drug soon passes off; and, to ensure absolute freedom from pain, it is necessary to follow it up with morphine, administered in one of its many forms. By using cocaine as above described, the operation is rendered much easier, and can be accomplished by the surgeon single-handed without the help of an assistant, who is indispensable when a general anæsthetic is employed.

Ptomaines.

The following occurs in the course of an article in *Gaillard's Medical Journal* for September, by Dr. L. B. Anderson:

From the foregoing summary we learn:

1. That in the decomposition of animal tissues and juices there are formed certain alkaloids, designated by Selmi "ptomaines," because first discovered in a putrefying dead body.

2. That these ptomaines have been discovered in minute quantities in normal human saliva and urine, and in large quantities in snake poison.

3. That they are found in the secretions of patients laboring under typhus, jaundice, diabetes, ileus, pneumonia, peritonitis, and other morbid states.

4. That they are found likewise in various decomposing tissues and fluids, such as brain, muscle, nerve, liver, stomach, bowels, and all decomposing albuminoid matters, as well as the culture-fluid of bacilli.

5. That some are amorphous, some crystalline, some oily, some very soluble, some very insoluble, some liquid and some gaseous, some bitter and nauseous, some sweet and palatable, some aromatic and agreeable, and others extremely fetid and stinking; some innocuous, and others virulently poisonous.

6. That different qualities of ptomaines

are produced by the same agent in the various stages of the putrefactive process—one being decomposed by newly generated bases, and their constituents uniting to form other and different compounds; while different bodies produce their own peculiar and characteristic ptomaines.

7. That the physiological action of almost all known vegetable alkaloids finds a striking similitude in the effects of ptomaines—some acting on the nervous centres, paralyzing the vaso-motor nerves; others exciting those centres, increasing the action of the heart and arteries; some acting on the muscular system, suspending the peristaltic action of the intestines, while others inordinately excite the contractile fibres, producing violent emesis and diarrhœa; some exciting the secretion, causing the saliva, urine, bile, and mucus to flow more freely, while others suspend those functions, causing dryness and fever; some producing coma, and others wild and wakeful delirium, etc., etc.

Oil of Eucalyptus in Malarial Disease.

Dr. J. H. Musser (*Ther. Gaz.*, June, 1886) gives a critical analysis of the results he has obtained with eucalyptus in the various forms of malarial poisoning. Great care was exercised in diagnosis, and twenty-eight patients were selected for treatment. Of these, nine were cured, ten not cured, five were relieved, but other drugs were used in addition, and five did not report a second time. Analyzing the nine cured cases, one was of quotidian type, five were tertian, one was quartan, and two were irregular. The disease was acute in five, chronic in four. The cases were under observation from ten days to six months. All the attacks developed in the usual malarial season, and seven of the patients resided in a positively well-known malarious locality. The drug was administered in forty-four other cases in which the symptoms showed periodicity and consisted in irregular febrile invasions, gastro-intestinal disorder, and neuralgias. Only eighteen of these cases remained under observation long enough to be of any statistical value. Fourteen patients were relieved and four were not relieved. The former were under observation from five days to a year.

The oil, which is quite distasteful, may be administered in capsules, in emulsion, or in glycerin. Most of the author's patients took it on a lump of sugar. Ten drops are usually given to adults, three or four times daily. The author thinks smaller doses (gtt. iij–v), repeated oftener, would prove more beneficial.

He draws the following conclusions:

1. Oil of eucalyptus is of decided value in about one-third of all the cases of intermitting malarial fever.

2. It has no specific value in any one type of the disease.

3. The longer the duration of the disease, the less liable it is to do good.

4. Relapses are not prevented by it.

5. Its influence on the spleen has not been demonstrated.

6. A dose of ten drops four times daily is a sufficient dose, but five drops every three hours would possibly be of greater value.

7. Good results are not attained so quickly as by large doses of quinine, but a good effect should be observed within five days at least.

Mary-thistle (Carduus Marianus).

Mary-thistle, Steck-kornchen, Chardon-Marie (Carduus Marianus), a syngenesious biennial, formerly enjoyed a considerable reputation. In Germany the leaves of this plant are used against dysentery and hemorrhage, and the seeds in the treatment of spleen and liver enlargement. Tripier had found it of value in the treatment of female diseases. The discredit and disuse into which the Mary-thistle had fallen was difficult to explain, since there was indubitable evidence that it had decided therapeutic virtues.

There was no longer any idea of employing the leaves and flowers, whose chief constituent was tannin. The seeds do not contain tannin, but 25 per cent. of a fixed oil, separated by benzine, but slightly soluble in strong alcohol and still less in 60 per cent. alcohol. It deposits, from time to time, crystals whose reaction is neither that of an acid, an alkali, nor a glucoside. On treating the seeds with 60 per cent. alcohol, a liquor results, which yields on evaporation a gummy, resinous extract in proportion of 12 per cent. of the seeds employed.

Dr. Tripier prescribes ten to forty drops of the tincture. He also uses about one-fifth of a grain of the alcoholic extract, combined with three-sevenths of a grain of aloes against constipation.

These pills do not congest the bowel, and hence do not have the tendency which aloes alone has, of producing piles. Aloes alone in the quantity given, would be useless against constipation, and its action in the present instance is due to the Mary-thistle

extract which stimulates the liver, and the excessive secretion of bile therefrom resulting produces the desired effect. Mary-thistle seeds are hence of value in liver and spleen diseases and their consequences, and hence have properties similar to those of burdock.

Stilling the Heart by Will-Power.

The *American Practitioner and News* says:

It has every now and then been mentioned as one of the curiosities of physiology, that instances have been noted of men capable of stilling the heart by the power of the will.

As in nearly all other manifestations of peculiar qualities, it will likely be found that this is only an exaggeration of a quality or faculty possessed in some degree as a normal attribute by the race in common. It may be, however, that, in the most remarkable of these cases, the fibres of the spinal accessory, instead of passing off to the superior and inferior laryngeal muscles, pass on to the heart, and give the individuals so organized an unusual voluntary control of the organ. Most persons control the heart's action to whatever degree they are able, either indirectly or unconsciously. It can be done, to a large extent, through the breathing. By taking full breath deliberately, we may often calm an excited heart. In some way, which we shall not attempt to explain, an inhibitory action is exerted over the heart-beat. A continuous monotony of sound or touch will do it. Every one strokes the frightened horse to quiet him, and Poe had got hold of a physiological truth when he wrote—

> "To still the beating of my heart, I stood repeating."

Some persons can also exercise an inhibitory control over the heart-beat, in the presence or prospect of danger, by visualizing in imagination the worst the situation may bring, and in this supplement courage to a marvelous degree. Indeed, the relation of this inhibitory control of the heart to the manifestation of courage is a question well worthy of critical examination.

The Hypodermatic Administration of Morphia for Autumnal Catarrh.

Dr. Wm. Moss thus writes to the *Medical News*:

In the *American Journal of the Medical Sciences* for January, 1873, I called attention to the hypodermatic administration of morphia for autumnal catarrh. Experience has confirmed the efficacy of this treatment in relieving the paroxysms of this disease, and in moderating the severity of its annually recurring attacks. I venture to report a typical case, though unfinished, because the season is still at its height, and the treatment is available to those practitioners who have not the opportunity to use local means for the radical cure of this distressing ailment.

September 2, 1886, Mrs. A., æt. 30; disease dates back many years; attack began August 10, several days earlier than usual; went to the seashore for a fortnight, during which time the severity of the symptoms diminished; returned on the 30th, with immediate bad results.

Present condition: Violent sneezing, eyes and nose itching, swollen, and streaming; incessant wheezing cough during the day; at night, severe asthma, necessitating the upright position, and entirely preventing sleep. One-fourth grain of morphia sulph., hypodermatically, gave instant and entire relief, which lasted nearly forty-eight hours. This was repeated on the 4th, 6th, 8th, 10th and 11th, with like result (on the last date sooner, on account of the conjunctival irritation). I shall probably be able during the remainder of the period to keep the attack under control, with half-weekly injections. I have not in this, and other cases, obtained relief by the local application of a six per cent. solution of cocaine hydrochlorate.

Daturine.

Dr. E. L. Shurley thus writes in the *N. Y. Med. Jour.*:

From the known value of stramonium as an anti-spasmodic, and its especial utility in the relief of spasmodic asthma, I was led to give this alkaloid a thorough trial as a topical remedy in affections of this sort.

I have notes of twenty-three cases subjected to experiment, as follows: 1, bronchial asthma; 1, spasmodic asthma; 2, periodic laryngeal congestion; 3, hay-fever; 1, chronic bronchitis (bronchorrhœa); 3, hysterical pharyngeal catarrh; 5, influenza; 1, laryngismus (with ovarian disease); 2, chronic naso-pharyngeal catarrh; 2, acute coryza; 2, chronic laryngitis.

The dose varied from $\frac{1}{100}$ to $\frac{1}{50}$ of a grain, and in some of the cases was repeated two, three, or four times a day; in each case, when the dose was large enough or frequently enough repeated, there appeared to the patient sooner or later the characteristic sensation of dryness of the fauces, etc. The

patients with asthma were not sensibly affected by the treatment; two of those with hay fever were very much benefited by the applications if repeated often enough (it was used in the form of spray), but the trouble was not arrested; three of those with influenza were decidedly relieved by three applications daily of a spray ($\frac{1}{15}$ of a grain), while the two others were not at all relieved. The neurotic cases were only relieved by a diminution of secretion, which, however, lasted but a few hours, necessitating a repetition of the dose. In the other cases I could observe no particular effects.

A Case of General Neuritis—Cure.

Dr. Archinard thus writes in the *New Orleans M. and S. Jour.:*

Bernard Underhill, aged 35 years, born in New Brunswick, was admitted to the Charity Hospital, January 11, 1886, suffering with malarial intermittent fever; no history of nervous disease in his family; his habits are good; he has never had syphilis. On day of admission he was taken to bath-room and while in the bath tub the hot water was turned on and his back scalded. The burn was superficial, and extended on left side from the scapula to the crest of ilium. He was taken to a surgical ward, where he remained until the latter part of March, when he was transferred to the nervous disease ward, when the following history was recorded, on April 2, 1886:

From the time of the accident related above, to date, patient has never left his bed, first, on account of his burn and fever, and then on account of a paralysis which had gradually begun in the upper extremities and then involved the lower extremities. This paralysis, which began towards the latter part of February, attacked first the right hand and arm, and was accompanied by feelings of numbness, burning, and formication; in a few days extended to the left arm and hand, and by the end of March had involved the two legs. Upon examination, marked paresis with flabbiness of the muscles was noticed, feeling of formication and burning in affected parts were complained of. Tactile sensation and sensation to pain were present, though much retarded; the muscular sense almost lost; incoördination well-marked; no atrophy of muscles; absence of the tendon reflexes; bladder and rectum unaffected; patient has a slight evening fever, intermitting in the morning—this is easily subdued by a few doses of quinia; mind clear; no tenderness over spine upon percussion.

By the combined use of electricity, the faradic current, to which the muscles answered but feebly in the beginning, and a mixture composed of iodide and bromide of potassium, grains vijss, the patient gradually improved, and in five or six weeks was perfectly well, assisting the nurse in the ward.

Phimosis with Exaggerated Symptoms.

Dr. T. M. Holmes thus writes in the *Atlanta Med. and Surg. Jour.* for October:

Some months ago I was called to see a mulatto boy about five years of age, who had been suffering for several days from profuse diarrhœal discharges and frequent micturition. He was very much reduced in flesh; his features were pinched, and his skin was dry and harsh. His eyes were of a smoky hue, and he was almost blind. He also had a papular eruption from the crown of his head to the soles of his feet, with a serous discharge not unlike that of eczema. There was more or less pain in the region of the bladder all the while, which was greatly intensified by the accumulation of a small amount of urine in this viscus. When this occurred, he would run the floor, compressing the abdomen with his hands, and cry in such a manner as to enlist the sympathy of all lookers on. He had been losing his vision for several weeks, and growing very nervous.

What could be the exciting cause of this amaurosis, this diseased skin and nervous phenomena? I sought to discover it, which resulted in finding an almost comple phimosis and partially closed meatus.

The diarrhœa was successfully treated, but with no abatement of the other symptoms. It was evident to my mind that the patient was suffering from a severe nervous irritability, the result of the phimosis, and a slow uræmic poisoning, the solid constituents of the urine having been reabsorbed from the retained urine in the bladder. I first sought to relieve the patient by dilatation, which failed to give the necessary relief on account of the condition of the meatus. I therefore performed circumcision, with the assistance of Mr. George Glover. The result was a complete relief, and a disappearance of all the above symptoms. The boy is now in fine health.

Nitric Acid in Testing for Albumin.

Dr. E. H. Trowbridge (*Medical News*, August 28, 1886), in a note on "A Simple Method of Adding Nitric Acid to Urine in Testing for Albumin," says: We must bear

in mind that the specific gravity of normal urine ranges from 1.015 to 1.022, though some authors place it as low as 1.005 and as high as 1.030. Now the specific gravity of nitric acid (U. S. P.) is 1.420, and dilute nitric acid (U. S. P.) is 1.059, each being greater than that of normal urine. To test the urine for albumin, pour into a test-tube of medium size enough urine so that there shall be a column 2 or 2½ centimetres in height; then with a pipette or small tube take up a column of nitric acid 3½ centimetres in height, or, in general, let the column of nitric acid be a little higher than the column of urine (so better to notice the displacement of the fluids). With the finger firmly pressed against the upper end of the pipette or tube, pass the latter to the bottom of the column of urine, still keeping the finger pressed against the upper end; the fluids will mix according to the force of their specific gravity—*i. e.*, the nitric acid will gradually flow to the bottom of the test-tube, and the urine will rise in the tube to the height at which was the nitric acid. By this method we can more easily and more clearly notice any turbidity which may be formed, and without any agitation of the fluids. The same method can be followed in using acetic acid (U. S. P.), which has a specific gravity of 1.048, or the glacial acetic acid, which has a specific gravity of 1.056–1.058.

Case of Operation in Hydatid Disease of tho Liver.

Dr. E. Hooper May thus writes in the *Brit. Méd. Jour.:*

Mrs. C., the wife of a sea-captain, observed an enlargement of the right side, in the region of the liver. On examination, the bulging was found to be very considerable, so as quite to alter the symmetry of the figure. Under the impression that it was a hydatid cyst, the needle of a hypodermic syringe was introduced, and some clear non-albuminous fluid drawn off, the operation being followed by the usual appearance of some spots of urticaria.

On January 12, 1883, an incision about two inches long was made in the most prominent part of the swelling, through the integument, and down to the cyst. This was packed with iodoform gauze, and was dressed over this with carbolic gauze.

On January 19 the cyst was opened, about a pint of fluid, with a good deal of blood, escaping. A tube was placed in the cyst, and a dressing of carbolic gauze laid over it. The operation was followed by another eruption of urticaria. Both operations and the subsequent dressings were conducted under the carbolic spray. The cyst gradually shrank; and, in the beginning of May, the patient was able to accompany her husband upon a voyage; but the wound did not perfectly heal till the middle of June. It may be worthy of remark that the lady was accustomed to fondle a lap-dog.

Elixir Iron Pyrophosphate, Strychnine, and Quinine.

It is prepared by Mr. E. M. Nadal Wilson (Proc. N. C. Phar. Assoc.) as follows:

℞.	Quinine sulphate,	135 grains.
	Iron pyrophosphate,	256 "
	Strychnine,	2 "
	Alcohol enough to make	4 ounces.
	Dilute sulph. acid sufficient,	
	Aqua ammonia (strong),	½ "
	Water sufficient.	
	Simple elixir sufficient.	

The quinine is dissolved in a pint of water by aid of the dilute sulphuric acid, and when perfectly dissolved it is precipitated with the aqua ammonia mixed with a quart of water. This precipitate is placed on a filter and washed until traces of ammonia have disappeared. The precipitate is then allowed to drain for some time, but is not permitted to draw. By pouring the alcohol on the precipitate with care, all the quinine is dissolved, after which the strychnine is gradually added and stirred, until thoroughly disssolved. To the resulting solution enough simple elixir is added to make eight ounces. The iron is dissolved in enough simple elixir to make eight ounces. The iron and quinine solutions are then mixed and the result filtered, if necessary. The finished elixir will be of an amber color.

Erythanthema Syphiliticum.

Dr. Edward Bennet Bronson thus concludes a paper in the *Med. Record*, September 4:

From the above considerations I draw the following inferences:

1. That certain forms of erythanthema arising in the course of syphilis may be regarded as products of the latter disease; more especially when they coincide with or are directly followed by an outbreak of typical syphilitic manifestations.

2. That in view of their resemblance to simple angioneurotic or neuritic affections of the skin, it is probable that they also correspond to the latter in their mode of origin; and, while doubtless due primarily to the syphilis, they are not pathognomonic of the

latter disease, and probably not equivalent etiologically to true syphilodermata.

3. And, finally, that the syphilitic erythanthema may, through reflex irritation and in the same manner as the local traumatism, become the seat of a characteristic syphilitic infiltration.

The Diuretic Action of Mercury.

Dr. F. Spiller Locke thus writes in the *Practitioner* for September:

It has long been empirically known that the action of digitalis and squill as diuretics is greatly assisted by the addition to them of a little mercury, and lately calomel alone has been greatly lauded as a diuretic.* The part played by the mercury has never been satisfactorily explained, but the recent work of Noël-Paton† on the connection between bile secretion and the formation of urea seems to have furnished the required clue. Noël-Paton has investigated the action of those drugs known to be powerful hepatic stimulants (from the experiments of Rutherford and others), and the amounts of urea, uric acid, and water excreted by the kidneys of the animal (dog) under observation, and has found that uniformly a direct relation can be traced between the activity of a drug as a hepatic stimulant, and its activity in causing an increased formation and excretion of the most important nitrogenous waste-products. The administration, for example, of perchloride of mercury to a dog in a state of nitrogenous equilibrium, caused a marked increase in the amounts of urea, uric acid, and water, excreted by the animal.‡

The fact that drugs which cause an increased formation of bile also cause an increased formation of urea is of great physiological interest, and gives new ground for the belief, widely held by physiologists, that the liver is the great seat of the formation of urea. The bearing of this fact on the clinical use of mercury as a diuretic is evident. Rutherford has proved that mercuric salts cause a greatly increased formation of bile; this phenomenon is, in all probability, only "the outward and visible sign" of some more fundamental action of the metal, one other result of which is the increased production of urea: it may be mentioned that, according to Noël-Paton, this fundamental action is the destruction of red blood corpuscles.

Now it is well known that an increased quantity of urea in the blood acts as a powerful diuretic. In the frog, if the excretion of urine be stopped by ligature of the renal arteries, the injection of urea into the blood at once causes the excretion to commence afresh (Nussbaum, Adami). In the dog, if, by division of the medulla, the excretion of urine be stopped through lowering of the general blood-pressure, and then urea be injected, the flow of urine recommences (Ustimowitsch). It has been shown, by the method of transfusion, that the addition of urea to the blood transfused causes an increase in the amount of blood flowing through the kidney in a given time, the pressure by which the circulation is carried on remaining constant (Abeles). There is thus abundance of experimental evidence for the powerful diuretic action of urea, and the good effects derived from the use of mercury in combination with digitalis and squill are readily explained by its action on some metabolic process, one outcome of which is the secretion of bile, and another the formation of urea.

In a recent paper, Jendrássik *(loc. cit.; Practitioner*, xxxvii., 45, 211,) has described more fully the results he has obtained from the therapeutical use of calomel. He states that the drug has marked diuretic effects. This is very interesting as being to a great extent a clinical confirmation of Noël-Paton's results. It must here be observed that a diuretic action can only be attributed to mercuric salts, since Rutherford has shown that calomel causes no increased secretion of bile. The diuretic effects obtained by Jendrássik must be attributed therefore either to the calomel used containing a trace of the per-salt, or to its being to a slight extent decomposed in the alimentary canal with formation of the per-salt, as has been suggested in order to explain the great cholagogue effect of the drug. The action of the "blue mass" in Guy's pill must also be explained in a way similar to either of the above; either by its containing a small amount of peroxide, or by a certain quantity of the peroxide being formed in the alimentary canal.

—Alexander Krapotkin, a Russian biologist, physicist and astronomer, who was banished to Siberia in 1874, has recently shot himself in Tomsk.

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* Jendrássik, Deutsch. Archiv. f. klin. Med., vol. xxxviii., p. 499. Collins, Medical Chronicle, July, 1886, p. 310. Stiller, Wien. Med Wochenschr., 28, 1886. [Pract. xxvii. 219.]

† Journ. of Anat. and Physiol., Parts I. and II., vol. xx.

‡ In order to prevent misapprehension of a somewhat ambiguous expression, it may be well to add that, although all the hepatic stimulants used by Noël-Paton caused an increase in the urea excreted, and in the total amount of nitrogenous excreta, two of the drugs used, salicylate and benzoate of sodium, caused a marked decrease in the uric acid excreted. The other drugs used, colchicum, perchloride of mercury, and euonymin, increased both the urea and uric acid excreted.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A brief and well prepared paper on "Puerperal Fever," from the pen of Dr. Jacob Deutsch, of Memphis, Tenn., has appeared in reprint.

——Dr. W. C. Wile, editor of the *New England Monthly*, has reprinted his "Surgical Notes from the Case Book of a General Practitioner."

——A description of the backward dislocation of the fingers upon the metacarpus is given in a short tract by Dr. E. G. Otis, of Boston.

——Dr. John Alsdorf, of New York city, and Secretary of the New York Society for the Prevention of Contagious Diseases, in a reprint from the *Sanitarian*, discusses the prevention and dissemination of syphilis, and points out truly and forcibly the advantages which would accrue to the community from the organization of such asssociations.

——From the New Orleans Board of Health we have a short pamphlet on the Biloxi Fever, indicating that there is little doubt but that it was genuine yellow fever.

——Dr. Nicholas Senn, of Milwaukee, in a paper before us, discusses with clearness the surgical lesions of the brain and its envelopes.

——D. C. Heath & Co., Boston, have recently published two interesting essays, one entitled "Studies in General History," by Prof. Mary D. Sheldon, the other "Modern Petrography," by Mr. G. H. Williams.

——A "Physician's Record," for preserving the clinical notes of cases, has been prepared by M. E. Hawes, East Weymouth, Mass. It is well arranged, and suitable for carrying in the pocket.

——In a reprint before us, Dr. Robert Newman, of New York city, describes the uses of the galvano-cautery in diseases of the prostate, bladder, and urethra.

BOOK NOTICES.

Massage as a Mode of Treatment. By William Murrell, M. D. Pp. 78. Price $1.00. Philadelphia: P. Blakiston, Son & Co., 1886.

The author with creditable boldness says in his preface that the range of massage as a therapeutic measure is very limited, yet it is of no little value in the cases for which it is really indicated. In this small volume Dr. Murrell tells concerning it pretty much all that is essential. He refers to its history, the method of performing it, its physiological action, and the diseases in which positive results may be expected from it. These are paralysis, joint affections, rheumatism, constipation, neurasthenia, and a few others.

Paralyses: Cerebral, Bulbar, and Spinal. A Manual of Diagnosis for Students and Practitioners. By H. Charlton Bastian, M. D., F. R. S., etc. Illustrated. Pp. 671. New York: D. Appleton & Co., 1886.

Dr. Bastian here gives the profession an exhaustive volume on the diagnosis of some of the most obscure diseases which the physician has to encounter. He divides all paralyses into:

1. Those of encephalic origin.
2. Those of spinal origin; and,
3. Those of peripheric origin.

Under each of these headings he considers first the several conditions of a pathological character which would give rise to such a lesion; next, the clinical indications which would favor the existence of such a condition; and then the regional or localizing value of special symptoms that may be associated with the paralysis. A number of diagnostic details are noted which will serve as additional guides to the clinician.

Throughout the work the author's mastery of the subject is constantly apparent, and it must take rank as without a superior in its special department.

Transactions of the Medical Society of the State of West Virginia. 19th session. Wheeling, 1886.

Transactions of the South Carolina Medical Association. 36th Annual Session. 1886. Pp. 91.

Transactions of the Louisiana State Medical Society. 8th Session. New Orleans, 1886. Pp. 306.

Ohio State Sanitary Association. Third Annual Meeting. Columbus, 1886. Pp. 86.

This list of publications indicates the constant and gratifying activity which is visible in the various medical societies throughout our country. There is no one of the volumes that does not contain articles bearing the marks of painstaking and intelligent research. We have not space to analyze each publication separately, but take pleasure in calling to them the attention of readers.

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CHYLOUS ASCITES.

We generally observe but three kinds of ascites. In one the exudation is of a serous nature, in the second it has a milky appearance, and in the third it consists of pus.

The first is the most common. The third is not so very rare, but the second is not only seldom observed, but its nature has never been satisfactorily explained. Letulle (*Rev. de Méd.*, 1886, p. 860), after a series of investigations, has come to the conclusion that the milky character of the discharge depends upon the pressure of chronic inflammation of the peritoneum. According to L., the emulsified fat found in this exudation, and which gives to it its milky color and turbid look, develops from inflammatory products, and is due to a change especially of the pus corpuscles. In evidence of the correctness of his view, he quotes the following case:

A child, æt. 3, in consequence of an uncompensated valvular disease of the heart, suffered with ascites—at least, such was the diagnosis. Paracentesis was performed several times, and after each operation fever and peritoneal pain were observed for several days. The fluid discharged after the first tapping was purely serous; after each following operation it became more and more opaque, and the fourth has a milky appearance. Analysis of the last showed:

Quantity, 1½ litre.		
Spec. gr., 1.009.		
Reaction alkaline,		
Dry residue,	2.010 grs.	in 100 fl. grms.
Fat,	0.150 "	
Albuminoid substances,	1.220 "	
Unorganic substances,	0.640 "	

L. mentions in conclusion, that the milky substance occupies the middle between the serous and the purulent fluid in its chemical position.

NEW PURGATIVES.

Though we have at our disposal a considerable number of laxatives, purgatives, and drastics, but as many of them, generally of a disagreeable taste, must be given in large quantities, and as of pure cholagogues we have but few, the recent investigations and discoveries of Dr. Desnos, in Paris (*Bull. Gén. de Thérap.*, 1886, No. 2), are of practical value.

First, phytolacin, an extract of phytolacca decandra, a chenopodiaca indigenous in our country. In doses of from 0.1 to 0.2 it produced large bilious stools, accompanied by no colicky pains of any kind.

Next, baptisin, the resinoid of a baptisia tinctoria, and juglandin, the resinoid of the juglans cinerea, also indigenous in North America, in doses from 0.1 to 0.3, also cause active and prompt purgation; but these two drugs have certain drawbacks. Baptisin often induces colic, and at least in two cases muco-purulent discharges, accompanied by blood and of a more dysenteric character, were observed after juglandin.

Finally, sanguinarin, of sanguinaris canadensis, a purgative and cholagogue, according to Rutherford, was found by D. totally without effect, even in doses of 10 grains each.

PECULIAR DIFFERENCES IN DECOMPOSITION.

The following interesting case, showing remarkable differences in the decomposition of two dead bodies of persons, who, under the same circumstances, had died at the same time, is reported by Dr. Meyer in the *Viertilj. f. Gericht. Med.*, xliv., p. 101.

Husband and wife, he æt. 72, she æt. 65, had both died the latter part of August from the inhalation of carbonous oxide. Both bodies lay in one bed; both were covered with one and the same feather-bed of not great thickness, and both dressed only in a linen shirt. The small room was quite cold. Thirty-six hours after death the body of the wife was still in good condition, while the face of the husband was already disfigured. Below the skin decomposition had already set in all over the body; at some places the epidermis was raised in blisters, and the skin itself had a brownish-red, and partly greenish color. A week later this great difference in the decomposition of the two bodies was still apparent.

The fact is of some importance in medical jurisprudence, demonstrating the possibility of decomposition, progressed to some extent, developing within the first twenty-four hours.

CAFFEIN AS A DIURETIC.

W. v. Schroeder, after a long series of observations on rabbits, was the first to make the announcement that caffein exerted an energetic, unexpectedly great influence on the secretion of the kidneys. Dr. A. Langaard (*Centrlbl. f. d. Med. Wissensch.*, 1886, July 17, No. 29,) has recently taken up the subject, and in his experiments introduced the remedy directly into the ureters while paralyzing the vaso-motor centre with chloral. L. has arrived at the same conclusion, and has besides discovered that this diuretic action of caffein is produced by the direct action of the drug on the secretory elements of the kidneys, and that it is totally independent of the blood pressure.

A peculiar incident occurs in the administration of larger doses of caffein, viz., the secretion of urine, immediately after the remedy has been introduced into the circulation, comes to a standstill, which period of inactivity is, however, very short, and the diuresis soon shows itself. For the purpose indicated, caffein is best given subcutaneously. Thein, though chemically the same as caffein, has not the same diuretic influence.

Notes and Comments.

Calomel as a Diuretic.

Dr. F. H. Collins thus writes in the *Medical Chronicle* for July:

A. M., a strongly-built man, aged 44, of dissipated habits, came under my care on the 20th of April, 1886, suffering from cirrhosis of the liver, severe gastric disturbance, and ascites, with slight icterus. The urine was very scanty, tinged with bile, and loaded with lithates, but free from albumen. His history, condition, and aspect betokened that his illness would terminate fatally.

During the following month he took a variety of diuretics, including bitrartrate and acetate of potash, oil of juniper, and copaiba, first the resin and then the oleoresin. All these remedies, with the exception of copaiba, failed to influence the urine flow in the slightest degree, and as a rule he only passed six to eight ounces of urine daily. He commenced to take copaiba in half drachm doses on the 2d of May, and for four days the urine averaged twelve ounces daily, but afterwards the drug lost its effect. The resin had previously been tried in vain.

His condition got gradually worse till the 19th of May, when I was led to try a mercurial, owing to the diuretic influence which I have noted that blue pill has on myself. I ordered 5 grains of calomel and 5 grains of powdered ginger in a bolus, the dose to be repeated in twelve hours. The bowels acted freely two or three times, and in the twenty-four hours following the first powder 20 ounces of urine were passed, in addition to a further amount passed at stool. During the three following days the average urine discharge was 30 ounces. The dose of calomel was repeated on the 24th, and afterwards given at intervals of three or four days, and the increase in the amount of urine which

the calomel seemed to have set up was maintained for three weeks, the powder sometimes acting as a purgative, but not always. At first the man's condition was decidedly improved, and the abdominal girth decreased by about an inch, but on the 27th he had a slight discharge of bright blood from the bowel, and a little while after his general health failed still further; the bronchitis, which even at the first was a pronounced symptom, became more troublesome, and he died on the 14th of June.

Syphilitic Epilepsy and its Differential Diagnosis from Ordinary Epilepsy.

Dr. Barbier (*Th. de Paris*) thus formulates:

1. Syphilitic epilepsy manifests itself not only by epileptic phenomena, but by attacks which are such a faithful reproduction of the clinical picture of nervous epilepsy that it is absolutely impossible to differentiate the one from the other.

2. It is not due to a special virus, as was taught twenty years ago, but to cerebral and medullary lesions.

3. It is distinguished from essential epilepsy: 1st. By the absence of the cry or the aura, by the mode of succession or apparition of its crises, by the age of the patient, by the cerebral troubles, precocious or late, preceding or following the attacks (cephalalgia, vertigo, fainting, Jacksonian epilepsy)—all characters of a secondary order as regards this diagnostic value, since they are common both to epilepsy symptomatic of a syphilitic lesion and of an ordinary tumor of the brain. 2d. By the frequent co-existence of disorders of sensation in the limbs, especially the lower limbs, and by the frequent abolition of the tendon reflexes—phenomena which possess a real importance from a diagnostic point of view, since they are wanting in ordinary epilepsy, while they are quite frequent in syphilitic epilepsy; in the latter case, the brain and cord are simultaneously affected by the specific disease. 3d. By the effects of mercurial and iodide treatment.

Induction of Premature Labor: Twins.

Dr. J. R. Purdy thus writes in the *Brit. Med. Jour.*, September 25:

"Mrs. J., aged twenty-eight years, consulted me when about six months gone in her third pregnancy. Both her previous pregnancies had resulted in craniotomy. I assisted at the second, and the operation was one of considerable difficulty. So far as I could make out at that time, I thought the outlet of normal size; but the inlet, although not distorted, abnormally contracted. I advised induction of premature labor. She consented, and shortly after the seventh month, I passed a No. 12 bougie, so as to avoid injuring the membrane. Next day the bougie came out during straining at stool. There was no dilatation of the os, but there was slight discharge and pain. The pain soon ceased; and three days later I again passed a No. 12 bougie, this time with success, as pains began twenty hours after the passage of the bougie. I was called to her four hours after the first pain; I found the os dilated, admitting the ends of three fingers, and soft; the head presented high up, in the first position. The pains became very severe, without bringing the head down at all; I therefore decided to apply forceps. Considerable difficulty was experienced in so doing; when they were locked, however, very little traction sufficed to deliver the child.

"On making an abdominal examination, preparatory to extracting the placenta, I found the body very large, and felt what I took to be another child. I examined, and found another head presenting at the brim, with bag of waters intact. I turned, without much difficulty, and then brought the placentæ away together. The mother and children did well. Was I right in performing craniotomy?"

Narceine in Whooping-Cough.

The *Medical Record* says:

At a recent meeting of the Société de Biologie, MM. Brown Séquard, Laborde, and d'Arsonval united in praising the effects of narceine in whooping-cough and chronic bronchitis with hypersecretion. Narceine, $C_{23}H_{29}NO_9$, is one of the alkaloids of opium, but exists in it to a very small amount, at most not over 0.02 per cent. Most investigators agree that in its action upon man it resembles morphine, but is milder and causes no excitement. Claude Bernard first called attention to it by his assertion that it was a safer and more agreeable drug than morphine, but had about the same sedative and anodyne effects. Narceine was carefully tried by several Philadelphia physicians, some fifteen years ago, and they concluded that it was almost inert, even in doses of from one to five grains. Froumüller states that he has given twenty grains with no effect. On the other hand, many Continental physicians (Rabuteau, Behier, Debout,

Eulenburg, Liné, and Laborde) have found that in doses of one-half to one grain it causes quietude and sleep.

The testimony heretofore has been so conflicting that doubts have arisen as to whether the same alkaloid has been used. M. Laborde now says that a very easy test of its purity is to add to the solution a drop of muriatic acid, when a beautiful blue color is produced.

Surprisingly quick results in whooping-cough have been observed by the French physicians above mentioned. The best mode of administration is to make a solution in syrup, so that a teaspoonful represents one centigramme of the drug. This is the minimum dose for children, the average dose being from two and a half to five centigrammes.

Effects of Drugs on the Sweats of Phthisis.

The *Lancet*, July 3, says that Dr. Ablet-soff, who has made a number of accurate observations on the effects of various drugs upon the sweats of phthisical patients, finds that hydrochlorate of pilocarpine, given in doses of a twentieth of a grain, produces no limitation of the sweats in a very large proportion of cases; but its use frequently causes or increases gastro-intestinal irritation and sleeplessness, and, in fact, makes the general condition of the patient worse. With doses of from one-eighth to one-sixth of a grain the diurnal and nocturnal loss of weight almost always increases, and with doses of from one-twentieth to one-tenth of a grain the loss is augumented in the majority of cases. The reasons why this drug has been recommended for phthisical patients are probably to be sought in its expectorant action; but though, as a matter of fact, the amount of sputum daily expectorated is increased by the drug, it has no advantage whatever over other remedies whose effects in other directions are not so deleterious. Homatropine, picrotoxin, and duboisin distinctly decrease the cutaneous perspiration in healthy subjects, the latter drug having the greatest effect. For phthisical patients, however, who are weakened by exhausting sweats, more suitable drugs will be found in agaricin and homatropine, as duboisin and picrotoxin frequently produce other and undesirable effects.

Addison's Disease.

In the *Correspondenzblatt für Schweizer Aerzte*, Nos. 15 and 16, 1886, Dr. Ernest Kummer, assistant to Professor Kocher, of Berne, ably details two cases of Addison's disease, in one of which intense urobilinuria was present. Professor Nencki was able to isolate (by evaporating an amyl-alcoholic solution) about 0.4 gramme of urobiline from the patient's urine, collecting during twenty-four hours. Indican was nearly absent. The author dwelt on the question of the origin of the pigment which caused a "bronze" discoloration of the integuments in Addison's disease. As is known, Professor Nencki and Dr. Berdez have succeeded in isolating the coloring matter of human melanotic sarcoma, the so-called phymatorhusin, which has no relation whatever to hæmoglobin, since it contains more than 11 per cent. of sulphur (*Archiv. für Experim. Pathol. u. Pharmac.*, vol. xx., p. 346), but is closely related to hair-pigment, as Dr. Nadjeda Sieber's researches have shown (*ib.*, p. 362). It would be possible to admit that the pigment of Addison's disease is either phymatorhusin or hair-pigment; but then the urine should contain an increased amount of non-oxidized sulphur. Since nothing of the kind is observed in the disease in question (Lichtheim), the author comes to the conclusion that the "bronze" pigment is a product of hæmoglobin. He supports his view by pointing to an universal diminution of red blood-corpuscles and an absolute reduction of hæmoglobin in Addison's disease.

Reflex Pain.

Before the St. Louis Medico-Chirurgical Society (*St. Louis Courier of Medicine*), Dr. Todd said that frequently patients come with pain, and very considerable pain too, in the ear, generally confined to one ear, and upon examination there is no trouble found in the ear. Of course, in such a case the proper thing to do is to examine the mouth; and in all cases of pain about the ear, the mouth should be examined just as much as the ear itself.

A very intelligent gentleman, occupying a very important position as a city officer, came to him for treatment for pain in the ear. He examined him, and could find nothing the matter with the ear. He examined the mouth, and found one of the molar teeth on the same side with the painful ear which had been filled, and on striking it the tooth was sensitive. The doctor told him that in his opinion he did not have earache at all, but toothache, and that the pain in the ear was reflex; and to make sure that he wouldn't go away thinking that he did not know his business, he went down with him to a dentist

and had him examine the tooth. He removed the filling, and immediately gas escaped, and the patient was relieved of the pain in the ear. This is an illustration of the fact that the physician should have a good idea of dental troubles. The profession neglects them altogether too much, and trusts too much to the dentists.

Local Treatment of Membranous Dysmenorrhœa.

A paper was recently read at the Medical Congress held at Nancy, by M. Paul Landowski, concerning the application of the electro-cautery to the endometrium in cases of membranous dysmenorrhœa. The author stated that it was essential that this operation should not be performed before previously dilating the uterine orifices, and if they were sufficiently large and easily dilatable, a single application only of a prepared sponge was necessary; if, on the contrary, there should be rigidity of the orifices, the sponge must be applied twice, moving the sponge that the electro-cautery should be introduced. It was heated rapidly as it passed lightly over the surface of the endometrium. After applying the electro-cautery, the patient should remain in bed for a week. The application should be made five or six days following the menstrual period. In the case of two patients, of whom Dr. M. Ladowski spoke, one proved a complete success (in the other, the patient passed pieces of membrane the size of a penny during her periods, but she was relieved of pain. It would be interesting to know if the exfoliated processes were only limited to that part where the application had been insufficient.

Cure of Mental Diseases by Hypnotism.

M. Voisin, of Paris, read a communication at the Congress at Nancy, on the possibility of curing mental diseases by the aid of hypnotic sleep. He quoted two cases which lately came under his notice. With the first patient, sleep had not been obtained by adopting the ordinary means of looking fixedly at the experimenter. The patient's eyes were then kept open by means of two palpebral separators, and the rays of the magnetic lamp being directed towards them for ten minutes, produced sleep. In two days, the patient, who at first manifested great excitability, was completely cured. The second patient, a lypemaniac, who had refused food for a fortnight, and had made several attempts to commit suicide, was put to sleep for ten minutes, the first time by hypnotism. On awakening, she acquiesced in suggestions made during sleep, and consented to take milk. The same treatment was repeated every other day, and at the end of a month she was quite cured, and able to return to work.

Paraldehyde as an Antidote to Strychnine.

The property of paraldehyde of greatly reducing the activity of the spinal cord as a reflex centre led Professor Bokai (*Pharm. Post*) to test paraldehyde as an antidote to strychnine poisoning. The results of his experiments made on rabbits, cats, and dogs, were almost invariably favorable. The animals first received a non-fatal dose of paraldehyde, and then an absolutely lethal dose of strychnine was given. In no case did the strychnine produce death. If, however, doses of paraldehyde which are themselves fatal were given to animals, the largest doses of strychnine were not able to remove the poisonous symptoms of the paraldehyde or to delay the fatal processes. It would appear, therefore, that the antagonism between these two drugs is only one sided. On the ground that the hypnotic action of paraldehyde is much more rapidly produced than the poisonous symptoms of strychnine, the *Therapeutic Gazette* suggests that paraldehyde, if given soon after the ingestion of a poisonous dose of strychnine, might serve to antagonize it.

Ringworm of the Scalp.

Alder Smith recommends, as a parasiticide in ringworm of the scalp, chrysarobin dissolved in chloroform—7 grains to the ounce. The chloroform, in addition to serving as a vehicle, dissolves the fatty matters out of the follicles, and thereby facilitates the penetration of the chrysarobin.

A. J. Harrison applies first a mixture of ½ drachm iodide of potassium to 1 ounce of liq. potassæ. When this has penetrated, he applies a solution composed of 1 ounce of sweet spts. of nitre and three grains of bichloride of mercury. His theory is that the liquor potassæ softens the hair-bulbs and hairs, and thereby allows the iodide of potassium to be conveyed to the bottom of the follicles. Then, when the mixture of nitre and bichloride of mercury is applied (the nitre being used merely because it forms a thin mobile menstruum) the mercury comes in contact with the iodide of potassium in the bottom of the follicle and the important chemical change which is there set up—the

formation of the biniodide of mercury—he regards as very important and beneficial.

Piliganine.

Piliganine is an alkaloid which is present in lycopodium saururus, commonly known as piligan or piliganine. Dr. Bardet, chief of the therapeutical laboratory of the Cochin Hospital, tested the effect of an infusion of piligan, and observed that it acted as a powerful emetic, and produced general symptoms which indicated that it was not a suitable therapeutic agent. A chemical examination proved that this plant contained a special kind of resin and an alkaloid which M. Bardet calls piliganine. This alkaloid was isolated by M. Adrian, who gave M. Bardet two grammes of hydrochlorate of piliganine. This investigator made experiments with it on a dog, rabbit, and frog, and concluded from the resulting phenomena that piliganine acted as a poison, and that its influence was principally exercised on the nerve-centres, the medulla oblongata, and pneumogastric nerves.

Turpentine as an Antidote to Phosphorus.

The Paris correspondent of the *Brit. Med. Jour.* states that M. Ed. Rondot (Bordeaux), as the result of clinical observations and experiments, maintains the efficacy of turpentine in the treatment of poisoning by phosphorus, when taken either immediately or even some hours after the poison has been swallowed. The turpentine and phosporus combine, and are eliminated without causing any other morbid phenomena than a local reaction on the alimentary and urinary organs. It is important to administer the turpentine at the outset, so as to neutralize the greatest quantity possible of the poison. Even if it be not completely neutralized, the oil of turpentine renders the symptoms milder and favors recovery. Turpentine diminishes hemorrhage and the nervous symptoms which follow poisoning by phosphorus.

Carbon Bisulphide in Neuralgia.

Guerden recommends, as far superior to menthol in neuralgia, the application, for three minutes, of the following solution:

Carbon bisulphide (rectified),	9 parts.
Oil of peppermint,	1 part.

In superficial neuralgias, whether facial, dental, or intercostal, and in superficial rheumatic pains, this application produces instantaneous relief, and not unfrequently a cure. In the deep neuralgias, as sciatica, it is necessary to project the solution upon the painful part by means of an atomizer. Dental neuralgia usually succumbs to this treatment applied to the corresponding cheek—a slight application to the gum, or the insertion into the carious tooth of a pledget of cotton moistened with the solution being occasionally advisable.

Death from Fumes of Nitric Acid.

Three seamen recently lost their lives upon the American ship *Manopouri*, from an unusual cause. Upon opening one of the hatches, dense clouds ascended, and water was poured into the hold to extinguish the supposed fire. The men who subsequently went below, found that the hold was full, not of smoke, but of far more irritating fumes; and it was ascertained that a bottle of nitric acid, which had been shipped in a case as something else in order to save the extra cost, had been broken. The length of time during which the men were exposed to the fumes is not stated by Dr. J. W. Stickler, who reports the circumstances in the *New York Medical Record*, but no great suffering appears to have been immediately produced; within a few hours, however, the men began to complain of serious illness, and in a very short time died.

Transfusion of Saline Fluids.

At a meeting of the Zurich Medical Society, Professor Gaule made an interesting communication on transfusion of a solution containing 3.5 per cent. of cane-sugar, 0.6 per cent. of chloride of sodium, and 0.005 per cent. of hydrate of soda. As his and Landerer's experiments show, the addition of sugar leads to a rapid regeneration of red blood-corpuscles. Thus, a dog with a maximal loss of blood (5.5 per cent. of the body's weight) showed a normal number of blood-corpuscles in eight days after the transfusion. According to the author, transfusion is indicated—(*a*) when the filling of blood-vessels is altered; (*b*) when the nutrition of tissues is changed; and (*c*) when the function of hæmoglobin is disturbed (poisoning). The transfusion of saline fluids may be effective only in the first case; in the two latter cases, transfusion of blood should be performed.

Cocaine in Tooth Extraction.

Professor Redard and his assistant, Dr. G. Andina, of the Geneva Dental School, have employed hydrochlorate of cocaine as a local

anæsthetic in forty cases of tooth extraction. They used a fifteen per cent. solution, injecting into the gum in average fifty or seventy-five centigrammes of the alkaloid by means of an ordinary Pravaz's syringe. In all the cases, extraction, which was performed usually in ten minutes after the injection, was absolutely painless. No unpleasant accessory effects, except some nausea and heaviness of the head in young girls and children, were observed. The author's results, therefore, coincide with those published by Mrs. Helene Vongl-Sviderskara, of St. Petersburg (see the *London Medical Record*, July, 1886, p. 304), who, however, used far larger doses.

Tuberculosis of the Tongue.

Dr. G. Feurer, of St. Gall, publishes three rare cases of tuberculosis of the tongue. In two of the patients, in men aged seventy-two and thirty-four, the disease was primary, no symptoms of tuberculosis being found in any other organs. A third man, aged fifty, suffered from advanced pulmonary phthisis. In the latter, a cuneiform excision with suturing was performed; the wound healed by the first intention. No return of the disease has followed (two years have passed already). In another, the affected anterior part of the organ was removed by the galvano-cautery. The patient remains well. In the third, the anterior half of the tongue was excised by Kocher's method. The patient died four months later, from meningitis; no necropsy was made.

Uses of Ichthyol.

In concluding his paper on the therapeutic value of ichthyol (to which we have previously referred), Dr. Schmidt statates that the drug possesses pronounced styptic qualities, and is consequently useful in all hemorrhages and wounds. The ichthyol plaster gave better results than any other medicinal plaster used in cuts and wounds. The sticking quality of the ichthyol plaster is so intense that it does not fall off the part even when being washed. He also states that in toothache ichthyol has in his hands sustained its character of a prompt relief-bringing remedy. A drop or two of a combination of ichthyol and chloroform (one to three), placed on a piece of cotton in the hollow of the tooth, or rubbed into the adjacent gum, is certain to bring almost instantaneous relief.

Renal Inflammation from Terebene.

A correspondent of the *Brit. Med. Jour.* reports that a patient who was taking from twenty to twenty-five minims of terebene four or five times during twenty-four hours, suddenly developed intense nephralgia, and the urine became scanty, high-colored, and distinctly albuminous. There had been traces of albumen before, but it was distinctly increased at this time. There was no reason to suspect renal "colic" due to other causes. The terebene was omitted, and gradually the symptoms subsided. After the lapse of three weeks, terebene was again administered, and, as the doses were increased to the same quantity as before, a repetition of the nephralgic symptoms occurred, but less marked than before, and gradually a tolerance was established.

Ethoxycaffeine.

This body is caffeine in which one atom of hydrogen is replaced by the group C_2H_5O. Alkalies precipitate its salts from their solutions. Hypodermic injections in rabbits gave indications of a narcotic action. M. Dujardin-Beaumetz has administered this agent in cases of severe headache, and with beneficial results. Its insolubility is an objection, as is also its tendency, with other allied bodies, to cause gastric symptoms. Most of these difficulties are overcome by dissolving the drug in salicylate of soda and adding some carminatives. The largest dose given was twenty-five centigrammes. Gaurana and Paullinia owe their value in megrim to their containing caffeine.

Condurango in Gastric Diseases.

Dr. Enrique Súñer writes to *El Genio Medico* that, having recently employed condurango bark in the treatment of several cases of gastric carcinoma and catarrh, he has found it very beneficial. He gives a tablespoonful of the infusion every two hours, and in all cases the pain was decidedly mitigated and the appetite and digestion improved. In most cases of mere gastric catarrh the painful nausea and vomiting ceased, and subsequently the patients recovered from the mental depression which was due to the acute gastric disturbance. In the malignant cases, of course, nothing could be hoped for but alleviation of pain, and some improvement in the ability to take and retain nourishment.

The Function of the Tonsils.

Dr. R. Hingston Fox, in an interesting article on the Functions of the Tonsils, in

the twentieth volume of the *Journal of Anatomy and Physiology*, expresses the opinion that these glands belong to the digestive and not the respiratory tract, and that their function is to reabsorb certain constituents of the saliva in the intervals of meals which would otherwise be wasted. He thinks that the view of their having an absorbing function is further supported by the strong evidence of the power of the tonsils to absorb morbid poisons directly from the saliva.

News and Miscellany.

The Pope's Model Cholera Hospital in Rome.

A correspondent of the *Globe* gives an interesting account of the "model cholera hospital" which the pope has caused to be erected in Rome for the accommodation of cholera patients in case of an epidemic. Contact with the outer world is carefully guarded against by grated windows, telephones, and by a revolving barrel with half its circumference open, by which provisions are taken into the hospital. The water-supply is drawn from a well, and is quite separate from the city supply. The drain is formed of an iron tube sixteen inches in diameter, the joints being hermetically sealed with lead. There is a disinfecting boiler, in which corrosive sublimate is placed. There is a room called the "chamber of observation," which has a staircase leading up to the first floor. In this room dead bodies are placed for a given time, as it is well known that cholera patients often show signs of being quite dead when really only apparently so. The room is, by means of an electric apparatus, in communication with the director's office. The body being laid on a bed, both hands are put into a sort of copper muff; between the hands is put an instrument so sensitive that, should there be the slightest movement of the hands or any other part of the body, this instrument would instantly close the electric circuit, and the bell in the director's office would be set ringing; at the same moment another instrument registers the number corresponding to the bed upon which the body is lying. The chamber is warmed by steam so as to facilitate resuscitation. The laboratory is provided with a gasometer for the storage of oxygen, which is taken to the wards for administration in gas-bags. On the ground floor are four wards for doubtful cases; should they get worse, they are sent up in the lift to the cholera wards above, their clothes and bed-linen being immediately burned. Another room is set apart for women in childbirth, and there are two more for undressing patients, so that the infected clothes may be destroyed, the Pope furnishing new clothing for all recovered cases. The cubic space allowed for each bed is thirty-six cubic metres. The ventilation is carried on by means of funnels with gas jets below. The chapel is in communication with the sacristy of St. Peter's, so as to form an easy access for the Pope should he wish to visit the hospital; but before returning into the sacristy his Holiness and suite would have to go into a room near it for disinfection. In the event of there being more cases than the hospital can hold, provision has been made for building large sheds in the garden. This hospital was begun in October, 1884, and finished in April, 1885. When the cholera was raging with such violence in Naples, Leo XIII. determined upon making preparations should the scourge visit Rome. It has never been necessary to use it, but it is always ready in the event of an outbreak, and should prove of much use in extirpating it.

Professor Charcot "At Home."

Dr. Kraus, editor of the *Allgemeine Wiener Med. Zeitung*, writes to that journal (Sept. 14), from Paris, a letter, in the course of which he describes a visit paid to Professor Charcot:

"My esteemed patron, Charcot, whose personal friendship I enjoy, had just returned from a holiday tour in Spain when I called upon him. Any one entering the Palais Charcot, in the Boulevard St. Germain, fancies himself in an imperial residence; and, indeed, many a royal personage does not boast of such a palace as this. Charcot is admittedly not only the oracle of French physicians, but an authority upon medicine of the highest rank. We have so often touched upon the biography of this eminent scientist in our journal, and have told our readers so much of his unsurpassable researches, that I need not now devote further words *ad majorem gloriam* of this eminent physician. Who is there among the ranks of medical practitioners who does not know Charcot and his imperishable work in the domain of cerebral disease, metallotherapy, etc? I will not therefore to-day delineate him as the man of science, but as the Paris physician to whose tapestry-covered salon troops of patients make pilgrimage, and lay

an obolus on the table, which groans under the weight of gold—from three to five or ten Napoleons a consultation. How did I know all this, if it were not that the pleasing testimony of this *aurea francogallica* practice lay piled up on the consultation table? To be sure, this modest, amiable, and highly humane French physician does not make a vain show of these offerings of esteem which his practice brings him; he simply has not time to place them under lock and ward, so rapidly does one patient press in after another. The consulting-room contains a magnificent library, which would be the envy of many a medical Universität-Bibliothek: scarcely any important work of old and new medicine, home or foreign, is wanting. Charcot, the Nestor of French scientists, reads and speaks German, and my son and myself were delightedly surprised to see lying on the consultation table the *Allgemeine Wiener Med. Zeitung*, whilst on our entering he laughingly asked whether we knew that journal. Charcot gave us so much of his valuable time that we felt embarrassed, because we had seen what a crowd of patients still awaited his advice in the fairy-like salon. We were proud to secure a written souvenir from him, and a promise to send a paper to our journal. He asked after all his Vienna colleagues—Leidesdorf, Meynert, Benedikt, and proved how exceptionally conversant he is with Austrian and German medical literature."

Chevreul Still Alive.

Chevreul has survived the celebration of his centennial birthday. The next morning after the celebration he went to his business as usual, and later attended the regular weekly meeting of the Academy of Sciences. He took no actual part in the debates, but chatted with his neighbors, and appeared as cheerful and smiling as if nothing had happened. The congratulatory address which the *doyen* received from the Academy of Sciences, Berlin, has been published. Necessarily it is very eulogistic, as the following extract shows: "He who would form a complete idea of your so busily occupied life should follow the entire course of your creative activity, which has been directed to all departments of chemistry. He must follow all the innumerable detailed researches which have enabled you to determine the nature of various minerals and of a large number of salts, as well as the composition of many organic matters. He should study your chemico-physiological works, by which you have made such great advances towards the knowledge of the most important secrets of the animal organism, as well as your labors on the most varied questions of public hygiene. He ought to follow the excursions which enable you to fix the laws of the contrasts among colors, and to class them systematically and scientifically. He ought to study your lectures on the chemical principles of dyeing. He should finally imagine himself at the period when misty ideas of the most false and fantastic kind threatened to surround and obscure the mind, and when, with the record of history in your hands, you dissipated the mists by making your countrymen recognize in the delusions of the past the errors of the present time. Having thus represented in all its extent the activity that you have shown throughout your long life, we hold that your name should be inscribed in one of the first places on the list of the great men who have carried the scientific glory of France to the extremities of the earth."

Speculum from Pompeii.

Before the St. Louis Medico-Chirurgical Society (*St. Louis Courier of Medicine*), Dr. Maughs referred to a translation from a compilation of Aëtius, which he presented at the Medical Society a couple of years ago, and that at one place that author describes a speculum in such a manner as to give a very good idea of the instrument. When he went to Naples to the museum, he found one of the instruments used by the contemporares of Hippocrates, and he had a fac simile made from this old instrument. The original was found in the ruins of Pompeii, and preserved in the museum. This instrument is at least two thousand years old, and may be the instrument Archigenes himself used. In making this fac simile they not only reproduced the instrument perfectly, but they put the rust upon it, so that any gentleman would recognize that the instrument is at least two thousand years old. The patient was placed on her back in front of a window, and this instrument introduced into the vagina, being closed while being introduced, and then the screw was turned. The assistant holds the instrument while the surgeon turns the screw, which is turned rapidly and the vagina rapidly dilated. This instrument being two thousand years old and a little rusty, works a little hard, but it is evident that the vagina can be opened very readily so as to make any application desired. If there was nothing better in the world to-day, this instrument would answer a very admirable purpose.

There are a good many old surgical instruments at the Naples Museum, and if the surgeon had nothing better, he could get along very well with them; there are scalpels, instruments for the removal of stone, delicate little scalpels and hooks, and surgical instruments of all kinds.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED OCTOBER 2, 1886.

Purviance, Geo., surgeon. Granted leave of absence for twenty-five days, September 30, 1886.

Stoner, G. W., surgeon. Granted leave of absence for twenty-three days, October 1, 1886.

Carter, H. R., passed assistant surgeon. To proceed to Galveston, Texas, as inspector, September 30, 1886.

Ames, R. P. M., passed assistant surgeon. Granted leave of absence for thirty days, to take effect when relieved, September 30, 1886.

Wasdin, Eugene, assistant surgeon. Ordered to examination for promotion, September 30, 1886.

Brooks, S. D., assistant surgeon. Granted leave of absence for thirty days, to take effect when relieved, September 30, 1886.

Williams, L. L., assistant surgeon. Relieved from duty at Mobile, Alabama; ordered to Marine Hospital, Wilmington, North Carolina, September 27, 1886.

Perry, T. B., assistant surgeon. Relieved from duty at San Francisco, California; ordered to Marine Hospital, St. Louis, Missouri, October 1, 1886.

Lead-Eating Insects.

A French architectural journal recalls an observation made by Viollet-le-Duc, that lead plates for roofing and other purposes are often pierced by insects. He accused the wasps of being the authors of the little holes which he found gnawed in lead roofs, but later observers have discovered that both worms and flies often drill through heavy plates. Some twenty-five years ago it was found that the lead bullets of cartridges, which had been stored in wooden boxes, were badly gnawed, and a number of gall or saw flies were found in the act of working upon them. Why these little creatures should amuse themselves in digging out the tough metal with their jaws, it is hard to say. Both males and females were found at work; and the only suggestion which our Gallic contemporary can make is that they were, perhaps, sharpening their teeth. The first notice of perforations made by worms seems to have been made by M. Janniard, formerly official architect in charge of churches and public buildings, who observed that the lead covering of the steps on the roof of an old house in Paris was bored through in several places. Only one of the steps was attacked; and, on looking closely, he found that every hole in the lead corresponded to a worm-hole in the oak planking on which it was laid.

A Family Weakness.

We hear of a curious poisoning case from Montreal. Rumors had been current in the east end of the city to the effect that a whole family, consisting of eight persons, had been poisoned through the mistake of a druggist in giving bug poison in place of Gregory's mixture. A reporter of the *Montreal Star* proceeded to make inquiries, and found that the "Gregory" was not in it, and that the true facts of the case were that an elderly person, named Irwin, was taken sick during the night, and got up to take some Dwight's mixture, as he thought, instead of which, the bottles not being labelled, he took a dose of liniment. No evil effects followed this. The next day his wife, who felt out of sorts, took some of the same liniment and was taken violently ill, but has since recovered. The son, some days afterwards, took some of the same liniment, and was also violently affected. The liniment contained belladonna amongst other ingredients, and neither the bottle containing it, nor any of them, was labelled.

Fasting as a Trade.

Signor Succi has succeeded in living through his month's fast, and in proving that he is a person of singular moral courage in mortifying the flesh. His fast was not absolute, since he daily partook of a small quantity of some "red fluid" of secret composition, but there seems to be no doubt that he has abstained from every other form of nutriment, if nutriment it was. French newspaper writers in search of a sensation have been prophesying ruin to the butchers, bakers, and public caterers; and as Succi is to go to Paris, to fast in public, he and his bottle of red fluid will doubtless deeply impress the public; still it is not likely that the shares of the Café Anglais will decline for

this season, though Succi may make a fortune by demonstrating the uselessness of food for a month. For obvious reasons, the fast of Signor Succi ranks rather as a newspaper sensation than as a physiological experiment of any true value.

The Doctor of the Future.

The *New York Medical Times* (homœopathic) in an editorial of true scientific spirit, says: "Go on in your sectarian course, ultra devotees of Hahnemann, if you will; be loyal to the teachings of your master, if you must; but shut not your eyes to the fact that science has rendered obsolete many tenets of his system, and removed the last vestige of an excuse for maintaining an organization of physicians under an exclusive title, distinct and separate from the medical profession at large. That ultra school of medicine has fulfilled the complete measure of its usefulness as a separate organization. Loyalty to truth and progress now demands that it shall drop its narrow sectarian name, and no longer seek to keep its members in leading-strings. In the nature of things there can be but one system of medicine recognized by science. Either homœopathy must absorb the old school or be absorbed by it.

How to Extinguish Common Paraffin Lamps.

We say extinguish *common* paraffin lamps advisedly, because all the better sorts are provided with a special apparatus for covering up the flame. It is wrong, perhaps dangerous, to blow down the chimney, and it is possibly little if at all less dangerous to turn the wick down suddenly. The best plan is to blow not down the chimney, but across the flame at the base of the chimney through the perforated wick chamber, and, of course, always in the direction of the slit through which the wick rises. A very little puff will suffice, and there is no danger in the act, because the flame is not driven down into the oil chamber but simply blown off the wick horizontally. Care must be taken to blow in the direction of the slit, or a great deal of breath may be wasted in vain.

What is Hopeine?

The *Therapeutic Gazette* says that in Iowa the word "hopeine" was on many signs where saloons were formerly kept. The owner of one of these places was arrested for the illegal sale of intoxicants. Several witnesses testified that only "hopeine" was sold at that place. The judge then asked one witness whether he knew the difference between beer and whisky when he tasted it. The witness did. "Now," said the judge, "you will tell the jury whether the hopeine that you drank was beer or whisky, and you will be committed to jail for contempt until you answer the question." "It was beer," said the witness. "At last," continues the *Therapeutic Gazette*, "we know what hopeine is. It is not the alkaloid of American hops; it is not morphine, cocaine, or atropine. It is beer."

Ricinis Communis as an Insect Powder.

A German pharmaceutical paper mentions that cattor-oil plants have been found efficacious in freeing rooms from insect life, the leaves of the plant containing a substance which is fatal to flies and other insects. There is nothing new or remarkable in this fact; but our contemporary draws from it a conclusion which, so far as we are aware, is original, and deserves a trial. It suggests that the leaves should be dried and powdered and the powder used as an insect powder, or that a decoction of the leaves would be serviceable for destroying insects.

Jews and Medical Practice in Russia.

The Russian Medical Department has been collecting statistics showing the number of Jews who are practicing medicine, pharmacy, etc. It seems that in Odessa there are of such 99 doctors (including 6 women), 3 veterinary surgeons, 9 dentists, 35 midwives, 10 feldshers, 19 apothecaries, and 4 apothecaries' managers—altogether 178. It is feared that the authorities contemplate making an order limiting the proportion of Jews allowed to engage in civil practice, in the same way as those in the military medical service are limited to a tenth of the whole.

Poisoned with Nitro-Glycerine.

An extraordinary case of poisoning occurred recently in England, through the swallowing of a quantity of a liquid containing nitro-glycerine. This liquid was prepared and used by a contractor for the purpose of blowing up the old hearths of blast-furnaces. The contractor had prepared a charge of the liquid, and placed it in a bottle in a secure place, where he considered no one could find it. A boy, aged fourteen, however, had gone into the cabin, and taken a mouthful of the liquid, supposing it to be ginger beer. The poison quickly asserted itself, and the boy died in about three hours.

A New Subject for Experimentation.

A correspondent of *The Medical Age*, referring to the occurrence of abdominal pregnancy, asks whether there is anything in the nature of the female peritoneum that renders it more fit than its male analogue for furnishing nutriment to an attached ovum, and if not, why, under favorable circumstances, ova introduced into the male peritoneal cavity might not attach themselves and proceed to a viable stage of development. He also suggests that the young of one animal might be thus grafted upon a different species.

A Scientific Windfall.

The French Academy of Sciences has just been informed of a bequest made by M. Leconte, a real estate owner of Rouen, in Normandy. The old gentleman has, by will, left to the Academy all his fortune, estimated to be fully half a million francs ($100,000). Scientists will gain by it, for most likely the income will be spent in prizes to encourage scientific discoveries, and otherwise soften the hard lot of the poor savants.

Extensive Advertising.

A printing order recently given by the proprietor of a popular remedy was for no fewer than 80,000,000 32-page pamphlets and 400,000,000 4-page circulars, at a cost of very nearly $600,000. It is said that this order will only provide the material for one year's circulation.

Artificial Tape-worms.

A writer in the *Southern California Practitioner* says that the people from the country around Los Angeles go to that city for treatment for tape-worm, and return with yards of tænia in bottles. The worms, he admits, are very pretty, and perhaps worth all they cost, far they are made of celluloid.

The Rewards of Science.

Few men who embark in pure science have been so fortunate as Professor Huxley, who at the age of sixty-two retires with pensions amounting to $7,500, viz., $6,000 as the retirement allowance from his position at the Museum of Geology and Inspectorship of Fisheries, and $1,500 from the Civil List.

Items.

—The *Atlanta M. and S. Jour.* says that Atlanta has an oculist who collects $2,000 a month from his practice.

—A Topeka mother, on being asked by the doctor whether her boy's bowels had moved, replied: "Oh, yes, he had a copious evacuation of the rinctum."

—Prof. Bartholow says that when the cause of jaundice has been removed, salicylic acid will remove the bile pigment from the blood more promptly than any other drug.

—A person brought before a police justice for some criminal offense, was asked his employment, to which he replied that he worked in a spice factory. "What particular work do you do?" inquired the magistrate. Reply: "Adulterate the spices."

—M. Bouchard has managed to induce cataract in rabbits by introducing naphthaline into the digestive canal. The quantity required for the purpose was a daily dose equal to a thousandth part of the animal's weight.

—A Vassar graduate, out in the country, went into the stable of a farm house. "Dear me, how close the poor cows are crowded together," she remarked. "Yes, mum, but we have to do it." Why so?" "To get condensed milk, mum." The sweet girl graduate went off relieved and enlightened.

—"Are you familiar with the analysis of the spring?" he said to Mr. Parvenue at Strathpeffer. "Well," she made answer, "I can't say as I am, but I'm sure there was more analysis in the water to-day than usual, for mine tasted awful."

—Patient: "Besides a headache, I don't seem to ail anything. I eat like a wolf, work like a horse, am as tired as a dog when evening comes, and at night I sleep as sound as a rat." Doctor: "Humph—hadn't you better see a veterinary surgeon?"

—At some villages in Croatia, chiefly inhabited by immigrants from Herzegovina, cholera has been present for some time, but its existence has been kept secret by the inhabitants. Physicians have been assaulted both in Croatia and Istria, the populace mistaking them for poisoners.

—At a meeting of the Berne Medico-Pharmaceutical Society, Dr. Niehans related a case of facial anthrax in a man, aged 50, where he most successfully tried subcutaneous injection of a 5 per cent. solution of carbolic acid, four syringefuls (Pravaz) at a time, around the pustule.

DEATH.

GILLINGHAM.—At Idaho Springs, Dr. H. Gillingham, of Fallsington, Pa., of pulmonary consumption, in his 28th year.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

INTRODUCTORY LECTURE.

BY WILLIAM S. FORBES, M. D.,

Professor of Anatomy in the Jefferson Medical College of Philadelphia.

* * * *

To you, young gentlemen, I will state with much emphasis that the course you are about to pursue,* as laid down in this college by its authorities now and heretofore, is the one of all others most conducive in advancing you to the desired end, assisting you to lead out and cultivate your mental faculties while imparting technical knowledge.

So impressed am I with this belief that I hesitate not to affirm that a medical course might well be made an efficient factor in the general education of the youth of the land.

There is no study within reach of the faculties of man more justly entitled to his respect, more instructive to his understanding, or more beneficial to the finer qualities of his heart, than the intelligent examination of that wonderful organization whereby a machine of a thousand wheels, self-conservative and self-repairing, is kept in motion for near a hundred years. An ancient philosopher and physician, in examining the different parts of the body in the plenitude of his learning, records this elevated expression of of his feeling: "In explaining these things I compose a solemn hymn to the Author of our bodily frame, and in this I think there is more true piety than in sacrificing to Him whole hecatombs of cattle, burnt offerings and incense of the most costly perfume; for I first endeavor to know Him myself, and then to show Him to others, to explain to them how great is His wisdom and His goodness."

Such, gentlemen, were the sentiments of the illustrious Galen, the force of whose genius for more than a thousand years guided and ruled the medical mind with a greater sway than his master, Marcus Aurelius, ever ruled the Roman world; and who, though time and additional experience have dimmed the lustre of his name and made it less familiar to modern science, yet, in the history of the human intellect, stands forth as a half-inspired spirit whose genius for a long period formed the rallying point of everything learned and venerable in medicine.

The fervidness of feeling, and the excitement of imagination thus acknowledged by him have not been restricted to his day; for the perpetuity of the human character develops precisely the same emotions and sentiments in hundreds of persons who attach themselves to the cultivation of anatomy. * *

The difficulties that beset the first-year student are very great, and it is not by disguising or ignoring them that we shall prepare you for overcoming them. The remedy is as simple and as certain as the difficulties are many and great.

Stick to your lectures, your laboratory analyses, your dissections and your clinical work *with awill*, and the thing is done—half the difficulties will immediately vanish, and the other half will soon yield. You will have to draw on your resolution, your mental abilities, your force of character, but do not be afraid of overdrawing in such a cause.

The satisfaction of success is pleasing indeed to the noble mind in every undertaking in life. I know that the impulsiveness and

* Introductory to the Annual Course of Lectures.

the impatience of our youth naturally make the degree of exertion and industry requisite for our proper advancement anything but a labor of love. Many of us are too prone, like the camel of the desert, to lie down under our burdens, to rest satisfied with less than the bare accomplishment of our duty, to trifle away our moments of existence and become dull as a fat weed that rots itself at ease on a forgotten shore. If we desire success—I say we, you and I, my young countrymen—we should reflect that this is not the place of rest, not of rest or ease I repeat, but of steady, continuous, undeviating effort. Our work is never done, and it is the day-dream of ignorance to look for the hour as happy when we shall have nothing more to wish for and nothing to accomplish.

A chaste and lofty character comprehends not only the integrity that will not allow you, but the spirit that will not permit you, to remain idle and self-satisfied. Know you not that energy makes the imperial character of the mind, and largely imparts that grace with which it moves? The feather that adorns the royal bird supports his flight; deprive him of his plumage, and you fix him to the earth.

There is not one of you, not one in all this large class of students now within the sound of my voice, who may not, if he *wills* it, attain to all that a reasonable ambition would desire.

And now that I am permitted, in the providence of God, to stand here in this honored place to teach you the anatomy of man, the economy of the human body, after having been engaged in an active professional life of more than a quarter of a century, at home and abroad, in peace and in war, in prosperity and in adversity, I hope I may be pardoned if I venture to tell you, my young friends, what I would strive to do were I to begin again the life of a student of medicine. And in this I would address myself to every one of you individually, graduated and neophyte. First, I would form a resolution not to be shaken by anything but bodily illness; to be present at every lecture, each in its order, that I engaged to attend in this college and in the hospital during the session; and I would take down in writing then or immediately afterwards the principal facts stated by the different teachers.

Secondly. I would resolve to dissect every part of the human body with the utmost care, many times, until I had become an expert practical anatomist, and had acquired an accurate knowledge of all the viscera, all the great muscles of the body, that sustain it in the erect position, and that move it about; the ligaments and the fasciæ, and the situation and course of all the great blood vessels and nerves.

I would examine with the deepest attention all the parts of the body where surgical operations might require to be performed, all the parts concerned in hernia, lithotomy, and aneurism—the cervical, axillary, and inguinal regions more especially; and all my my dissections would be directed with reference to the human body.

I should do all this as a student; and I would take care that the knowledge thus acquired should form the foundation of my future success in my profession, whether as physician, accoucheur, or surgeon, or in all these capacities. I would constantly keep in mind the fact that no solid and enduring reputation has ever been reared upon any other foundation.

Thirdly. In the pathological laboratory I would endeavor to acquire a complete knowledge of all the changes of structure which are produced by disease in the human body, medical or surgical, in the brain, spinal cord, in the organs of respiration, and circulation, and digestion, in the liver, spleen, kidneys, and bladder, believing that some day a human life may hinge on my knowledge, and knowing that in order to attend the sick properly, the dead must be examined without reserve.

Fourthly. I would prosecute my studies to the fullest extent, and in regular order, in the laboratories of practical chemistry and pharmacy, of materia medica and physiology. I would then direct all my energies to examinations at the bedside of the sick, and in the wards of the hospital. And I would resolve steadfastly through life to continue the practice of recording with rigid accuracy all the most important cases of medicine, surgery, and midwifery that came under my care.

Lastly, I would strive in every proper way to keep in health my body and my mind. I would arrange my studies in a methodical manner; and I would so conduct myself as to retain and increase any little store of knowledge I may have acquired in letters and in arts, not knowing but that in the progress of life I may be called upon to associate with those amongst whom general knowledge would be required to support the dignity of an American physician.

Young gentlemen, now that you are about to enter upon the study of your profession, it may be well to pause for a moment and observe what is required of those who are about to enter upon their duties in other professions. The priests in the church, the lawyers in court, and the doctors in medicine are

members respectively of the three so-called learned professions. The accredited officials in each of these professions claim to be devoted to the three great interests of man—his spiritual welfare, the care of his person, and of his property. It were easy to point the divine source of one of these callings, and it would not be difficult to trace the ecclesiastical origin of the others; but perhaps it may prove interesting, if not instructive, on this occasion to observe in passing the solemn promise, the affirmation, the oath of office the applicants are made to take in the vestibule, as it were, of the temple of religion and the temple of justice, and then to place before you the now buried and long forgotten but exacting oath of office that was once administered in the temple of Hippocrates.

The church inducts her servants to the priesthood with a gorgeous ceremony, and with the distinguishing marks of her sovereign sway. The applicant at her altar is made, on bended knee, before assembled men, and in the face of heaven, to avow in the most solemn manner his unalterable determination ever to obey her ritual, to defend her faith, and to advance her cause. This oath, instituted by Gregory, enforced by Innocent, and extended by Pius, is now under Leo daily whispered around the earth with the morning angelus.

The disciple of Justinian is placed now, too, under oath; that Justinian, the vain titles of whose victories are crumbled into dust, while the name of the legislator is inscribed on a fair and everlasting monument, and who obtains with this praise from the historian of the Decline and Fall the more enviable sneer of being at all times the "pious" and, at least in his youth, the "orthodox Justinian;"—this young advocate, who is to look after the property of his neighbor, he is likewise made to swear allegiance to truth and honor.

Among the Athenians and other Hellenic nations, no particular class of attorneys existed, but each citizen pleaded his own cause before the body of the people. Later on, orators, such as Demosthenes and Isocrates, spoke for others; but they performed their duty without the sanction of an oath.

Among the Romans there were various classes of persons learned in the law and especially devoted to it; but in theory, every man who held the proud title of a Roman citizen had the privilege of speaking in the forum. The praetor and the judices constituted the court, and there were "advocati," procuratores, and juris-consulti, but I cannot find that they were sworn to their duties.

And in those countries where the civil law is now administered and where the Romance languages are spoken, I do not find that either the avoués or the advocates are sworn. They are not in France, I believe. Among English-speaking people the responsibilities, legal and moral, of the lawyer of to-day, who is now an officer of the court, arise from his relations to the court, to his professional brethren, and to his client. The oath directed by law, in this State, to be administered upon the admission of an attorney to the bar, presents a comprehensive summary of his duties as a practitioner. It is that he is to behave himself in the office of attorney according to the best of his learning and ability, and with all good fidelity, as well to the court as to the client; that he will use no falsehood nor delay any man's cause for lucre or malice; that he will support the Constitution of the United States and the Constitution of this Commonwealth.

Fidelity to the court, the fountain of honor, fidelity to the claims of truth and honor, these are the matters comprised in this oath of office.

We find this oath, with little variation and excepting its last clause, recorded in the statute of Westminster in the thirteenth year of the reign of King Edward I., in the year 1285.*

In our country it is an oath of office, and the practitioner, the incumbent of an office in the administration of justice, held by authority from those who represent in her tribunals the majesty of the commonwealth—a majesty, says a late author, truly more august than that of any king or emperor. It is an office, too, clothed with many privileges, some of which are conceded to no other class of practitioners. It is therefore that the Legislature have seen fit to require that there should be added to the solemnity of the responsibility which every man incurs when he enters upon the practice of his profession the more impressive sanction of an appeal to the Searcher of all hearts.

And now, what do we find concerning the bond of him to whom the care of the person of man is entrusted?

It may be observed that the oath of the lawyer is the growth, in the course of time arising from the responsibilities and complications of his office.

In the case of physician at present, the the law throws such barriers around the person of man for his protection, that an oath is not needed to extend that protection.

* For this information I am indebted to my legal friend, Mr. Charles McMichael.

But formerly an oath was thought necessary, and it was administered long before the existence of the civil law—yea, long before the day on which we are told the generous Evander welcomed the Trojan stranger to the hills of Latium.

I have translated this oath from the Greek of Hippocrates into English. It has been translanted before, once in the year 1597, and again of late by the Sydenham Society. But it may be well to revert to the original text. The oath is so perspicuous in itself, and so luminous as to the sacred duties entrusted to the physician of that Pagan age, that I will leave it to you to judge of its applicability to the present time.

The oath is quoted as genuine by Erotian, Scribonus Largus, St. Jerome, and others.

"I swear by all the gods and goddesses, by Apollo the physician, and Æsculapius and Health and All Heal, that I will keep this my oath and stipulation—to reckon him who taught me this art equally dear to me as my parents, to share my substance with him and to relieve his necessities, if required; to look upon his children as my own brothers, and to teach them this art, if they shall wish to learn it—and that by precept, lecture and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that practice, which according to my ability and learning I consider the best for the safety of my patient, and abstain from whatever is delereterious and mischievous. I will give no deadly medicine to any one, if asked, nor suggest any such counsel; nor will I conspire with a woman to destroy her unborn child. With purity and with holiness I will pass my life and practice my art.

"Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and further from the seduction of women, whether bond or free. Whatever, in connection with my professional practice, or not in connection with it, I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge, thinking that all such should be kept secret.

"While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art respected by all men in all times; but should I trespass and violate this oath, may the reverse be my lot."

Surely the man who wrote this instrument was inspired by a celestial Deity!

What is but the golden law of the Christian dispensation, that we should do unto others as we would that they should do unto us?

Could the physician of to-day have a loftier standard to guide him in his course?

Though this oath is not now formally administered to us, in the moral law it is as binding to-day as when Hippocrates wrote it on the tables of his temple, on the mount beyond the Acropolis.

A word, and I have done.

In the course of my remarks, young gentlemen, I have felt that whatever their truth, they lacked many recommendations they might have derived from their utterance by some other speaker. But I will now venture to state what I can say better than any of my colleagues, for none of them can so fitly as myself commend to your approbation this college which now stands upon another year of its existence; for I have hitherto had no voice in its excellent arrangements. I am still unconnected with its excellent clinical and hospital departments, one of the most important parts of that teaching which a medical college implies. But these very circumstances leave me free to express a comparatively unbiased opinion, and justify my stating the deliberate conviction that no institution on this continent offers to the student a better field of clinical observation, or a more rational and practical adjustment of the various lectures and demonstrations which claim his notice. And as every institution has its peculiarities, I may mention one or two by which this medical college is, and always has been, pre-eminently distinguished: It was the very first college in this country to give its students complete courses of lectures and practical demonstrations in clinical medicine and surgery, which have enabled its graduates to practice their profession with that marked success which has been accorded them everywhere, and which has further enabled some of her graduates to rank among the first men of this age in any country. More recently it has added to every one of its seven fundamental chairs practical laboratory demonstrations on a very extended scale. Added to this, a comprehensive summary of the practical usefulness of this college to this community may be observed when I state that in the past year fifteen thousand patients have been treated within and around the walls of its hospital. Among them may be found every accident and every complaint that you are likely to meet with in your practice.

I am very exactly informed that on this

day, within the last twenty-four hours, one hundred and three surgical charity patients and seventy-nine medical, thirty-four eye cases and forty-one gynecological, twenty-three throat and sixteen ear cases, have been treated under its roof, and that twenty-six physicians are daily employed in its charity service. What a record is this!

And now, lastly, this college has always systematically endeavored to fulfill its implied contract with the public, the profession, and its pupils, to send forth into the world carefully trained men, who by fair abilities and reasonable industry, have learned to be efficient practitioners.

This is and should be the first object of a medical school.

The genius that presides over this still advancing school and hospital is that of reform—reforms that are good, reforms that are wise, reforms that are practical, reforms that are, in a word, to the glory of God and the good of man's estate.

Let us hope, as we may well believe, that such reforms will be ever on the wing, and never cease until they rest upon the ark of abiding safety.

[At the close of the lecture the students, through the speaker of the class, Mr. James Robinson, presented a magnificent gold watch to Prof. Forbes, in the presence of the trustees and Faculty, "as a token of their appreciation of his labors as a demonstrator and their respect for him as a professor of anatomy."]

SOME INTERESTING POST-MORTEM SPECIMENS.*

BY MORRIS LONGSTRETH, M. D.,

Of Philadelphia.

The patient who furnished these morbid specimens was by trade a miner, aged 56 years, giving a history of family disease of the thyroid gland, both parents and other relatives having had enlarged throats. This thyroid is converted into a cyst the size of an ordinary kidney. It gave rise to no difficulty, though his chief suffering was dyspnœa, evidently from kidney disease. Some two years ago the patient came to the Hospital because of œdema of lower extremities, but last Monday he showed general œdema. Urine contained albumen in large proportions. Great hypertrophy of heart, dilated aorta, and atheromatous vessels. The man would probably have died shortly of aneurism.

The foramen ovale is enormously stretched, and upon the anterior surface of the heart is a light colored elevation. The constant bumping of the large heart against the under surface of the sternum has rubbed up a *wart*.

The normal heart weighs 12 ounces; this one is 26 ounces; and some fair estimate of the condition can be formed when I tell you that the dilatation greatly preponderates over the hypertrophy, which fact was proportionately bad for the patient. After death the left ventricle was filled with blood.

Kidneys enlarged, and I remove with difficulty the capsule, which leaves intact the cysts on the surface of the organ. Cysts on the surface are always due to *contraction of the kidney*, though in this case, owing to so much new inflammatory product thrown out, the kidney weighs 6 ounces.

Interstitial nephritis gave rise to the excessive dilatation and hypertrophy of the heart with its attending troubles; but *primarily* the kidneys were diseased, getting up this train of congestion of other organs.

The thyroid enlargement was congenital, *not* due to bronchocele.

Death from asthma.

* Abstract of Clinical Lecture at Pennsylvania Hospital.

COMMUNICATIONS.

A NOTE ON CASCARA CORDIAL.*

A SIMPLE, CONVENIENT, AND EFFECTUAL LAXATIVE VEHICLE.

BY R. S. HENRY, A. M., M. D.,

Of Charleston, West Va.

While medicinal efficacy is the first and most important quality to be considered in the preparation of a drug, the processes of pharmacy have now been so improved as to render it possible to retain this essential characteristic and at the same time secure palatability.

It needs no argument to convince the practicing physician of the importance of obtaining in prescriptions this hitherto much neglected condition of agreeableness. His memory will recall cases innumerable, in both children and adults, in which all the suasion or force it was possible to bring to bear was inadequate to overcome the patient's aversion to taking a medicine, or in which the rebel-

* Read before the Medical and Surgical Society of the Kanawha Valley, September 1, 1886.

lious stomach failed to serve the will, however strong, and instantly rejected the medicine that offended its susceptibilities.

That the profession to-day is being awakened to the necessity of palatable medicines, is evidenced by some recent articles that have appeared in current medical literature. Dr. E. S. Riggs, *Therapeutic Gazette*, March, 1885, p. 212; Dr. Franklin H. Martin (ibid.), January, 1886, p. 11 et seq.; and Dr. Horatio C. Wood (ibid., page 181 et seq.) emphasize the desirableness of materially improving the palatability of prescriptions; and other illustrations are not wanting to show the importance this question is assuming in the minds of physicians. While much may be done by a proper selection of the concentrated and improved forms of medicine, and by administering nauseous drugs in pills and granules or capsules, there still remain many drugs which it is necessary or expedient to administer in fluid form.

It is to render this large class of preparations acceptable to the palate that the physician often tries the whole line of vehicles, without satisfaction to himself or to his patient.

A vehicle which would combine the properties of compatibility, permanency and innocuousness, and above all possess the quality of disguising and rendering positively agreeable to the taste many of these nauseating and bitter preparations, must necessarily meet with the universal appreciation of practitioners, and be a priceless boon to their patients.

It is the purpose of this note to call attention to such a vehicle and corrigent, and to suggest a few illustrative formulæ which will indicate its very wide range of application in every-day practice.

We believe that that combination of aromatics and carminatives with cascara sagrada, known as Cascara Cordial, introduced by Messrs. Parke, Davis & Co., fulfills every required indication.

In addition to its power of disguising the taste of such bitter drugs as quinine, its gentle laxative properties render it peculiarly well adapted for addition as a corrigent to the many preparations which, given alone for any length of time, tend to interfere with the normal action of the bowels, such as the various preparations of iron and opium, than which no others are more frequently indicated and more used by physicians.

Take, for example, such a preparation as the tincture of the chloride of iron. What physician has not been compelled to desist from its use, even when most strongly indicated, on account of the marked constipation it causes? To obviate this objectionable feature of this valuable hæmatic, we may use the following formula, or such modification of it as may be desirable:

℞. Tinct. ferri chlor., ℥ vj to ℥ xij.
Cascara Cordial, ℥ij.
Water, q. s. ad. ℥iv.
M. Sig.—Teaspoonful T. I. D.

A very useful formula in the treatment of the anæmia and glandular enlargement of pale, flabby, scrofulous children, is the syrup of the iodide of iron combined with Cascara Cordial, as follows:

℞. Syrup ferri iod.,
Cascara Cordial, āā ℥ij.
Dose.—20 drops in water T. I. D., increased as required.

During the past year I have treated a large number of cases of phlyctenular keratitis—that form of corneal trouble so commonly met with in strumous children, and which by being simply neglected has caused the impairment of vision of so many people. In this disease of the eye, local means bear but a subordinate part to the general treatment. Tonics and alteratives are first in importance, and among them syrup of the iodide of iron, in my experience, has given the most satisfaction. Since I have been administering it in Cascara Cordial I find its efficacy much increased. I can prescribe it in larger doses and continue its use longer without experiencing any of the unpleasant effects of the iodide, and besides, I present a mixture which is very acceptable to the taste of the little patients.

In nervous debility and anæmia, and in phthisis, a combination of hypophosphite of iron with Cascara Cordial often acts very happily, especially where there is a tendency, as there often is, to atony of the muscular coat of the bowels and consequent constipation. In this condition we could use to advantage:

℞. Ferri hypophosphit., ℥ ij.
Acid hydrochloric, dil., q. s. ad. solv.
Cascara Cordial, ℥ iiss.
Water, q. s. ad., ℥ iv.
M. S.—Teaspoonful four times a day; after meals and on retiring.

Perhaps no drug is more universally prescribed than quinine. When it is desired to produce an immediate absorption of this drug, it is preferable to give it in the form of powder or solution. Its inherent bitterness, however, renders this mode of administration objectionable to most patients. Innumerable vehicles have been tried to disguise its bit-

terness, with varying success, but we believe none has proven so acceptable as Cascara Cordial, which has been extensively used for this specific purpose, and with most gratifying results. To abort an ague fit the following may be prescribed with advantage:

℞. Quiniæ sulphat., grs. x.
Cascara Cordial, ℥ij.
Water, ℥j.
M. S.—Take at a draught.

As a prophylactic against malaria, or in all malarial remittent affections, we may combine quinine with Cascara Cordial as follows:

℞. Quiniæ sulphat., ℥ij.
Cascara Cordial, ℥ij.
Water, q. s. ad, ℥iv.
M. S.—Teaspoonful three or four times a day. Increasing the quinine when indicated.

Intermittent headache or supra-orbital neuralgia is often relieved by combining quinine with cascara. Here we fulfill two plain indications. We get the specific anti-periodic and anti-neuralgic effect of quinine, and the tonic laxative effect on the bowels of cascara. The following formula is a useful one:

℞. Quiniæ sulph., ℥i½.
Cascara Cordial, ℥ij.
M. S.—Teaspoonful as indicated.

In sick headache, the above formula may be combined with caffeine and salicylate of soda thus:

℞. Quiniæ sulphat.,
Caffeine,
Sodii salicylat., āā ℥1½
Cascara Cordial, ℥ij.
Water, q. s. ad. ℥iv.
M. Sig.—Dose, a teaspoonful on a little finely cracked ice.

When it is desired to give the preparations of opium and to antagonize their constipating effect, the addition of Cascara Cordial to the dose of the narcotic will admirably meet the indications. Thus, when it is required to use opium for its abortive effect in the initiatory stages of incipient catarrh of the respiratory tract in the first stages of a cold in the head or cough, we may give:

℞. Dover's powder, gr. x.
Cascara Cordial, ℥ij.
Water, ℥j.
M. Sig.—At a draught.

The cascara here secures a satisfactory evacuation from the bowel, and thus has a derivative effect on the catarrhal condition, which is further aided by the well-known antiphlogistic action of the Dover's powder.

It is often difficult, when necessary to give opium in some form for a long time, to counteract its repressant action on the secretions, especially on those of the intestines. It is here that the specific action of Cascara Cordial is admirably shown. It not only secures a free, painless stool, but acts also as a stomachic, improving the processes of assimilation, which are so often at fault in cases of chronic invalidism.

It would be superfluous to suggest appropriate formulæ here; to any preparation of opium used we may add Cascara Cordial in quantities sufficient to meet the indications in the individual case. In melancholia, a condition now widely obtaining among women both in the higher and lower circles of society, and dependent on over- or under-work and insufficient or improper nourishment, opium will often furnish the needed stimulant, though it is most important in these cases not to establish the opium habit. Lauder Brunton, in his "Pharmacology, Therapeutics, and Materia Medica," p. 724, suggests in this condition the use of the tincture of opium in doses of from five to ten minims. We could combine this with great advantage in these cases with Cascara Cordial as follows:

℞. Tincture of opium, ℥iss to iiss.
Cascara Cordial, ℥ij.
M. Sig.—Teaspoonful as indicated.

Here the patient may be kept in ignorance of the fact that she is taking a narcotic—a material aid in preventing the future formation of the opium habit. In specific disease, in scrofula, glandular enlargement, and in fine whenever it may be desirable to give iodide of potassium for a considerable time for its alterative action, no better vehicle for the drug can be used than Cascara Cordial. A useful formula is the following:

℞. Potassii iodid., ℥iij.
Cascara Cordial, ℥ij.
Water, q. s. ad., ℥iv.
M. Sig.—Teaspoonful largely diluted t. i. d. The iodide of potassium to be increased as required.

A great objection to some very valuable remedies consists in the disagreeable cerebral symptoms accompanying their administration in large doses, or in cases in which it is necessary to prolong their use for a considerable period. Thus, salicylate of sodium, which is so invaluable in rheumatism, must often be stopped at a critical period in the process of the disease, or the dose reduced, on account of the head symptoms developed; Cascara Cordial will often prevent the development of these toxic symptoms of the drug. The following furnishes a convenient formula for combining the salicylate with Cascara Cordial:

℞. Sodii salicylat., ℥j.
Cascara Cordial, ℥ij.
Water, q. s. ad., ℥iv.
M. Sig.—Teaspoonful in wine glass of water

four times daily, increasing or diminishing the salicylate as required.

The few illustrations, given but imperfectly, convey the very wide range of application of Cascara Cordial as a vehicle. The requirements of the physician will extend its use to almost all prescriptions needing correction, either on account of their bitterness or tendency to constipate. So many diseases are dependent upon or attended by disturbance of the functions of digestion and assimilation, and especially by interference with the secretory functions of the bowels, and so many valuable drugs, the use of which is indispensable, but serve to increase or perpetuate this tendency, that the application of a vehicle which secures palatableness and at the same time establishes a regular action of the bowels, must come into very general use in the every-day routine practice of the physician.

"MIDWIFERY IN THE COUNTRY."

BY WM. F. MITCHELL, M. D.,

of Addison, Pa.

An interesting article on the above subject appeared in a recent number of the REPORTER, from the pen of the venerable Dr. Corson.

Of course very few practitioners can boast of more than a minimum of his vast experience, yet, in the practice of an art so necessary, the most obscure amongst us may say something not entirely uninteresting to the youngest members of the profession. I have had something over six hundred cases of labor since I have been in practice. I have only had three breech presentations, one of the face, one of the feet, none of the shoulder or arm, and only one case of prolapsed cord. All the rest were the different degrees of head presentations, so-called. I have only had three cases of twins. The youngest mother was a primipara, not fifteen years old, confined with an illegitimate child, the oldest a multipara, forty-nine years old. I hardly know whether I am proud or ashamed to say I have never used the forceps in my life, but I am glad to know I have never had a case of lacerated perineum or a torn cervix. In looking back at this time I can see three instances in which the life of the child *might* have been saved by the use of the forceps; but when the mothers made good recoveries, who shall say which was best to do? Of course I have had a good many still-born children—I mean a good many comparatively, but none that seemed avoidable. I have the proud satisfaction of knowing that only one woman died whom I attended during her confinement, and in her case the labor was premature, and the surroundings were such that her death was a natural consequence. I have had three cases of puerperal fever, all of which recovered. I have been called a good many times after the child was born. I have had three cases of hour-glass contraction. I prefer Prof. C. H. Meigs' method of removing the placenta. He says the placenta should be "unbuttoned" much as you would unbutton your coat. There is no necessity, except in the rarest cases, of introducing the hand into the uterus. My experience teaches me that an *adherent placenta* is a *rara avis*, since I have had only three cases in more than six hundred. The placenta should be removed as soon as possible after the child is born, for it is reasonable that the sooner the parts have an opportunity to resume their normal condition the better. As I said, I have never used the forceps, but I can remember some cases in which considerable suffering *might* have been avoided by their skillful use. Still, since mothers and children did well, with the exceptions mentioned, I am very well satisfied.

Labor is, as Dr. Corson says, a natural process, and there is entirely too much interference with nature many times, with the forceps and otherwise. The temptation is very great many a time, when you are in a hurry, to use the forceps unnecessarily; but, unfortunately perhaps for me, when the necessity *did* arise in my cases, I would be be some miles in the country, and would have none with me. I am glad, however, to know that no poor woman is to-day dragging herself miserably through life mangled and torn by any forceps in my hands. Possibly it has only been my "luck," to never meet with a very difficult case, only sometimes rather protracted. Just here I will say, in regard to the support of the perineum, nothing is equal to the bare hand. Some over-fastidious person may cry out about the indelicacy of such a proceeding; but at the time when the perineum needs support, the poor woman, in her agony, is not thinking of delicacy, neither should her medical attendant—only he should do his duty as a gentleman, and I hope no man will ever enter a lying-in room who is not a gentleman.

It seems to me the advice mentioned by Dr. Corson, as given by Dr. Elliott, in regard to shaving the genitals, etc., is more

NON ANGUIS IN HERBA.

A knowledge of what the physician is prescribing is essential to the correct application of Therapeutics. A competing firm has said to the Medical profession and to the Public that their preparation of Caffeine was imitated. They do not give the name of the firm, neither do they give the composition of the remedy which they are advertising. How therefore could there be any imitation practiced? How could the medical profession be expected to do otherwise than give preference to Warner & Co.'s Effervescing Bromide of Potash, 20 grs., and Caffeine, 1 gr., as published to the profession? Hence we say: to correctly amend the motto as above expressed, "No Snake in the Grass," meaning that it is not a secret remedy, and such as the doctors can use with confidence and with better and more certain effect.

Cures Promptly NERVOUS HEADACHE, INSOMNIA, MELANCHOLIA, BRAIN FATIGUE, NERVOUS DEBILITY.

Warner's Effervescing Hydrobromate of

CAFFEINE

AND

BROMIDE OF POTASSIUM.

Specially Prepared by WM. R. WARNER & CO.

DOSE.—A LARGE TEASPOONFUL IN HALF A GLASS OF WATER.

Containing Caffeine, 1 grain, and Bromide Potassium, 20 grains.

PROPERTIES:—Useful in SLEEPLESSNESS, OVER EXERTION of the Brain, OVER-STUDY, NERVOUS DEBILITY, etc., and in all cases for which the above remedies are given singly to advantage. An almost certain relief is given by the administration of this Effervescing Salt. It affords a pleasant and delightful draught, by mixing a large teaspoonful with a glass of water and drinking while effervescing. It is also used with advantage in INDIGESTION, DEPRESSION following alcoholic and other excesses, as well as NERVOUS HEADACHE. It affords speedy relief for MENTAL and PHYSICAL EXHAUSTION. Physicians recognize its great advantage. The dose named above may be repeated, if necessary, three times at intervals of half an hour.

SELECTED RECIPES FOR PHYSICIANS PRESCRIBING.

The therapeutic value of selected recipes in pill form, prepared and coated by the process of Wm. R. Warner & Co., for over a quarter of a century, assures solubility and potency of medicinal effect, and commands the attention of the Medical Profession.

SOLUBLE, RELIABLE AND PERMANENT

COATED PILLS AND GRANULES,

MANUFACTURED BY

WILLIAM R. WARNER & CO.,

1228 Market Street, Philadelphia.

PIL: PODOPHYLLI. Dr. Squibb's Recipe. (W. & Co.)

℞ Res. of Podophyllum..... ¼ gr.
Alc. Ext. Belladonna..... ¼ gr.
Powd. Capsicum..... ½ gr.
Powd. Sugar of Milk..... 1 gr.
Powd. Acacia..... ¼ gr.
Glycerin and Syrup, āā q. s.

Medical properties, Aperient, Alterative. Dose, usually one pill.

PIL: ALOIN, BELLADONNA and STRYCHNINE. (W. & CO.)

℞ Aloin..... 1–5 gr.
Strychnine..... 1–60 gr.
Ext. Belladonna..... ¼ gr.

Medical properties, Tonic, Laxative. Dose, 1 to 2 pills.

—SOLUBLE—

PIL: CHALYBEATE.

3 Grains.—DOSE, 1 TO 3 PILLS.

COMPOSITION:

Ferri Sulph. $FeSO_4$ } = Ferri Carb. $FeCO_3$
Potass. Carb. K_2CO_3 } = Potass. Sulph. K_2SO_4

As prepared by WM. R. WARNER & CO., Chemists, Philadelphia.

The above combination which we have successfully and scientifically prepared in pill form produces when taken into the stomach, Carbonate of the Protoxide of Iron (Ferrous Carbonate) in a quickly assimilable condition.

PIL: ARTHROSIA.

FOR CURE OF RHEUMATISM AND RHEUMATIC GOUT.

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Med. prop.—Expectorant, Alterative.

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Med. prop.—Alterative.

Belladonnæ Fol . . . . . 1-20 gr.
Med. prop.—Narcotic, Diaphoretic, Diuretic.

Calomel . . . . . 1-20 gr.
Med. prop.—Alterative, Purgative.

DOSE.—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious dejections and beneficial effects that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

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Med. prop.—Diaphoretic, Carminative.

Cantharidis . . . . . 1-50 gr.
Med. prop.—Diuretic, Stimulant.

Capsici . . . . . 1-20 gr.
Med. prop.—Stimulant and Carminative.

Cathartic Comp. Officinal . . . . . 1-3 gr.
Med. prop.—Cathartic.

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Med. prop.—Cathartic.

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Med. prop.—Sedative, Narcotic, Diuretic.

Dover's Powder . . . . . 1-3 gr.
Med. prop.—Anodyne, Soporific.

Ergotinæ . . . . . 1-10 gr.
Med. prop.—Emmenagogue, Parturient.

Ferri Redacti . . . . . 1-10 gr.
Med. prop.—Tonic.

Gelsemini Rad. . . . . . 1-50 gr.
Med. prop.—Nervous and Arterial Sedative.

Hydrarg. Bi-Chlor. . . . . . 1-100 gr.
Med. prop.—Mercurial, Alterative.

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Hydrastin . . . . . 1-20 gr.
Med. prop.—Tonic, Astringent.

Iodoformi . . . . . 1-10 gr.
Med. prop.—Alterative.

Morphinæ Sulph. . . . . . 1-50 gr.
Med. prop.—Narcotic, Sedative.

Nucis Vomicæ . . . . . 1-50 gr.
Med. prop.—Tonic, Stimulant.

Phosphorus . . . . . 1-200 gr.
Med. prop.—Nerve Stimulant.

Podophyllini . . . . . 1-40 gr.
Med. prop.—Cathartic, Cholagogue.
Two Parvules of Podophyllin, administered three times a day, will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

Potass. Arsenitis . . . . . 1-100 gr.
Med. prop.—Alterative.

Quininæ Sulphatis . . . . . 1-10 gr.
Med. prop.—Tonic, Antiperiodic,

Strychninæ . . . . . 1-100 gr.
Med. prop.—Nerve Stimulant, Tonic.

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nonsensical than useless. I have never seen a case, nor can I imagine one, where such an operation would be, in any sense, called for.

After delivery, I have no doubt, syringing with a weak solution of carbolic acid would not be bad practice. Nothing is better, when the os is rigid, than a moderate dose of morphia, using the fingers at the same time as a dilator. The tying of the cord is as necessary as anything else in the practice of obstetrics. The natural instincts of animals, notably cows, leads them to ligate the cord by torsion—licking it with the tongue—and since hemorrhage sometimes follows even after the cord has been tied, it seems to me there can be no argument in regard to this matter. Anyhow a person can feel comparatively safe after the cord has been carefully tied. The old plan of dressing the cord with grease of some kind is useless; a dry, soft rag, with a hole in it, doubled a few times, is better.

I do not agree with Dr. Corson in regard to the use of the binder. How would he, or any other man, feel if he had recently had a tumor weighing eight or ten pounds, with a gallon or two of fluid, extracted from his abdominal cavity? Methinks there would be a feeling of "all-goneness" that would loudly call for a support of some kind. The skin and integuments have been on the stretch for months, the last few weeks to the utmost tension—in some women so much so that the corrugated appearance of the skin remains ever afterwards; the intestines lie limp and loose; the folds of the abdominal walls fairly overlap each other; the emptiness, so to speak, of the cavity, so recently bulging out with its contents, is painful; the back is tired and sore. Why, then, should there not be a binder for support to all the parts? The binder should be good, and stout, and broad. It should not be too tight, nor worn too long. Before applying the binder the condition of the uterus should be ascertained; if it seems to be firmly contracted, so that it appears as a firm, hard body when grasped with the hands, then the binder can be applied with the certainty, almost, that the patient is all right.

I have never had any trouble, so far, with post partum hemorrhage. Venesection is the sheet-anchor in convulsions, both before and after delivery.

The suffering of women during labor is sometimes terrible to see, but if a delivery is carefully conducted, I have yet to see a woman to whom strength sufficient was not given to bear up under the ordeal.

SOME DISORDERS OF ADOLESCENCE, ESPECIALLY IN GIRLS.

BY JOHN M. KEATING, M. D.,

Of Philadelphia.

There is a large amount of literature on this subject, but it is mostly confined to monographs or articles appearing in popular magazines. These do undoubtedly a great deal of good, but at the same time it seems to me that there is a medical side of the question which is equally important.

We all recognize the very great importance of impressing upon mothers the value of all that tends toward muscular development in growing girls. They should be symmetrically developed, should have full chests, straight backs, and strong limbs. We should also urge the importance of clothing of light weight and loose fitting, the principal strain being on the shoulders, not on the waist and hips, and also the evil results of cramped, stooped positions in the school-room, eye strain, and bad ventilation. We all urge these matters daily, and we all know but little attention is paid to them. But there are certain forms of various disorders which occur about the time of the second dentition which deserve more than a passing notice. These are manifested either as a chorea, nervous excitement such as night terrors, and various mental disturbances misnamed hysteria, gastro-intestinal disorders, and evidences of mal-nutrition. The child will probably become languid, suffer with frontal headache, become peculiar in her disposition and show fits of temper, shun society of other children, lose her appetite, become despondent, and possibly develop a local twitching of some of the facial muscles. It is customary to say that this is all reflex,* is possibly the warning that the system is undergoing some change preparatory to the menstrual functions—that it is in fact a true hysteria. This may or may not be the case. My own impression is that it is often due to the anæmia brought about by rapid growth and development, with faulty assimilation and deficient oxygenation. In my experience such cases present two types, the one essentially nervous, just described, the other the so-called strumous or lymphatic, in whom the want of proper assimilation is shown by a large amount of stored fat, and the anæmia by excessive pallor.

*Sufficient attention has not been called to the disturbances caused by the pressure of the twelfth year molars. These may show themselves in either dental neuralgia, or in fact, any form of trifacial neuralgia, gastric disorders, or mental peculiarities, amounting to melancholia or symptoms of acute meningeal irritation.

In the first case, the mother will tell you at once that her child cannot take iron, that she has frequent nose-bleeds, and that she feels confident that if iron could be given it would be of great service. The nervous system seems to run riot, but this very excitement in itself is an evidence of the demand on the part of nature for a blood supply which is nutritious and well oxygenated. All the exercise in the world, all the most nutritious and sustaining of foods, will have no effect, until the digestive organs are made to perform their normal functions. If you examine the tongue you will find it coated, the breath is heavy, the bowels are sluggish, the appetite is perverted, the child craves extraordinary articles of food, especially acids and sweets. She has a disgust for her regular meals. There is flatulence, cardiac palpitations, asthma after exertion. The urine is either scanty and high colored, or very copious and of low specific gravity. If the menses have been established they are scanty, colorless, and irregular, or there is a leucorrhœa. In these cases the recommendation of popular writers for gymnastics, friction, mild diet, etc., are admirable after the digestive organs have been cleared of their accumulation of ashes, and the normal functions whipped into activity. For an infant I have the greatest confidence in small doses of calomel, with soda bicarb. and ipecac, frequently repeated; but for the cases we now speak of, I much prefer the following:

R.	Acid nitro-muriat. dil.,		♏ xl.
	Succus. Tarax.,		♏ lxxx.
	Vin. pepsini,	q. s. ad.	℥j.

Sig.—Teaspoonful in water after meals three times daily, with a half teaspoonful of the fluid extract cascara sagrada every night until the bowels become regular.

After taking these for a few days, if the tongue has become clean, the complexion clearer, the patient can be placed on the following, instead:

R.	Hydrarg. chl. corros.,		gr. ½.
	Liq. arsenici chlor.,		♏ xij.
	Tinct. ferri chlor.,		℥j.
	Syr. limonis,		℥j.
	Aquæ,	q. s ad.	f℥ vj.

Sig.—Tablespoonful after meals, and the laxative continued, if necessary, at night.

As far as the general treatment is concerned, the little patient should be sponged every morning with tepid water, she should stand in a tub, and have a pitcher of it poured down her spine from the nape of her neck, and then be thoroughly rubbed with a soft Turkish towel into a glow. The breakfast should consist of milk warm, or cocoa, a soft-boiled egg, or rare pieces of steak or chop, either oatmeal, cracked wheat, grits, or Indian meal alternating; bread and butter, with hot cakes. For dinner soup, rare meat, fresh vegetables, very little water. For supper, stewed fruits, bread and butter, warm milk or cocoa, with tea, not coffee. She should retire early, and not be permitted to read at night. The supply of oxygen should come from out-door exercise, not an over-indulgence in walks or games that fatigue; let the school hours be limited to the early part of the day, and avoid that abomination of preparing lessons in the afternoon or evening for next day's recitations.

In about a week's time the girl will be able to bear the iron alone, and the tincture of the chloride can be given in ten or fifteen drop doses for some time, or a chalybeate water can be given with arsenic. The digestive organs will now also tolerate milk in large quantities, provided it is of medium richness, is fresh, and given warm.

But this is not all. There are very many cases of a highly nervous type, which, despite the most careful treatment, will not improve at home. The constant association with parents of like temperament, however solicitous they may be in carrying out instructions, is of itself a cause of nervous irritation.

It may be necessary to send such children from home, either to some relative, living possibly in the country or some distant city, or perhaps to some suburban or country boarding school, where a thorough change of air and scene, the association with girls of a different temperament, will work wonders.

For the strumous type, the same preparatory treatment may be instituted, and for such I would not hesitate to push the iron, phosphates, cod-liver oil as soon as possible. Change of air to the sea-shore is advisable. There is little trouble in the home treatment on these latter cases; there is rarely a conflict if authority in such families.

Although I have intimated that the ovaries have little to do with the production of these conditions, I feel satisfied that the weakness, constipation, faulty clothing, eye strain, or dental pressure, will eventually tend to the production of uterine derangements—anæmia being the cause, due to deficient assimilation, from digestive disturbances, want of fresh air and healthful exercise, reflex irritation, and afterwards uterine disorders follow—*post hoc* instead of *propter hoc*.

1504 *Walnut street.*

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

Dr. Amy S. Barton in the chair.
The paper for the evening—

Operation for Abdominal Fistula, and Removal of Gall-Stones,

was read by Dr. Marie B. Weiner.

Mrs. S. came to me, in May, 1883, to see what could be done for a fistula, located about one inch below, and three-fourths of an inch to the right of the umbilicus. This had existed about 2½ years, remaining open and discharging a muco-purulent fluid. The history is as follows: During October, 1880, the patient, for a period of two weeks, had an attack of fever, and although there were morning remissions and evening exacerbations, it never left her entirely. This was accompanied by severe pain, particularly on the right side, which was best described as being similar to colic. There was also a general tenderness, and her skin was compared, by her sister, to the color of old gold. After this attack passed off she enjoyed good health until some time in the following January. Early in this month she lifted her mother, unaided, into bed; and a few days later, whilst walking along the street, slipped in such a manner as to throw her body backward, but did not fall. This accident was followed by a sudden pain in the abdomen. A "lump" formed, six or seven inches diagonally upwards from the umbilicus, on the right side, about the size of a large fist. This would partially disappear, at times, but never entirely. The whole side had a greenish, yellowish discoloration, similar to that of a bruise, which gradually assumed a dark-red color around the umbilicus.

Some time in March, 1881, a small vesicle appeared a little below and to the right of the umbilicus, which the patient pricked with a needle. A thin liquid, mingled with some pus, escaped therefrom.

She poulticed it only at intervals, being somewhat undecided what was the proper course to pursue. Finally allowing her physician to see it, he informed her that it was a fistula, and that it would have to be laid open; but this was never done, and the patient continued to try the various remedies prescribed, without the desired result. It would still continue to gather and break, and she soon learned that most comfort was derived if the track were kept open, to allow free drainage. At a later period, the date of which could not be recalled, a small concretion, as large as a grape-seed, escaped from the opening, but it was not preserved. There was no bile in the discharge.

When I first examined the patient a bluish spot was seen, about the size of a ten-cent silver coin, one inch below and three-fourths of an inch to the right of the umbilicus, somewhat raised above the surrounding tissue, an opening in the centre.

The probe entered four inches, with very little resistance and no pain, passing upward to the right and almost directly inward. It was thought an abscess had formed in the abdominal wall, for though questioned carefully she denied any jaundice until *after* the operation, and then too for the first time was any mention made of the small body like a grape-seed.

Packing with oakum was first resorted to, without the desired result; then injections of nearly all the irritating liquids at command in such cases were used; but the fistula continued open.

An operation was strongly opposed by the patient, and since no other benefit had been derived from treatment except comfort, it seemed as though the only course was to continue the injections.

I succeeded in obtaining a consultation with Prof. W. W. Keen, who during the examination, succeeded in introducing the probe six inches, it seeming to take a more direct course posteriorly. Prof. Keen advised an exploratory incision, which was made May 1, 1884. At 2 o'clock p. m., on that date, the patient being etherized, a probe was introduced, and its direction determined by counter pressure. An incision was made diagonally over the probe, in the direction of the liver, about four inches in length, dividing, successively, the integument, subcutaneous fat, and muscular tissue. The fistulous track was thus laid open, and I was enabled to insert the probe two inches farther, when it struck a resisting body, suggesting a bone, or more likely a calculus. I then dilated the canal with a pair of hæmostatic forceps, and as this was done a small calculus fell between the blades, and lodging there was withdrawn with the instrument. The character of the fistula was now determined. A small rent in the fascia beneath the transversalis muscle, made by the process of stretching, was brought together by three catgut sutures; the remaining stones were then removed, numbering, in all, eleven. They were whitish in color, round in shape, not faceted; the largest was about the size of a hickory-nut, and the smallest about as large

as the head of an ordinary black toilet pin. Careful search for more proved fruitless, though both probe and finger were used. An attempt was made to determine whether the cavity, at the internal end of the fistula, was the gall-bladder or a false cavity, but no positive conclusion was reached. The cystic duct could not be found.

The wound was washed out carefully with a stream of carbolized water (5 per cent.), a large drainage tube inserted the length of the track, the parts brought together by seven wire sutures, and dressed with antiseptic dressings. The patient was permitted to sit up for half an hour on May 14th, just two weeks after the operation, and from that time gained strength steadily. During her confinement to bed, her temperature fluctuated between 98.5° and 101°, reaching the higher point but few times during her illness.

For the first few days there were some nausea and vomiting, which were controlled by the administration of brandy and aromatic spirits of ammonia.

The wound was dressed the day after the operation, the bandages being soiled with blood. On the fourth day after the operation, the discharge became purulent, and so continued.

On June 11 the patient visited Dr. Keen, at his office; the drainage tube had in the mean time been changed to one of smaller calibre, but of the same length as the one first introduced. The discharge was still free, and of a muco-purulent character, Dr. Keen suggested daily injections of a solution of gtt. xl. tinct. ferri chlor. to f℥j. of water, and to shorten the drainage tube. This was done with the view of determining if a communication existed between the tract and the duodenum. The injections were continued for ten days, but with no dark discoloration of the fæces. The discharges were, however, materially lessened, and I again shortened the drainage tube, leaving only about 1¾ inches. I then began using injections of unguent. nit., grs. xv. to f℥j., every other day, with continued improvement.

During the period of twenty-four months there had been two profuse discharges of pus from the tract—the exact amount discharged unknown; these were preceded by great pain, radiating along the right side, and between the shoulder blades. After the last discharge of pus I was able to insert the probe 6¾ inches, passing slightly upwards and almost directly inwards, producing sharp pain, which caused the patient to gasp. My patient is in no better condition since being operated upon than she was previously.

She will cheerfully submit to a second operation, *provided* a reasonable prospect of recovery can be assured to her.

Mary Willets, M. D.,
1527 *Green St.* Reporting Sec'y.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, September 2, 1886.

The President, B. F. Baer, M. D., in the chair.

Intubation of the Larynx.

Dr. E. E. Montgomery exhibited a set of Dr. O'Dwyer's tubes, the gag, and the instruments for the insertion and removal of the tubes. He related the history of a case of laryngeal diphtheria, in which they were successfully used to relieve asphyxia. In consequence of an overdose of stimulant the tube was coughed out, and had to be replaced, as the child could not breathe without it. The doctor contrasted the difficulties of tracheotomy with the comparative ease of introduction of the tubes, and called attention to the want of success attending the former operation, as parents will not give an early consent for its performance. He had performed eleven tracheotomies before he had a single successful case, and as his first intubation case has been a success, he feels strongly in favor of the new operation.

Removal of the Ovaries for Uterine Fibroid.

Dr. M. Price: The case is one of interstitial uterine fibroid; the uterus being about the size of one at the third month of pregnancy, irregular in outline and nodular, and pelvic-bound. The ovaries were displaced backward and incarcerated between the uterus and sacrum, making it difficult to remove them. The woman had been suffering four years, and a confirmed invalid during the last one, unable to do any work. Her marital relations had been suspended for over a year, owing to the sickening pain attending any attempt at sexual intercourse. She had to walk with great care and lie on her stomach while resting or sleeping, to prevent a throbbing and sickening pain in the pelvis. A rather exceptional and interesting feature of the case was the absence of profuse and irregular bleeding. Her menses were irregular, scant and pale. Her chief suffering was from engorgement of and pressure upon the ovaries. All kinds of treatment had been persevered in for the last three years, and the patient grew worse. She demanded operative procedure for her relief, preferring the risk of death to her suffering. The ovaries were removed July 9,

1886. They were hypertrophied. They were found low down behind the uterus. They contained numerous pus pockets. The tubes were enlarged, but did not contain pus. With the exception of a suture abscess, she did perfectly well, and made a perfect recovery. She is now able to look after her domestic affairs, and is free from pelvic pain and soreness.

No examination of the condition of the uterus has been made since the operation.

CHICAGO MEDICAL SOCIETY.

OFFICIAL REPORT.

Stated meeting, October, 20, 1886.

E. J. Doering, M. D., President, in the chair.

Dr. Charles Warrington Earle entertained the Society with a very interesting account of his recent trip abroad, referring more particularly to observations made in the

Hospitals of Paris and the Laboratory of M. Pasteur.

He first visited the Hospital Lariboisière, which has an outside and inside obstetrical department in which 3500 women were confined last year. This hospital has 875 beds, and the several pavilions are disinfected by carbolic acid, and thoroughly washing everything in them with solution of bichloride of mercury. But the favorite antiseptic is the biniodide of mercury. An interesting feature in this hospital is the contrivance for keeping up the body heat of prematurely born infants. It is a square box so constructed as to prevent the loss of heat, the top of which is covered with glass. In the upper part is placed a thermometer and a little basket with soft clothes, in which lies the baby. In the lower part of the box is an arrangement for the introduction of hot air, either from the heating apparatus of the building, or by heating air by gas or hot water bottles. For infants younger than seven months the temperature is maintained at 100° to 105° F. Between seven and eight months the temperature ranges from 85° to 100° F. The children are fed with breast milk when possible, and are not handled or exposed except when absolutely necessary. By using this incubator they save a large number of the lives of the prematurely-born infants. The Maison d'Accouchements is Tarnier's private hospital. Although not a modern hospital, asepsis is aimed at, each patient being isolated and having her own irrigator, the permanganate of potash being the favorite antiseptic. Carbolic acid is sprayed in the wards continually. In turn he visited the Hospitals Bichat, Tenon, and Hôtel Dieu, in all of which the rule is cleanliness and disinfection. Dr. Earle said his most interesting visit was to the dispensary and laboratory of M. Pasteur. The dispensary was smaller than the number of patients demands, and here Pasteur spends his forenoons, exercising a supervision over the treatment of the scores of unfortunates who go daily to be inoculated for hydrophobia. Nearly every country on the globe has sent patients here. Dr. Earle then explained the mode of preparing the virus. He said, also, that the majority of scientists on the continent are satisfied that M. Pasteur is honest in his endeavors to prove that he has discovered a cure for hydrophobia, and that they are simply waiting for time to prove if such be the case. They have great confidence in Pasteur, and believe that at the proper time he will announce the truth.

EDITORIAL DEPARTMENT.

PERISCOPE.

Infantile Cerebral Paralysis.

Dr. R. Norris Wolfenden thus writes in the *Practitioner* for September:

The disease to which we may thus give the name of cerebral infantile paralysis may be described in the following terms: A healthy child is attacked with one or more convulsions, vomiting, and fever, which may last for a day to two or three weeks, or may be so slight as to be scarcely recognized. Complete hemiplegia results, and if it is of the right side of the body, speech is generally affected. Sometimes the paralysis is manifested as a monoplegia of arm or leg, and more rarely it assumes a paraplegic form. At this stage the little patient may remain for a longer or shorter time unconscious; in one of my cases coma was said to last for forty-eight hours. In other cases

the initial attack is transitory, and the child appears well in a few hours, but a partial or complete hemiplegia has resulted.

This completes the first stage. Facial paralysis is rare, but strabismus not unfrequently is met with. The second stage is that of recovery, and may be said to last until a stage when permanent mental defect is first noticed, accompanied frequently with epilepsy. The recovery during the second stage is tolerably complete, the leg usually being the first to amend. There is always, however, loss of power on that side, and inability to adjust the actions of the limbs for fine movements. Athetosis is generally marked. The recovery from the paralysis is usually followed by some degree of shortening in the limb, and though the muscles are not atrophied there is usually a difference in the circumference of the limbs. the arm and leg of the affected side measuring less than their fellows of the opposite side. The sensation in the limb, which may have been affected during the initial stage, is usually perfect. The tendon-reflexes are exaggerated. The limbs retain their usual warmth.

At a variable period it is noticed that the child is late in talking, or fails to talk intelligibly. True epileptiform attacks often develop, and the child grows up *non compos mentis*, or truly epileptic. This constitutes the third stage.

The muscles never exhibit any electrical degeneration reactions, and contraction to the faradic current is perfectly maintained.

With regard to the *etiology* of this disease, it seems so far to be doubtful how much heredity is concerned. Strümpell noted two cases (out of twenty-four) which he ascribed to blows on the head. I think dentition had to do with at least two of my cases. Ranke does not attribute his eleven cases to any particular etiological cause. I have seen one case follow measles. Strümpell has also seen one case after measles and one after scarlet fever.*

With regard to the *age* of the patient, out of Strümpell's twenty-four cases seven were under one year old, eight from one to two years, four from two to three, and five over three years old. One was only four weeks old, and the eldest was six years. Ranke's eleven cases occurred all before the fourth year. My cases occurred, three under one year, one between one and two years old, and one at four years old. Thus out of forty cases, nineteen occurred under three years of age, thirty-four under four years, and only six over four years of age. The disease is. therefore one of early infancy, and thus resembles the spinal form of the disense.

The *initial stage* may last from two to three days to as many weeks, and is ushered in always suddenly, sometimes with extreme severity, sometimes almost without any convulsions at all, the frst thing noticed being hemiplegia.

In one of my cases *unconsciousness* was said to have lasted for forty-eight hours. Probably, as Strümpell suggests, many fatal cases of so-called convulsions are due to the severe initial stage of this disease.

Athetosis occurred in seven out of Ranke's eleven cases. I noted it in three of my five cases. These athetotic movements occur probably in the majority of cases, but as Strümpell's remarks are sometimes rendered evident only on movement of the limb.

In four of my five cases the *intellect* was affected. Ranke noted this in three of his eleven cases.

The supervention of *epilepsy* is common.

The *prognosis* as to partial recovery of the affected side is good. Probably there is always some impairment of power and permanent dragging of the foot, and inward turning of the ankle. Where speech is lost at first the prognosis as to recovery must be very guarded. Sometimes it remains unintelligible. Epilepsy must be expected to supervene as the child grows older. Though some cases appear to recover permanently, it is probably the minority, and the prognosis will therefore be very guarded, or even distinctly unfavorable. It must be borne in mind that many of these cases are attended with complete loss of intellect.

With regard to *treatment*, it is probably not often that one is fortunate enough to see the patient at the earliest stage, and there is little to distinguish the case from one of convulsions due to other causes. In a later stage, cod-liver oil and tonic treatment will be indicated. I have found much benefit from the use of the constant current. Where the intellect is hopelessly impaired, moral treatment will be necessary. When not mischievous, most children in this condition have strong imitative faculties, and these can be turned into a useful channel.

A Case of Acute Inversion of the Uterus.

The patient, 22 years of age, was at term with her first child. One morning, without the slightest warning, the membanes gave way. Twenty hours later the os uteri began

*Gaudard (Contrib. à l'étude de l'hemiplégie cérébrale infantile: Thesis, Geneva, 1884,) considers congenital syphilis to be a cause.

to dilate, the head presenting with the occiput forwards and to the left. The perineum was very rigid; and delivery was effected, by means of the forceps, of a child weighing nine pounds, without any laceration of the perineum. After attending to the child, compression was exercised on the uterus, but no traction was made on the cord. The woman was directed to bear down, and while so doing Dr. Weeks noticed that the globular form of the uterus gradually became less marked. The placenta came down, but its removal was followed by a fairly copious hæmorrhage. On introducing two fingers to ascertain the cause of the flooding, a large tumor was found occupying the vagina, which turned out to be the uterus in a state of inversion. He then passed the whole hand into the vagina and pressed upon the uterus, reduction being effected in two or three minutes. A dose of ergot was given and the uterus was held in place, ice being applied to the abdomen until contractions set in. On a further examination, a pyriform body could be felt projecting into the vagina, consisting of part of the uterus. By means of compression, etc., the inversion was completely reduced in about half an hour. Recovery took place without any unfavorable symptoms. The case is interesting as tending to show that uterine inversion may take place without (1) abnormally short umbilical cord, (2) traction on the cord, (3) irregular compression of the fundus or too energetic bearing-down efforts, and without (4) undue rapidity of labor. Dr. Weeks is of opinion that the proportion of such cases usually given (1 in 190,000) is in reality far too small. He points out that it appears to occur indifferently in delicate and robust subjects, after slow as well as in rapid labors, and in the practice of skilled attendants as often as when none such is available; finally, that traction of the cord and compression of the fundus are, after all, only exciting causes.

Gastrotomy for the Removal of Foreign Bodies.

In the *Archiv. für Klin. Chir.*, Dr. Credé, of Dresden, reports a case in which he successfully extracted from the stomach of a man, aged 24, a large denture consisting of eight false teeth. This foreign body was removed fifteen days after it had been swallowed, and the patient made a good recovery. Appended to this paper are three tables of cases that have been collected from different sources by the author's assistant, Dr. Koch. The first of these tables contains references to ten cases of gastrotomy for removal of foreign bodies, in which the stomach at the time of the operation was not adherent to the anterior wall of the abdomen. In eight of these cases the operation resulted in recovery; a remarkable success, it is pointed out, as four of the cases were treated before the introduction of the antiseptic method into surgical practice. Such result, Credé holds, should induce surgeons to have less hesitation in removing from the stomach, in suitable cases, a foreign body the size and form of which render its spontaneous discharge impossible. In the second table are arranged nine cases, in which the stomach was adherent to the abdominal wall. Of these one only was fatal. The third table contains seven cases, the details of which were not given fully and clearly in the original published reports. Of these, so far as can be made out, one was fatal. Of twenty-six cases in all, in twenty-two the operation proved successful, and in four only was it attended with a fatal result.

The Use of Benzoic and Salicylic Acids in the Treatment of the Typhoid State.

At the meeting on the 25th of June of the Hospital Medical Society of Paris, M. Robin criticised the general antipyretic treatment, and proposed a new method. He asserts that the danger to the patient's life is due to the organism being encumbered with the broken-down incompletely oxidized organic products. These bodies are with difficulty eliminated, because of their slight solubility. To his theory of elimination, M. Robin has given the name of "solution by combination." The principal medicinal agents used are salicylic and benzoic acids, which combine with the nitrogen radicles of the effete tissues and are carried off by the urine. M. Robin first tried the physiological action of benzoic acid and the benzoates of soda on combustion, and gave them to healthy individuals for some days, who were fed on generous diet. The constant effect was a diminution of the solids excreted in the urine. This action M. Robin attributes to the benzoic acid lessening combustion. Afterwards he gave the benzoic acid in five typical cases, and found the amount of urine and contained solids to be increased in each case. The same result was obtained by salicylic acid and its salts. M. Robin makes further experiments with methyl, salicylic acid, etc., which he considers act in a similar manner to salicylic acid. M. Robin thinks in this treatment we have the best way of treating typhoid fever and typhoid states, which he considers are caused by the retention in the

system of incompletely oxydized waste products.

Four Cases of Spurious Hermaphroditism in One Family.

Before the Obstetrical Society of London, Dr. Jno. Phillips gave this family history: Out of nine pregnancies, the fourth, sixth, eighth, and ninth were hermaphrodites. Fright during the third month of pregnancy, in the mother's opinion, caused the first. None of them survived more than a few days, and the author had an opportunity of post-mortem examination. The family antecedents were very carefully gone into, many of them being personally examined. Several defects, such as hernia and the like, had been discovered. A genealogical tree was appended. The author gave a historical view of the whole subject. There appeared two causes at work on the mother's side, in the production of this deformity:

1. The initial fright which she received when pregnant with the first.

2. The continued dread and mental distress which ensued on her bearing a deformed child.

The following conclusions were drawn:

1. A hernial or other weakness present in one parent, acting as a predisposing cause, any deep maternal impression received about the third month, might induce some impediment to the proper differentiation of the urogenital system.

2. A distinct tendency towards bearing hermaphrodites might be developed in a mother who had already borne one.

Case of Dysidrosis of the Face.

Dr. Jackson states (*Journal of Cutaneous and Venereal Diseases*, No. 1, 1886), that on August 13, 1885, Mrs. K. presented herself at the New York Polyclinic for treatment of a chronic eruption on the face. It occupied the lower half of the forehead, surrounding both orbits, occurring below both eyes, and on the sides and bridge of the nose, and running down on each side of the nose for a short distance on the upper lip. It had the appearance of large and small sago-grains scattered over the affected parts, and consisted entirely of fully distended vesicles with clear contents. The largest vesicle was about the size of a split French pea, the smaller ones were the size of a pin-head. They were generally discrete, though here and there closely crowded together. A few had apparently joined at their edges, and some of them were of a darker shade than the others. Central puncta were visible in a very few. When pricked, a clear fluid with acid reaction escaped from them. They did not rupture of themselves, and their covers offered considerable resistance to the lancet. The skin otherwise was perfectly normal, and free from any appearance of inflammation. When slightly rubbed with a handkerchief, the skin became easily hyperæmic. There were a few dilated blood-vessels upon the nose.

Two Cases of Reunion of Cut-off Fingers.

In the *Russkaia Meditzina*, Dr. S. D. Ivanoff, of Briansk, furnishes details of two interesting cases occurring in healthy soldiers, one of whom had accidentally cut away, by a stroke of an axe, the second phalanx of his right forefinger, while another had severed in the same way the second phalanx of his left thumb. In the former, the part hewn off was still united to the hand by means of a bridge of skin about two centimetres in breadth, the axe having passed through the first interphalangeal articulation, and chipped off a part of the base of the second phalanx. In the other case, the chopped off part was brought away in a glove; the weapon cut transversely a little above the interphalangeal articulation. In both of the cases the cut was clean, without any crushing of the parts. The first man was seen two hours after the accident; the second, three hours. The wounds were washed with a corrosive sublimate or carbolic solution, and the severed parts were accurately fixed by sutures in their normal situation, after which an iodoform dressing was applied. In both perfect union by the first intention ensued, with return of sensibility and (limited) mobility.

Hereditary Bullous Eruption.

Joseph (*Monatshefte für Prakt. Dermat.*), observed in a woman, aged 37, who was well nourished and strongly built, bullæ and vesicles on the soles, the sides, and backs of the feet; also upon those parts of the trunk which were subjected to pressure by the corset. They were not accompanied with inflammation, and were not painful. They shrank and became dried in a few days. The patient was the subject of no other affection, although urticaria factitia was easily provoked. The interest of the case consists in the fact that two children, boys, of this woman suffered from the same affection. In them it was limited to the feet. In all three, the affection was worse in winter than in summer.

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Ingluvin.

It has been a favorite saying among the more distinguished of our profession, that there are a few essential drugs without which the practice of medicine would be impossible, and that when we have selected these few, the great multitude of articles in our materia medica are comparatively useless. This is a very true idea. With calomel, opium, castor oil, quinine, mercury, and a few such standard drugs, the physician is usually equipped to meet all emergencies. Almost weekly some new drug is brought to our notice, but in many instances, after trial, it is found either inferior to, or no better than, those which we already have, and its use is dispensed with. But it does sometimes happen that we are offered an article of such undoubted merit that it is warranted in taking rank with the *standard* articles of our materia medica. Such an article is ingluvin. (Ingluvin is a refined substance prepared from the ventriculus callosus gallinaceus, the gizzard of the domestic fowl, gans domesticus.) It is the essential principle of the gizzard, and bears the same relation to poultry that pepsin does to the higher animals.

A favorite prescription of Chinese physicians for chronic indigestion is to cut up and digest chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A tablespoonful or two of the resulting paste is taken at each meal until the patient has entirely recovered. From China the practice passed to other parts of Asia, and was adopted here and there among the Mediterranean peoples. Strange to say, it was never learned by the great nations of Europe until the latter part of the present century.

The diseases in which the use of ingluvin is indicated are indigestion in its various forms, known as dyspepsia, and for sick stomach or nausea caused by debility of that organ. It was originally discovered to be a remedy, indeed a specific, for vomiting in pregnancy; in this respect it stands above all other medicinal agents. In all that is here set forth the manufacturers claim no more than is sustained by medical authority of the highest standard.

In ingluvin, the physician has what might be called a specific for a sickness which in many cases has hitherto been uncontrollable.

Ingluvin is a powder of a yellowish-gray color, and may be prescribed in the same manner, dose, and combinations as pepsin, three to ten grains. The pulverulent form is considered more desirable, and it can be administered either dry or in water, milk, or tea. In sickness in gestation, the dose may be increased to ten or twenty grains.

The following will make a nice formula in which to prescribe it for the vomiting of pregnancy. It was thus used successfully by Dr. George F. Meeser, of this city:

℞. Ingluvin, ℥j
Bismuth snit., ℥ss.
M. Div. in chart xii.
Sig.—One every 3 hours.

Oxalate of cerium may be prescribed with it, one to three grains to each dose.

Dr. Shelly recommends the following formulæ for diarrhœa, cholera infantum, and marasmus:

INFANT FORMULA.

℞. Ingluvin, gr. xij.
Sacch. lac., gr. x
Misce et ft, cht. No. x.
Sig.—One every 4 hours.

℞. Aquæ calcis, f℥ij.
Spts. lavand. comp.,
Syr. rhei arom., āā f℥j.
Tr. opii, gtt. x.
Misce. Sig.—A teaspoonful every 2 to 4 hours.

FOR ADULTS.

℞. Ingluvin, ℥j.
Morphiæ sulph., gr. jss.
Misce et ft. cht. No. xii.
Sig.—One every 4 to 6 hours.

℞. Aquæ calcis, f℥ijss.
Spts. lavand. comp., f℥ss.
Syr. rhei arom., f℥vj.
Tr. opii, f℥ss.
Misce. Sig.—Dessertspoonful every 2 to 4 hours, or after each evacuation.

The substance ingluvin without any combination has also yielded almost constantly satisfactory results.

Dr. Roberts Bartholow, who probably stands to-day as the greatest authority on materia medica in this country, speaking of ingluvin, says:

"Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the *vomiting of pregnancy*. It is a stomachic tonic, and relieves *indigestion*, *flatulence*, and *dyspepsia*.

"The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals."

Reviews and Book Notices.

Book Notices.

A Text Book of Operative Surgery and Surgical Anatomy. By Arthur Trehern Norton, F. R. C. S., etc. Based on the original work of Professors Claude Bernard and Ch. Huette. Second edition. Illustrated by 88 plates drawn from nature and engraved on steel, and many woodcuts. Bailliere & Co., London and Paris, 1886. (Philadelphia, for sale by D. G. Brinton.) Large 8vo. *colored* plates. Half Russia. Price $12.50 (by mail, postpaid and registered).

Probably no surgical work was ever offered to the medical public with finer engravings, both as regards technical execution and anatomical accuracy, than Bernard and Huette's *Chirurgie Operatoire*. The present volume, based upon that celebrated production, makes use of many of the same plates, and adds others not less carefully prepared, together with many woodcuts.

The text has been entirely re-written under the supervision of the eminent English surgeon, Mr. Norton, with the assistance of a number of distinguished London specialists. By their aid, it has been extended to include all surgical operations of standard value and approved by the best living authorities. Thus, besides the general operations which every surgeon and every physician must be prepared to perform, if he would meet the usual emergencies of professional life, the work gives full details, always elaborately illustrated, of the operative surgery of special branches. The chapter on Ophthalmic Surgery has been prepared by Mr. Silcock; that on Diseases of Women, by Drs. Handfield Jones and Wiltshire; that on Aural Surgery, by Mr. Field; and other equally well-known British specialists have contributed chapters on Lithotrity, Osteotomy, and Renal Operations. In this manner, this work may be considered a compendium of the whole domain of operative surgery in its most recent and authoritative expression.

The descriptions of the operations are clear and practical. The anatomy of the parts is first explained, and the relations of the adjacent vessels and tissues carefully set forth; then follow the steps of the operation, minutely detailed one by one, with the variations in it which may be advantageous under special conditions, as anomalies, etc. The steel plate illustrations which accompany each description are colored after life with scrupulous fidelity, and bring the steps of the procedure to the knowledge of the reader almost as completely as a dissection itself.

A Text-book of Naked-eye Anatomy. By James Cantle, M. A., M. B., F. R. C. S., etc. Third edition. Illustrated with 113 Plates, engraved on steel after designs by Prof. Masse. Bailliere & Co., London & Paris, 1886. (Philadelphia: for sale by D. G. Brinton.) Large 8vo. *colored* plates. Half Russia. Price, $12.50 (by mail, postpaid and registered.)

The colored steel plates of Professor Masse are unique of their kind, faithfully executed, and afford the best means of obtaining an exact knowledge of anatomy, or keeping that knowledge fresh in memory, short of actual dissections. Without some such work as this, the physician who does not or cannot frequent the dissecting room will infallibly lose the precision of his anatomical facts, and with that a good deal of his certainty in diagnosis and confidence in his operations. As anatomy is the foundation of all medical and surgical proficiency, it is the first duty as well as the most direct interest of every physician to keep clearly in his mind the macroscopical or naked-eye anatomy of the body. To accomplish this, there is no other way open to him than by frequent consultation of such a work as the one before us. It covers the whole of the economy, beginning with the bones, and proceding to the muscles, glands, nerves, vascular system, genital organs, organs of special sense, etc.

All of these are illustrated by carefully colored full-page steel plates, 113 in number, many of which contain four or five separate figures. The relations of the parts are shown by different hues and shadings, so that at a glance one perceives the various tissues and their positions. The extreme delicacy of the technical work on these line engravings renders them models of artistic execution, and their accuracy places them in the first rank of anatomical illustrations.

The descriptions in the text are succinct and lucid. Constant reference is had to the figures and to the numbers designating the separate parts. The English names are employed in preference to the Latin wherever the custom of the age permits it, and this we agree is a sign of advance. The anatomy of special organs is treated with unusual fullness, and the aim of the author is constantly to avoid useless details, and to convey in the most direct manner possible the information essential to the student and practitioner.

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PRACTICAL MEDICAL JOURNALISM.

By *practical* medical journalism we mean such journalism as is calculated to be of *practical* use to the *practical* physician in the every-day practice of his profession. In this great country of nearly 60,000,000 of people and more than 80,000 physicians, there is to be found, as we might expect, a large number of medical journals, varying in the way in which they are conducted, in order that they may suit the particular class of physicians for whom they are intended. Notably we have two extremes. First, we have the large weeklies, full of long-winded, deep, scientific articles, that are of comparatively little *practical* value, since it is necessary to wade through many pages of matter that possess very little interest for the busy physician, and consume his valuable time in order that what little of value is therein contained may be extracted. No one can call such a journal *practical*, however valuable it may be to the man who has the time and inclination to acquaint himself with the literature of medicine.

Secondly, we have the cheap monthlies, whose cheapness is their chief recommendation. We had better say *low price*, rather than *cheapness*, for in medical journals as in any other articles of merchandise that which is low-priced is not always cheap. As a rule (of course there are exceptions) these low-priced monthlies are worth all that is asked for them; but if a man imagines that he will get for one dollar a year all the journalistic aid that he requires in the practice of his profession, we fear that his estimate of what is required of our noble calling must be a very inferior one.

Then we come to the "happy medium class," and it is in this category that we have always endeavored to keep the REPORTER, during the *thirty-three years* of its existence. Our idea of a journal for the busy physician is that it should be so conducted as to assist him to recognize the nature of a disease or an injury when it confronts him, and tell him how to restore his patient to health, and to do this with as much conciseness and brevity as is consistent with a clear understanding of the subject. That the *practical* physician also entertains this same view of *practical* journalism, is amply evidenced by the fact that the REPORTER always has been, and is, recognized as the journal of the mass of the profession, of the busy, practical physician. We have no use for, and do not publish long-winded, wordy articles. Whenever a Society or Hospital Report from any part of the world is *practical*, we publish it. In

our Periscope and Notes and Comments we briefly and concisely record all that is worth knowing. We editorially discuss the questions of the day, and in our department of "Queries and Replies," we afford the subscriber the opportunity to procure any desired information. In a word, we think that we publish the most useful and most practical medical journal in the United States. If there are any physicians who differ with us, we would like to have their views on the subject.

TREATMENT OF CATARRHAL ICTERUS.

Catarrhal jaundice is a disease which presents so many various degrees of severity that it is difficult to determine the value of any kind of treatment without knowing the type of catarrhal inflammation of the bile ducts with which one has to do.

In our experience there are three main varieties of this disease—one, which invariably brings about a fatal issue when the ducts finally close up; then the opposite, a form so mild that often within a week all indications of jaundice have disappeared, and with them the malady itself; and, finally, a slow, sneaking type, which drags on for weeks and months, and which—if uncomplicated—always ends favorably, but which often seems to be the forerunner of graver lesions, that after a year or two cause the death of the individual.

It is especially with this last variety that we have here to do. Here the treatment is often very unsatisfactory, and there are many cases where all our procedures seem to be followed by no benefit to the patient. In Napheys' Therapeutics, Engel recommends a method which makes use mainly of the function of the kidneys to eliminate the bile, and which as a rule probably is the most successful treatment in the general run of cases. But though improvement under it always sets in, we meet with cases here and there where the disease nevertheless drags on for weeks and months.

Dr. H. Löwenthal in the *Berl. Klin. Woch.*, 1886, No. 9, recommends Krull's irrigations in just these slow cases, and from his report we judge that this method offers advantages possessed by no other. Krull's procedure is as follows: The patient daily receives an injection of cold water per anum, about one or two quarts of the fluid generally being sufficient.

Löwenthal treated 41 cases of catarrhal jaundice by this method. In all cases (with the single exception of one where the observation could not be carried to the end on account of the patient's not returning) rapid and favorable results were obtained. In children the quantity injected each time amounted to one litre (about 1 pint); in adults, from 1 to 2. The temperature of the water was as follows: First day, 12–13° R.; second day, 15–16° R.; third day, 18; Fourth and eventually following days, 18–24° R. Generally after the third injection the stools assumed a yellowish tint, and after the fourth they were invariably brown. After the second and third injection appetite returned, and the feeling of discomfort and lassitude disappeared. All other phenomena ceased as rapidly.

The treatment is so simple that it well merits a general trial. Its mode of action may be thus explained. In catarrhal icterus there is an increased quantity of blood in the upper part of the duodenum; if large quantities of cold water are injected per anum, a revolution takes place in the intestinal circulation, and this is ultimately followed by hyperæmia of the rectum, thus bringing about for the time being anæmia of just those parts that have too much blood. To it must be added the peculiar revulsive action of cold water, probably induced by the effect which it has on the splanchnic nerves.

Notes and Comments.

The Alleged Poisonous Properties of the Common Parsnip.

Two of the contributions from the department of pharmacy in the University of Wisconsin (*Pharm. Jour.*) are devoted to the subject of the alleged poisonous properties of the root of the common parsnip (*pastinaca sativa*), when growing wild. It appears to be a popular belief in some parts of the United States that if the edible roots of the cultivated parsnip remain three years in the ground they revert to the wild form, and then possess poisonous properties. Mr. J. T. Bennett failed, however, to separate from wild roots any principle that produced poisonous symptoms when administered to the lower animals, and Mr. Wells gives direct testimony that he has eaten, both cooked and raw, roots from a parsnip patch that has been allowed to run wild for probably half a century. It is concluded, therefore, that the frequently-reported cases of poisoning by wild parsnip root ought to be attributed to one or other of the umbelliferous roots re-

sembling it, which are known to possess poisonous properties.

Suppurating Venereal Bubo: with Remarks on a Method of Subcutaneous Treatment, and Report of Cases.

Twenty-one successful cases entitles the treatment which Dr. Scott Helm reports in the *Chicago Med. Jour.* for September to further trial.

"The parts are thoroughly cleansed; the ether spray is used for the purpose of local anæsthesia; then the canula, attached to the stop-cock section and mounted on the trocar, is inserted into the centre of the abscess; the trocar is withdrawn and the stop-cock turned in order to prevent the introduction of air. The barrel is then attached at its sliding-joint and the pus withdrawn and the quantity noted. The barrel is then carefully washed and a two per cent. solution of carbolic acid injected and the cavity thus washed out. After this has been withdrawn the iodol or iodoform, suspended in the oleic acid, is injected, in like quantity to the amount of pus evacuated, after which the needle is withdrawn and the point of entrance, after being carefully dried, is coated with a film of collodion, and a compress and bandage applied over all."

Remarkable Injury of the Finger.

M. Thomas, of Tours, has described to the Paris Society of Surgeons a remarkable injury of the third finger which has come under his notice. One of his patients, going home late without his key, wished to climb an iron railing with sharp-pointed tops. When dropping down, he felt himself retained by his third finger, which gave way at last; and, going into his room, he found that his finger was completely stripped of its integuments. A medical man, called at once, found the finger caught on the railing by a ring. The finger appeared complete, but was without the bone. M. Thomas was called an hour after, and reintroduced the bone into the finger. He applied two sutures, and bandaged the hand. The extremity of the finger became gangrenous. However, the patient had from this attempt the benefit of preserving nearly a phalanx and a half of his finger. M. Thomas has not found any such case on record.

Native Plants Injurious to the Skin.

The object of the paper which Dr. James C. White presented to the American Dermatological Association was to show that the number of plants growing native and cultivated in the United States, which are capable of exciting some degree of dermatitis by contact is much larger than is generally supposed, and that cases of such inflammation of the skin not infrequently occur without being understood, because the patient has not been exposed to the two or three plants which alone are considered to be poisonous. He enumerated over fifty species which have irritating properties when brought in contact with the skin. With reference to rhus poisoning, the speaker said that the rhus toxicodendron was comparatively innocuous, while the rhus venenata was the most poisonous species of this plant. The treatment is the ordinary treatment of dermatitis. There is no specific for this form of dermatitis.

Treatment of Acute Gonorrhœa.

In the *Medical Age* Dr. W. M. Casey says that about November 10, 1885, a mechanic, aged 26 years, came to him with acute gonorrhœa. He prescribed at intervals different remedies for injection common to the ordinary treatments, but they did not have much control over the discharge.

At the end of four weeks he became worried, the patient being of good family and "good pay." It occurred to him that normal liquid ergot might serve a good purpose, and he prescribed as an injection normal liquid ergot (P., D. & Co.'s), one part; water, six parts.

This was on December 12, 1885. On December 22d, he returned representing marked improvement. The discharge had almost ceased. At this time he repeated the formula. This sufficed to complete the cure, for January 5th he called to pay his bill, stating that he was well. In all he had used only f.ʒiij of the normal ergot, diluted as stated.

Aconitine as an Anæsthetic in Diseases of the Eye.

Dr. Pierd'hovy, of Milan, (*Recueil d'Ophthalmologie* 5, 1886,) has made some experiments with the salts of aconitine, including the oleate, the hydrochlorate, and the valerianate, with the view of substituting them for cocaine. The solutions used were of the strength of 1 per cent., and two or three drops were instilled into the eye. He found that in the course of two or three minutes anæsthesia as complete as that produced by cocaine was induced. It does not seem, however, that in

this form the salts of aconitine can be used as substitutes for cocaine, since after the lapse of a short period the conjunctiva becomes congested, and heat and pain are complained of, which extend to the cheek and to the lips of the same side, and there is sometimes lachrymation. The anæsthesia lasts for twenty or thirty minutes, and disappears, together with the pain, in the course of an hour or two. The pupil at first contracts, then slightly dilates, and finally resumes its normal diameter.

A Solvent for Sordes in Ataxic Fevers.

Dr. A. D. MacGregor, of Kirkcaldy, speaks highly of boric acid as a topical application in the unhealthy condition in which we frequently find the mouth, tongue, and teeth in severe cases of typhoid fever (*Brit. Med. Jour.*, July 10, 1886). He says:

"The mouth is hot; the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva; the tongue dry, or even glazed and hard, brown or black, and crusted with a fœtid fur. Under these circumstances, a pigment containing boric acid (thirty grains), chlorate of potassium (twenty grains), lemon juice (five fluid drachms), and glycerine (three fluid drachms), yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily become detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria, the chlorate of potassium cools and soothes the mucous membrane, the glycerine and lemon juice moisten the parts and aid the salivary sécretion."

Salol.

This new compound, introduced by Mencky, is a derivative of salicylic acid, one atom of hydrogen of which has been replaced by the phenol group (*Pharmaceutical Jour.*). Possessing antipyretic and antiseptic properties, it is hoped that it may prove of service in cases in which the salicylate of soda is badly borne. Its physical characters are those of a white powder of faintly aromatic odor, almost insoluble in water, and perfectly tasteless. In the organism the compound becomes split up into the salicyl and phenol elements; both may be detected in the urine, which becomes very dark, as happens after the ingestion of carbolic acid, of which salol contains thirty-eight per cent. The splitting of the compound is believed to take place in the duodenum, under the influence of the pancreatic digestion. It is remarkable that no toxic symptoms appear to have resulted from the employment of salol.

Treatment of Painful Chronic Cystitis.

The following suggestion for painful chronic cystitis has been found to be very efficacious: Crystallized nitrate of silver, one gramme; distilled water, fifty grammes. This is injected in cases of painful chronic cystitis. After the patient has passed urine, an explorator, with a perforated bougie, No. 12 to 14, is introduced until the urethral sphincter is reached, and from twenty to forty drops of the solution are injected. The necessary number of injections, and the time which should elapse between administering them, varies. If the patient has only suffered three or four hours after the first injection, it is repeated every other day; but, if the pain continue for one or two days, it is better only to administer an instillation once or twice a week, and to decrease the number of drops. This remedy succeeds very well in cystitis of a gonorrhœal origin, but should not be used in cases of cancer, or tuberculosis of the bladder.

Intestinal Obstruction from an Unusual Cause.

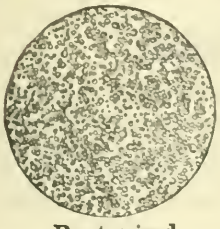
Dr. E. T. Gould, of Sonora, Cal., writes to the *Med. Record* that he was called on the morning of June 27 in consultation upon a case of obstruction of the bowels occurring in a patient fifty-eight years old. Laparotomy was advised, but as the attending physician did not concur in this, it was decided to use morphine hypodermatically in sufficient doses and with sufficient frequency to produce entire freedom from pain for forty-eight hours, and then to give a full dose of castor-oil. The treatment was ineffectual, and death occurred on June 30. Five hours later the autopsy was made. The cause of the obstruction was found to be strangulation of four feet of the ileum by a loop of diverticulum. The diverticulum, an inch and a half in length, was from the ileum, and its tip had become adherent to the bowel as a result of previous inflammation. It was located three feet from the ileo-cæcal junction.

Hyperpyrexia and Rapid Development of Pneumonia.

A highly interesting case has recently been observed at the Western Fever Hospital at Fulham (England). A woman, æt. 27, was admitted at midday, on September 13, with profuse scarlatinal desquamation over the

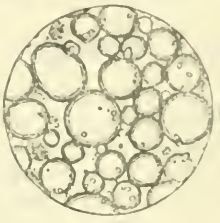
Peptonized Cod Liver Oil and Milk.

The finest division of oil globules reached in any emulsion or preparation of Cod Liver Oil.



Peptonized Cod Liver Oil and Milk
200 Diameters.

Cow's Milk.
200 Diameters.



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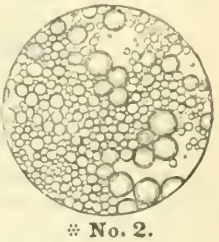
200 Diameters.



*** No. 2.**
200 Diameters.

All preparations of Cod Liver Oil but the plain, in the market, are Emulsions in some form, regardless of the names given them. *Their value and easy digestibility over the plain Oil must consist in the division of the oil globules.* Any physician who has a microscope of any power can compare COD LIVER OIL AND MILK with the various preparations of Cod Liver Oil, and he will find that the oil globules of COD LIVER OIL AND MILK are from 10 to 100 times finer than any preparation of Cod Liver Oil in the market, and 25 per cent. finer than in nature's Emulsion, milk. This should be the guide in the use of Cod Liver Oil with every practitioner.

Messrs. REED & CARNRICK, New York City.—Dear Sirs: I have examined your PEPTONIZED COD LIVER OIL AND MILK microscopically, with the following results:

This preparation shows extremely minute oil globules suspended in a clear solution. The mean diameter of these globules is rather less than 0.003 m.m. (about $\frac{1}{8000}$ inch), and the largest are not over 0.006 m.m. (about $\frac{1}{4000}$ inch). For comparison, it may be stated that their average diameter is from one-third to one-half that of the red blood corpuscles. *These photomicrographs show their size as compared to Milk, and Emulsions of Cod Liver Oil in the market. They have all been photographed under exactly the same conditions. In some of the specimens the globules when spread out in a very thin layer, gather in clusters, giving an uneven field, but not affecting their size.*

Very truly yours, JAMES R. DUGGAN, M. D., PH.D.
Feb. 26, 1885. Fellow in the Johns Hopkins University, Sec'y Baltimore Micros'l Society.

ANALYSIS OF PEPTONIZED COD LIVER OIL AND MILK, by Prof. ATTFIELD, PH.D., F.C.S., Etc., author of a Manual of General and Pharmaceutical Chemistry.

I have analyzed PEPTONIZED COD LIVER OIL AND MILK, and find that it is exactly what the maker states it to be. The sample submitted to me has all the properties of a specimen prepared by myself, except that their machinery has produced a more perfect emulsion than my hand labor can effect. Indeed, I find by aid of the microscope, that as regards perfection of emulsion—that is, admixture of a fatty with a non-fatty fluid—the oil in PEPTONIZED COD LIVER OIL AND MILK is in a finer state of division than the butter is in ordinary milk.

(Signed) JOHN ATTFIELD.

Peptonized Cod Liver Oil and Milk is also combined with Hypophosphites of Lime and Soda.

* Of the preparations of Oil on the market, No. 1 contained the largest, and No. 2 the smallest oil globules next to Peptonized Cod Liver Oil and Milk, in comparison with all the other preparations of Cod Liver Oil in the market.

Samples sent on application, by

REED & CARNRICK,
6 Harrison St., New York.

CARNRICK'S

SOLUBLE FOOD!

Malt Sugar vs. Dextrine.

The introduction of Soluble Food during the past summer has convinced us that it will agree with 399 out of 400 children, whereas foods composed of Malt Sugar cause fermentation in the stomach and disagree with a very large percentage. Believing that one of the principal reasons for this great difference was that in Soluble Food the starch of the wheat is in the form of dextrine and dextrose, we wrote Prof. DUGGAN (the best authority on fermentation in this country), and received the following:

JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD.

MESSRS. REED & CARNRICK, New York. *Dear Sirs:*—In reply to your inquiry as to whether Dextrine or Malt Sugar is best suited for digestion by children, I must say I think Dextrine is undoubtedly preferable. The two following reasons will, I think, convince any one that this conclusion is well founded—In the first place, Dextrine will not undergo alcoholic or acid fermentation, as will Malt Sugar and other forms of sugar. It is well known that children are apt to have acidity of the stomach after eating "sweet things;" this is of course due to the fermentation of the sugar in the stomach. In addition to this, Pavy has recently shown (*London Lancet*, 1885,) that carbohydrates are converted in the alimentary canal into Dextrine or a similar substance that has no reducing action on Fehling's solution. From this it would appear thhat Dextrine is, of all the carbohydrates, themost nearly ready for absorption by the system. The success that has recently attended the use of Dextrine in dyspepsia gives strength to this view. Very respectfully, J. R. DUGGAN, M. D., Ph. D.

The milk used in SOLUBLE FOOD is so treated that no poisonous ferments, such as Tyrotoxicon, can be germinated. The milk is received directly from the cow, placed in a refrigerator, and rapidly reduced to 40° F. It is then immediately drawn into a vacuum pan and partially digested with pancreatine, thus rendering the casein as soluble as the casein of human milk, after which all the water is eliminated but about 4 per cent.

SOLUBLE FOOD contains 50 per cent. of the finest quality of wheat. The flour is first baked into crackers, then powdered and kept at a temperature of 350° F. for eight hours. This process converts the starch into Dextrine and renders the gluten easy of digestion, which is the only form in which the cereals should be given to children.

Dextrine not only cannot ferment, but further has the property of stimulating the digegestion.

Foods containing *malt sugar* should not be used for children, for they are apt to produce fermentation as cane sugar.

The starch in any article of food must be converted into malt sugar before alcoholic or acetic fermentation can take place, and consequently foods taken in the form of malt sugar are very apt to ferment before normal assimilation can take place. This is undoubtedly the reason that preparations composed of malt sugar disagree with such a large percentage of children, while Soluble Food agrees with children almost universally. It contains from 50 to 100 % more nitrogenous and bone-forming matter, than any other Infants' Food in the market, and is consequently less expensive to use.

Samples sent post-free on application, by

REED & CARNRICK,

NEW YORK.

In corresponding with Advertisers, please mention THE MEDICAL AND SURGICAL REPORTER.

entire surface of the body. Her temperature on admission was 101.4°, and she complained of no pain. However, at 6 p. m. her temperature was 106°, and a few fine crepitations were detected at the right base. At 10:40 p. m. she was violently delirious, and became rapidly unconscious, dying at 11:15 p. m. A quarter of an hour before death her temperature rose to 110.4°, and loud mucous râles were heard. At the autopsy there were found some slight recent pleurisy, extensive œdema, and marked early red hepatization of both bases, but especially the right.

The Surgical Treatment of Hepatic Abscess.

It has become a surgical axiom that the earlier an abscess is evacuated the better. But in the literature the opinion seems to predominate that these abscesses are an exception, and some authors even go so far as to advise non-interference. "With our present knowledge of antiseptic surgery," says Dr. L. L. McArthur (*Chicago Med. Jour.* for September), "I believe a diagnosable abscess of the liver can be opened without increasing the patient's danger, either by Volkmann's or Grave's method. Certainly the plan of 'laisser faire,' of 'letting nature take its course,' ought to be given up, and dependence not be placed simply upon the routine treatment by tonics, stimulants, and anodynes."

Poisoning by Squills.

Squills and tolu are household remedies, and when baby has a cough he is dosed with them. But Dr. E. B. Truman reports several cases of fatal poisoning by squills in the *Lancet* (September 4), and he concludes:

1. That squills is not a safe drug to use for routine, and especially popular or lay practice.

2. That being so variable, and when strong so potent a drug, it should be looked upon by the profession as unsuitable for use until a solution of standard strength can be produced.

3. That in the meanwhile its use should be discontinued.

Phosphorus in Intermittent Fever.

A Russian provincial practitioner, Dr. Sochinski, states that during a rural practice of five years he has found phosphorus a valuable remedy in intermittent fever. He prescribes the oleum phosphoratum in the form of emulsion, a drachm in six ounces, of which a tablespoonful is given three times a day. This, he says, never produces unpleasant effects, and is, in his experience, superior to tincture of iodine, tincture of eucalyptus, and even to arsenic, cinchonine, and resorcine, though scarcely equal to quinine or carbolic acid and corrosive sublimate. It is, however, a simple and a very convenient remedy for out-patients in dispensary or parochial practice.

Scrofulous Tumors.

The Paris correspondent of the London *Med. Press* tells us that M. Besnier recommends that in the treatment of those soft scrofulous tumors of the neck so often witnessed, and which generally when left to themselves, or treated by incision, leave such ugly scars, an effort should be made to prevent suppuration, or at least the issue of the matter. He, himself, has obtained the most happy results from a solution of iodoform (℥ss to ℥iiss of ether). The immediate effect is pain rather sharp, and then swelling, but soon the tumor diminishes progressively, and finally disappears, leaving in its place a little hard nodule.

Paralysis Agitans without Shaking.

Dr. Beevor related several cases of paralysis agitans without tremor, in a paper read before the Medical Society of London. In these cases, fixed attitude, rigidity of the neck, with difficulty in looking up, expressionless countenance, slow delayed movements, difficulty in rising from the sitting posture, monotonous and mumbling speech, were present. The writing in nearly all the cases was wavy; retropulsion, apropulsion was frequently present. Charcot, Buzzard, and Gowers have published cases of this kind. It seems possible for paralysis agitans to run its course without any tremor being present.

Paralysis after Tonsillitis.

Dr. Prévost mentions in the *Archives Médicales Belges*, an exceptional case of paralysis of the arm following tonsillitis. An officer had a sharp attack of tonsillitis, so that scarification was necessary, but there was no exudation which might suggest diphtheria. The affection had been cured for some time, and no trace of it remained, when the patient complained of weakness in the right arm, which increased by degrees, and resulted in paralysis. After trying various remedies, the patient was cured, and no trace remained of the paralysis.

Pharyngeal Catarrh and Pepsin.

Dr. J. Fisher, of Berlin, had a patient suffering with chronic pharyngeal catarrh (*Berl. kl. Woch.*, 49–86). Various local and internal remedies were tried in vain, until finally, the patient complaining of some transient gastric disturbance, caused by too luxurious a meal, the doctor advised him to take five grains of Jensen's pepsin, which, by the way, is also recognized in Germany as the best pepsin in the market, immediately after each meal. The patient, who from the frequent medication had become averse to medicine, took the pepsin pure, one-half grain of aromatic powder being added to five grains of Jensen's pepsin, simply to preserve the latter in its dry state. The effect was remarkable. Not only the stomach improved, but after three days' use the pharyngeal catarrh also showed decided amelioration. Dr. F. then administered the pepsin in still larger doses, ten grains each, and two weeks later the catarrh had disappeared. The same remedy was afterwards tried in four more cases and with the same result, but other pepsin preparations failed.

There is one symptom that seems always to yield readily to Jensen's pepsin, viz., the peculiar dryness, of which patients suffering from chronic pharyngeal catarrh are so apt to complain. The remedy ought to be taken in its pure state, only a moderate dose of aromatic powder being added to keep it dry, and it should be allowed slowly to dissolve in the mouth.

Cauquoin's Paste.

This paste, much praised for its removal of cancerous growths, particularly those of the lip, is composed of chloride of zinc, eight parts; oxide of zinc, one part; flour, dried at a high heat, seven parts; cold water, one part. The directions for its preparation are to dissolve the chloride of zinc in the water, and, having added the oxide of zinc and the flour, rub the mass in a mortar. This compound must be used with some caution, as death has been reported from its injudicious use.

Suture of Widely Divided Nerves.

Dr. Assaky presented a thesis on this subject to the Paris Biological Society. The doctor advises that the central end be joined to the peripheral end by means of catgut sutures. Excellent results follow, even if no close approximation is possible, when the loss of substance is great. Experiments show that suture promotes and hastens regeneration. The cicatrix along the track of the sutures is found richer in nerve fibre than where no sutures are used.

Combinations of Lanoline.

O. Philipp has stated the result of his experiments as to the best modes of prescribing lanoline. With soft fats, fatty oils, and oily substances, such as pix liquida, ol. cadini, oil of turpentine, and ichthyol, lanoline mixes easily. Hard substances, as cetaceum, must first be melted, and then the lanoline stirred into the melted mass. Overheating of the lanoline must be avoided, otherwise the water separates from the cholesterin fat.

Treatment of Trichinosis.

In several cases of trichinosis in man, Fiedler has been successful in effecting a cure by the administration of one tablespoonful of pure glycerin every hour in grave cases; in less pronounced cases he advises a smaller dose hourly, as large quantities of glycerin may produce hæmoglobinuria and other toxic symptoms. It may also be given per rectum. German journals are very emphatic in declaring this agent a cure for the dreaded trichinosis.

Naphthalin as an Anthelmintic.

Dr. Coriander, of Samarkand, recommends naphthalin as a valuable economical remedy, especially in country and military practice, for worms, both tænia and ascarides. He gives children of from one to three years of age 2 or 3 grains twice a day. In the case of adults he gives from 20 to 80 grains a day in powder with sugar.

An Unrecorded Danger from Continued Large Doses of Iron.

When iron is indicated and ordered, it usually happens that its use is persevered in for a long time.

Dr. J. Strahan calls attention, in the *Brit. Med. Jour.*, September 18, to the fact that it is likely to cause intestinal concretions, and we should remember this fact.

Urticaria.

Lassar cuts short the duration and reduces the frequency of violent attacks of urticaria by 24-grain doses of salicylate of sodium, repeated every two hours until three doses are taken. It is certainly well worthy of a trial, as the trouble is undoubtedly at times a very stubborn, not to say serious one.

Correspondence.

Paris Letter.

Curability of Cirrhosis of Liver—Diseases Common in Syria—Treatment of Fractures by Massage—Antipyrin in Infantile Therapeutics—Rabies—Iron Fork Extracted by Gastrotomy—Curious Statistics—Turpentine in Diphtheria—Oxymel of Squills in Pertussis.

Paris, *October* 1, 1886.

Eds. Med. and Surg. Reporter:

At a recent séance of the Société Med. des Hôpitaux, cirrhosis of the liver and its prognosis came under discussion.

It has been generally considered an incurable disease. "Where ascites is present in conjunction with the other symptoms proper to cirrhosis, no hope of cure can be entertained, and treatment is only palliative," such are the words of Rendu, in the Dictionnaire Encyclopedique. Frerichs considers the disease fatal in the great majority of cases, and almost inevitably so when arrived at its full period of development. However, in the course of this discussion a number of cases where cure was obtained after the patients had presented all the symptoms of the disease were reported by various and able clinical observers.

Troisier reported one, of alcoholic origin, where cure was obtained, and MM. Siredey and Dumontporcelet, a similar one; in both these cases the duration of treatment was unknown. Féreol reported a case where cure was obtained after three months, Richard, one after eighteen months, and Dieulafoy, one after two years. Finally, M. Saucerotte, of Lunéville, reported a case which had come under his father's care thirty years previously, where cirrhosis had been diagnosticated by Fouquier and other eminent practitioners. The patient was under treatment about one year, and enjoyed excellent health up to the time he came under M. Saucerotte's observation, thirty years later.

At a recent séance of the Academie, an interesting communication was received from M. De Brunn, Professor in the French College at Beyrouth, on the diseases most prevalent in Syria.

Malaria comes first in rank, and is very frequently observed; it gives rise in many patients to crises of laryngeal spasm, due to acute œdema of the parts, and these accidents are most amenable to treatment by the sulphate of quinine. Next in frequency comes syphilis, which is very common among the Musselman population. Affections and derangements of the digestive organs are frequently caused by poor food and the abuse of cheap arrack, a liquor containing from 38 to 40 per cent. of alcohol. As in most oriental countries, gravel and stone, and also affections of the eyes, particularly granular conjunctivitis, are very prevalent.

In summer a skin affection accompanied by severe pruritus, and called sweat dartre or button, causes much suffering among the poorer classes.

A new method of treatment of fractures, particularly of the radius and fibula, was recently brought to the attention of the Societe de Chirurgie by M. Lucas-Championniére. This consists in immediate and prolonged massage at the seat of fracture, without the application of any splint or other apparatus to secure immobility.

M. Championniére asserts that in many cases this has given very excellent and rapid results. In a recent case, a fracture of the radius occurring to a physician, three days of massage had proven of such benefit that he was then able to write prescriptions with the injured hand.

M. Trélat, in the discussion which followed this communication, considered that proper coaptation of the fractured surfaces, with complete immobility, was absolutely necessary for their proper union; massage and all other such methods could only serve later in reducing stiffness about the joint. He considered that three weeks in splints was generally sufficient, but would not by any means leave the fracture without any form of apparatus, as recommended by M. Lucas-Championniére and by Tilanus, of Amsterdam.

M. Moncorvo strongly recommends antipyrin in infantile therapeutics; he regards it as the least dangerous of febrifuges, and has given as much as one gram for a dose to the youngest infants. It always procures a reduction of temperature in pulmonary affections, inflammatory or otherwise.

In a recent discussion on an assertion of M. Canetolli, that rabies was sometimes of spontaneous origin, M. Dujardin-Beaumetz mentioned some curious facts in relation to the subject.

He denied absolutely the assertion that rabies is ever spontaneously developed; a dog never becomes affected with the disease unless bitten by another dog already suffering.

Since the compulsory use of the muzzle has been adopted in Berlin, rabies has been almost entirely suppressed in that city.

It has been said that rabies is almost unknown in Constantinople, notwithstanding the great number of dogs which infest that city. This is on account of their curious and well known customs. The dogs seem to be divided up into groups, each group occupying a certain quarter of the city. If any strange dog appears, or if any dog strays into the wrong section of the city, he is immediately set upon and devoured by the inhabitants of that section. So that, as dogs belonging to strangers have to be jealously guarded, there is not much danger of the introduction of rabies. In Paris there are many dogs allowed to run loose during the day, and if one becomes mad there is no impediment to his spreading the disease.

M. Pollaillon recently performed gastrotomy for the removal of an iron fork swallowed by a boatman. The presence of the fork in the stomach was clearly indicated by the deflection of the magnetic needle, in a very delicate apparatus, devised by M. Trouve. The operation bids fair to become successful, as all indications point to speedy recovery of the patient. According to M. Pollaillon, out of seventeen cases where forks were swallowed, in seven the foreign object did not cause serious accidents, and was eliminated after formation of abscess. This case has attracted considerable attention here at Paris, where surgical operations on the stomach are not so frequently performed as in Germany.

One of the most curious statistical records recently compiled is that of Dr. Salzmann, of Essling, in Wurtemberg. He found on going over the ancient records of Essling, that in the sixteenth century the average duration of life among the physicians was 36.5 years; in the seventeenth, 45.8; in the eighteenth, 45.8, while at the present time the physicians of Wurtemberg reach the very favorable average of 56.7 years. It would appear that this very great increase in longevity was due to the disappearance of the pest, and the great diminution in the number of typhus epidemics. The black death, or black pest of the fourteenth century, decimated the practitioners of that epoch. Guy de Chauliac suffered from it twice and recovered; Chalin de Vinario succumbed.

At the Congrès General for the Advancement of Sciences held this year at Nancy, M. Delthel spoke somewhat in detail of his treatment of diphtheria by inhalation of the vapor from spirits of turpentine, and swabbing the throat with the same product. He has had 126 recoveries in 134 cases. His treatment is very simple: Near the patient's head and in different parts of the room he places large platters containing common spirits of turpentine, and uses the same liquid over the membranous patches with the swab. Incidentally he called attention to the notable increase in the mortality of this disease; in Paris there is a yearly mortality of 2,000 from diphtheria, while in Saxony 20,000 people have perished from the disease in the space of four years. He is of opinion, and his views in this respect were sustained by MM. Verneuil and Bouchard, that there is a similar disease among poultry, and that in certain cases this might lead to the spread of the disease.

M. Netter, at the same Congrés, vaunted the excellent results obtained from the administration of oxymel of squills in whooping cough. To nursing infants he gives from forty to sixty drops daily, in divided doses. To a child two years of age he gives four or five teaspoonfuls in the course of one hour, and then no more until the following day at the same hour. For older children he increases the dose to six or seven teaspoonfuls. Under the use of this remedy the cough becomes softer, and the number and duration of the spasms rapidly diminish. * * * *

Charms and Superstitions.

Eds. Med. and Surg. Reporter:

In the Reporter for August 7th, is an article on "Charms and Superstitions," etc. If you desire anything more in that line, I can give a few items of superstitions and charms, practiced by some of the people in this corner of the foot-stool.

To carry an axe on your shoulder through the dwelling house is a sign your next child will be a boy. To carry a "horse chestnut" in your pocket, will not only prevent, but actually cure "piles." To carry some of the fruit of the coffee-nut tree in your pocket will prevent an attack of cramp colic. Wearing a brass ring on the little finger of the left hand will cure and prevent rheumatism. To repeat a few words, said to be contained in the Bible, and blowing the breath on a burn three times, will cure the worst case. Wearing a leather shoe-string around the neck will prevent whooping-cough.

The persons practicing the above superstitious folly are well known to myself. Besides that which has been enumerated above, there are quite a number of other charms believed in. With the exception of this superstition, the individuals otherwise seem reasonably sensible. But these things having

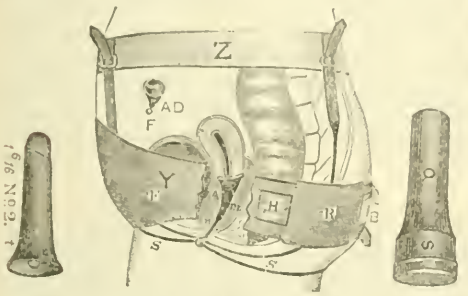
been handed down from generation to generation are firmly believed in; and the skill of a physician who is the seventh son of a seventh son, is, in their estimation, beyond all doubt, perfect. A READER.

Morea, Ill.

NEWS AND MISCELLANY.

Staufer's Gynecological Instruments.

This series of hard-rubber instruments has been advertised in this journal for a period of fifteen years. The series now comprises 200 styles and sizes of womb-supporting and womb-examining instruments.



Single, $2.50 — Spring Stem Cup on Y, $6.00; " " " " Z, 5.00 — Encased, $12.00

The engraving represents a spring stem and internal yielding stem cup supporter, on abdominal supporting belt. Fig. *y* on the left a hard-rubber speculum and conductor, flesh color inside, showing the vaginal portion of the uterus as plainly as if located externally. On the right the series of 4 graded speculums and conductors in a hard-rubber case. Whole weight but 10 ounces. The hard rubber parts are exchanged at cost (less repair if needed), throughout the catalogue, without limit of time. The same guaranteed. Please send for catalogue, rules and limit of guarantee.

Instruments and catalogue obtained by addressing MEDICAL AND SURGICAL REPORTER office.

Recent Therapeutics.

The question is often asked us by correspondents, Which is the best work on Therapeutics? The query cannot be answered by giving a single title. Therapeutics may be studied as a classification of drugs with reference to their effects in disease.

From this point of view we give the preference to Dr. T. Lauder Brunton's work, "Materia Medica and Therapeutics." On the other hand, the reader may prefer to have a classification of diseases, with a synopsis of their most appropriate remedies, and a statement of the treatment adopted by the most eminent living physicians. To such a reader we commend the series entitled *Modern Therapeutics*, published at the office of this journal, in four volumes, as follows: I. Modern Medical Therapeutics, by Dr. G. H. Napheys, $4.00; II. Modern Surgical Therapeutics, by the same, $4.00; both revised to a late date. III. Therapeutics of Diseases of Women, by Dr. Wm. B. Atkinson, $3.00. IV. Therapeutics of Diseases of Children, by Dr. Joseph F. Edwards, $3.00. The volumes are sold separately, at the prices named (in cloth), and the unusual offer is made that if they are not satisfactory, and are promptly returned, the price will be refunded.

Wyeth's Vaccine Farm.

One of the questions set down for discussion at the recent conference of State Boards of Health was, "Should Vaccination be made Compulsory?" Such a question, one would suppose, should be unhesitatingly answered in the affirmative, when we realize, as we do, what an absolute protection this trivial operation affords against the terrible ravages of small-pox. But there are those who say that vaccination may be potent for much evil, and there is good ground for this fear. It is impossible now-a-days to do all our vaccinating with absolutely irreproachable human lymph, and in using that from the cow we are not always sure of what we are getting. The firm of John Wyeth & Bro. have recently started what may be truly called a *model* vaccine farm. We have personally inspected this farm, and we can honestly say that we have never seen a more perfect establishment. The quarters for the vaccinated heifers are perfectly ventilated, and are so arranged that they can be, and are, kept scrupulously clean. The farm is on such an extensive scale that the Messrs. Wyeth can supply an almost unlimited demand for lymph, and we feel no hesitation whatever in recommending in the strongest terms their product to the profession.

Force of Growing Plants.

The force exerted by growing plants is very great. Fungi are composed of soft tissues, yet a growing mushroom has been known to lift a large paving stone. The rootlets of pines and cedars growing on the sides of rocky declivities penetrate narrow crevices in the rocks, and finally by their

growth loosen huge masses and send them tumbling down the cliff. Years ago President Clarke, of the Massachusetts Agricultural College, put a pumpkin into harness and demonstrated that it was capable of lifting thousands of pounds. In a cemetery in Hanover a seed germinated in a crevice beside a tombstone which contained twenty cubic feet. The seedling, now a small tree, has lifted the stone over five inches. Not the least wonderful of phenomena of this class is the force exerted by the radicle of the germinating plant. Darwin has demonstrated that it exerts a force, which in proportion to its size, is astonishing. This force the plantlet utilizes in sending its root into the soil, and the strangest part of the strange phenomenon is that the little soft radicle is capable of penetrating soil very much harder than itself.

Sir Joseph Lister's Operations.

The foreign correspondent of the *American Practitioner and News*, who has watched Sir Joseph Lister operate, says that he is excessively slow, and is by no means careful in the details of antisepsis. He has given up the spray entirely, and is now using for dressings gauze and cotton impregnated with a new antiseptic. The nature of this is at present a secret. The bold Kentucky correspondent confesses that he "had the cheek to ask Sir Joseph for information on the subject, when he very politely replied that he was sorry to have to decline giving it to me; that it was yet a secret, and he wished to keep it as such until he was fully satisfied as to its efficacy, when he would make it known to the profession. He said that it had been on trial in his wards for many months, and that so far he was greatly pleased with it."

Fees for Obstetrical Practice.

The *American Lancet* says:

What fee should be charged a wealthy man for attendance upon his wife in confinement, more than four hours of day-time being thus consumed, and several visits made the patient during convalescence, by a practitioner of more than 25 years' experience, and occupying one of the most prominent positions among the medical profession of Detroit? Such was the question put to us the other day by another Detroit physician. Our guess was far too high, and yet we estimated the time at about plumber's prices. We doubt if any of our readers would nearer approximate the truth. As a fact, we are ashamed to state the sum. It is no wonder that so many of the physicians of Detroit are poor.

Fasting in Russia.

It is stated in the *Sanitary World* that the Holy Synod, in St. Petersburg, has decided that Russian soldiers in future must observe Lent in the most rigorous way. They will have to fast not only during the four "Great Lents" yearly, but also every Wednesday and Friday, and the six great days of prayer and repentance. This is the calculation: The Great Lent (of Easter), 79 days; Petroffki Lent, 20 to 50; Usspenski Lent, 17; Filippoffski Lent, 39; six days of prayer and repentance, 6; 31 Wednesdays and 31 Fridays, 62; total, 170 to 200 days, on which dates neither meat nor fish (during the Easter Lent), nor eggs, nor milk, nor even sugar, is allowed. The officers assert that the physical strength of the soldiers must inevitably suffer from the new regimen.

Morals and Massage.

English journals are exposing some of the immorality which is said to be associated with the practice of massage by professionals. If the stories are true, many of the establishments are little better than houses of ill-fame. One journal says: "There is only too much reason to believe that the professional *masseur* exercises his or her skill in the direction of exciting the sensual feelings of the patients, or rather victims, and that the success of the professional rubber is closely connected with effects on the system in this direction." Physicians in this city are often informed of similar practices occurring in such establishments here; and doubtless there are none who do not take proper precautions in recommending massage.

Ambiguous Charity.

The other day a grand ball was given at the Hôtel Schweizerhof at Lucerne, in aid of the sufferers from cholera in Italy. Several thousand francs, the proceeds of the entertainment, were handed over to the Italian Relief Committee, more, it is said, to the advantage of Switzerland than of Italy. In the words of an "Indignant Italian," the 'impression is thus made general throughout Europe that Italy is sore stricken with cholera, and travelers are afraid to cross the Swiss frontier, to the serious detriment of the Italian hotel-keepers and tradesmen, and to the corresponding gain of the astute

Switzers, while the subalpine lakes from Lago Maggiore to Lago di Garda were never healthier or more attractive."

Decay of Bakers' Teeth.

A valuable lesson in the vigorous and frequent use of the tooth-brush is to be learned from the following extract from the *Independent Practitioner*. It says that one of the most convincing features in favor of the chemico-parasitic theory is its ability to account for the most diversified phenomena of decay. A striking proof of this is furnished by an article on the above subject from Prof. Dr. Hesse, in the *Deutsche Monatsschrift*. Hesse finds that bakers suffer to a surprising extent from decay of teeth, affecting principally the labial surfaces. He attributes it to the fact that bakers constantly breathe in flour, which is deposited upon the surfaces of the teeth, where it speedily ferments, after being converted into sugar by the diastase of the saliva.

The Value of Nostrums.

The New York *Evening Post* says: "What a commotion there would be among our patent-medicine venders if the New York police followed the example of the Berlin police, who are continually issuing warnings to the public, of which the following is a specimen: 'The tradesman, Paul Heider, of this city, Anklamer Street 28, is selling, under the name of 'Harz Mountain Tea,' a mixture of lavender flowers, sassafras root, peppermint, and several other plants, weighing fifty grammes. His price is fifty pfennigs, and he advertises it as a remedy. Official analysis has shown that the real value of one of these packages is hardly ten pfennigs.'"

A Parisian Mystery.

An example illustrating the necessity of post-mortem examination of the bodies of all persons who have died under suspicious circumstances, or from any unknown cause, has recently occurred in Paris. The dead body of a little girl was found in a street (Rue Vertbois) about a week ago, and as no person came forward to claim it, this of course gave rise to all sorts of suspicions as to the cause of death. This, however, was soon cleared up at the morgue, where at the necropsy Dr. Descouts discovered in the trachea of the child an intestinal worm (the ascaris lumbricoides) fifteen centimetres long, to which he attributed the cause of death by asphyxia.

A Short Method of Cure for all Diseases.

The latest religious sect in Russia has been founded on the dogma that it is a sin to let a fellow-member suffer the martyrdom of disease. Accordingly, when anybody falls sick, one of the believers goes to him and chokes him to death. The person commissioned for the deed is clad in red clothes, and is known as "the red death." Unfortunately they do not confine their delicate attentions to the members of the sect alone, but impelled by a broad charity, seek to cure in their peculiar way every one, whoever he may be, who has the misfortune to become ill.

Hopeless.

Sir Astley Cooper used to relate the following anecdote of an Irish candidate before the Examining Board of the London College: "What is a simple and what is a compound fracture?" asked the examiner. The reply was: "A simple fracture is when the bone is broke, and a compound fracture when it's all broke." Sir Astley asked him what he meant by "all broke." "I mean," he replied, "broke into smithereens, to be sure." I ventured to ask him what was "smithereens." He turned upon me with an intense expression of sympathy upon his countenance, "You don't know what is smithereens? Then I give you up!"

Death Following an Application of Collodion.

A death is reported in France from the application of collodion to the face of a woman suffering from small-pox. The design of the application was to prevent pitting. Suppuration took place under the mask of collodion, and the patient died after great suffering. As the small-pox was discrete and uncomplicated, and the autopsy showed no visceral lesions, the fatal termination would seem to have been due to the injury resulting from the collodion.

Reorganization of the Jefferson Medical College.

It has been announced, we believe correctly, that there will be a reorganization of the Jefferson Medical College. The office of Dean will be abolished, and those of President and Secretary be established—Professor J. M. Da Costa, M. D., to be President, and Professor J. M. Holland, M. D., to be Secretary of the Medical Faculty. Professor Roberts Bartholow, the present Dean, will resign.

The Importance of Cleanliness.

In the annual discourse before the Massachusetts Medical Society at its last annual meeting, Dr. R. M. Hodges says: "Dirty finger-nails may communicate a fatal poison, through the trivial operations of surgery which every physician undertakes to perform, or inaugurate the 'private pestilence' which still sometimes follows in the track of the obstetrician."

Goodell's "Lessons in Gynecology."

A new, enlarged, and thoroughly revised edition of this standard work will be published at the office of this journal next January. As the last edition was rapidly exhausted, orders for the next one should be sent in early to Dr. D. G. Brinton.

Electrical Apparatus.

An electrical battery is now so indispensable an adjunct to a physician's outfit that his office is unfurnished without one. We happen to have quite a variety on hand, of different styles and prices, all new, and by addressing this journal, a physician can supply himself with one at a large discount.

Items.

—Speaking of *purgatives*, Prof. Bartholow told of an old soldier who always carried about him a bullet, which he had used for *forty years* as a cathartic. It acted by its weight.

—Dr. O. W. Holmes said in his address to the students of Edinburgh: "Literature was a good staff for walking with, but not a good one to lean upon. From Coleridge he had learned that every literary man should have some fixed and regular occupation."

—In a case of *infantile eczema*, Prof. Bartholow, besides directions given as to diet, placed the child (aged two years) upon tinct. belladonnæ, gtt. v, ter die, or sufficient to cause dryness of the mouth. The object in view is to affect the cutaneous circulation, and thus bring about the desired result.

——The latest issues of the Physician's Leisure Library embrace "Spinal Irritation" by William A. Hammond, M. D.; and "The Modern Treatment of Eczema," by H. G. Piffard, M. D. Both these monographs sustain the high position which their authors have already obtained among American medical writers.

—The *Weekly Medical Review* (Sept. 25) says that the sorehead opponents of the Congress who have been abroad this summer misrepresenting the same, had better, like the Irish tramp, apply to their respective lying-in-hospitals for quarters. It's the right place for them, as they have been lying out of the country these three months.

—Doctor ——— called at a house, and was met at the door by a little daughter of the family. He asked her to tell her mother that the doctor had called. The child went up stairs and soon returned. "Did you tell your mamma?" asked the doctor. "Yes." "And what did she say?" "She said, 'Oh, pshaw!'"

—According to the *Schweizer Handelscourier*, September 3, 1886, on August 31 a Swiss Asylum for Epilepties was opened in Rueti, near Ries-Zurich. It is the first institution of its kind in Switzerland. The number of beds is 50. It is almost superfluous to add that all the beds were filled on the very first day. The institution is directed by Dr. Koelle, formerly of Stetten.

—Dr. Geo. T. Stevens, of New York, has received the prize of the Royal Academy of Medicine of Belgium, for the best essay on "Elucidating the Pathogeny and Therapeutics of the Diseases of the Nervous Centres by Clinical Facts and Experiments." Of all the essays submitted, only his will be published by the Academy.

—The police authorities in Berlin have published an order requiring physicians to give written notice to the sanitary board within twenty-four hours after the diagnosis of the disease, in every case of puerperal fever, whether followed by death or not. The name of the midwife in attendance is also to be given.

—A correspondent of the *North Carolina Medical Journal* describes Mr. Jonathan Hutchinson thus: "He seems scarcely more than fifty years old, is tall, rather thin, and round-shouldered, has dark hair and dark complexion, an intelligent but homely face, and might pass himself off at the State Fair or anywhere else as a North Carolina farmer, without the slightest fear of suspicion."

QUERIES AND REPLIES.

OINTMENT FOR SYPHILITIC ULCERS.

EDS. MED. AND SURG. REPORTER—

I have a patient who contracted syphilis some years ago, and now whenever his skin is bruised or lacerated, the healing process is very slow. What can I do? M. D.
Iowa, October 15.

Ans.—A most admirable ointment in such cases is—

Ung. Hydrarg. nit.,	ʒj.
Cosmoline,	ʒvij.
M. & ft. ung.	

THE

MEDICAL AND SURGICAL REPORTER.

No. 1548.] PHILADELPHIA, OCTOBER 30, 1886. [Vol. LV.—No. 18.

Original Department.

Communications.

THE MORTALITY OF THE SEXES AT DIFFERENT AGES.

BY THOS S. SOZINSKEY, M. D., PH. D.,
Of Philadelphia.

The mortality statistics of the U. S. Census of 1880 are very far from being complete, except for a few cities, yet they are not without value. From their extent they afford us excellent data for many interesting studies. To gather from them some light on the subject of the mortality of the sexes at different periods of life is my purpose at this time.

However incomplete the statistics in question may be, it is pretty certain that they are about as complete for one sex as the other, not only as regards number, but the age at death. The truth of this statement admits of little doubt; still it is proper to say that Dr. Billings is of the opinion that probably the "deficiency in the returns of deaths of females is somewhat greater than for the males." Whether the year of age given is correct is another matter, but in respect to it I may say that by dividing life into periods of five years each the returns may be taken as moderably accurate for both sexes.

The whole number of deaths reported as having occurred during the census year was 756,893, of which 391,960 were males and 364,933 females. Hence, of the deaths reported 51.78 per cent. were males and 48.22 females.

As need hardly be said, the census returns present a very unequal number for each age. Thus, while the number of deaths returned as of persons under five years was 302,625, the number between five and ten years was only 43,093. In the various periods of five years after the tenth year, however, the number of deaths returned do not differ vastly. Between ten and fifteen the number returned was 22,915, and at no period was it more than 7,000 over this up to the period ending at eighty, for which it was 22,352, except the two periods between twenty and thirty for which the returns were 39,355 and 33,132.

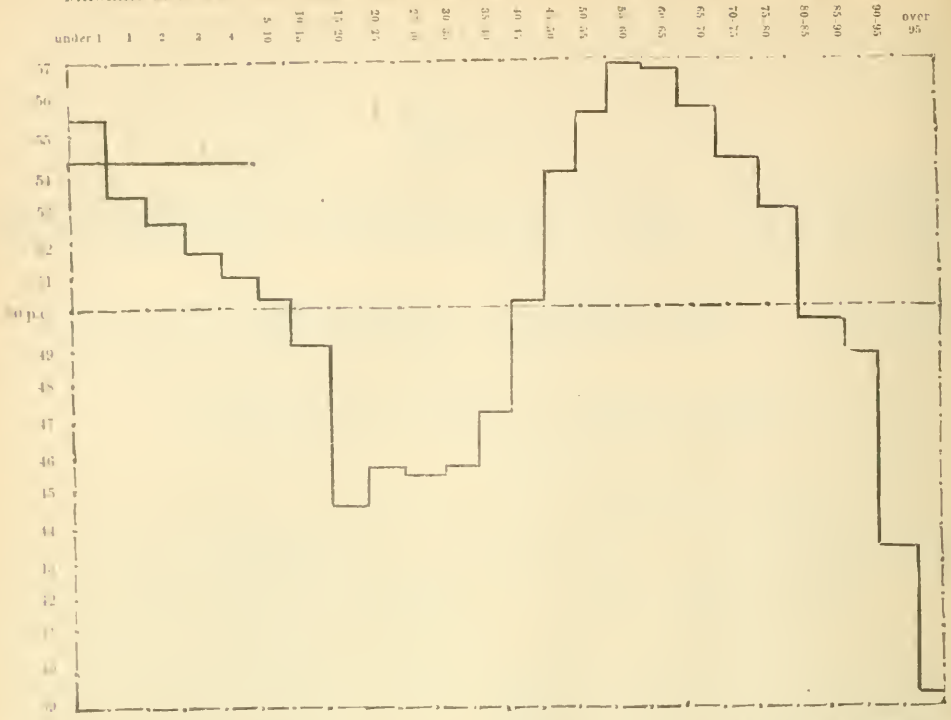
In order to render the relative mortality of the sexes, at different periods of life, more obvious, I have reduced the census returns to percentages as indicated in the following table:

Age.	Males.	Females.
Under 1	55.28	44.72
1	53.24	46.76
2	52.56	47.44
3	51.59	48.41
4	51.07	48.93
Under 5	54.12	45.88
5–10	50.21	49.79
10–15	49.00	51.00
15–20	44.59	55.41
20–25	45.85	54.15
25–30	45.26	54.74
30–35	45.77	54.23
35–40	47.09	52.91
40–45	50.09	49.91
45–50	53.79	46.21
50–55	55.44	44 56
55–60	56.99	43.01
60–65	56.48	43.52
65–70	55.31	44.69
70–75	53.92	46.08
75–80	52.84	47.16
80–85	49 52	50.48
85–90	47.76	52.24
90–95	43.28	56.72
Over 95	39.32	60.68

The above table of percentages of deaths of the sexes at different ages is very clearly presented in the accompanying diagram:

Now, it is certain that there are more male than female children to begin with. The

DIAGRAM SHOWING THE PERCENTAGES OF MORTALITY OF THE SEXES AT DIFFERENT AGES.



The **heavy** line shows the p. c. of deaths of males of different ages. The p. c. of deaths of females of different ages is implied.

* This line shows the p. c. of deaths of males under 5 years.

male births exceed the female by four per cent., perhaps more. Hence there being more male than female children one would expect the deaths of males to out-number those of females. But beyond doubt a greater percentage of males than of females die in childhood. On looking at the diagram it will be observed that over fifty-four per cent. of the deaths of children under five years are of males. And from the first up to the fifth year it would seem that the males suffer less and less. Dr. Billings is partly correct and partly incorrect in saying that the "excessive death-rate of males occurs chiefly at the earlier ages." It appears that even in the very immature sex makes itself felt. Bacon was but approximately correct in his declaration that in "all young creatures males are like females."

From the fifth to the tenth, or, I might say from the fifth to about the fifteenth year, the deaths of males and females are nearly equal in number. A similar statement applies in the period between forty and forty-five, and also in the period between eighty and eighty-five. In England the deaths of the sexes appear to be equal from five to ten years and from thirty-five to forty-five, as will be observed by consulting the following table of the yearly deaths to the 1,000 living of each sex at the ages indicated:

Ages.	Males.	Females.
Under 5	74	63
5–10	9	9
10–15	5	7
15–25	8	9
25–35	10	11
35–45	13	13
45–55	19	16
55–65	32	29
65–75	69	61
75–85	150	137
85–95	303	281
Over 95	452	452

The construction of this table, I may remark, is, of course, different from that of the one given above. The United States census statistics, both as regards ages and the deaths, are so inaccurate that it would be waste of time to cipher out a similar one.

From the period of puberty forward to about the fortieth year the deaths of females are greatly in excess; girls between fifteen and twenty are particularly unfortunate. It is at this period, I may say, that consumption of the lungs is so much more destructive—twice as destructive—to females than to males, as I have pointed out on another oc-

casion (Medical and Surgical Reporter, January 1, 1881).

After the thirtieth year the mortality of women lessens and continues to lessen up to the period between the fiftieth and sixtieth years of age, at which time it is at its minimum, relatively speaking.

The figures given possibly do not express fully the excess in the mortality of females, aged from fifteen to forty. The male population of such age is considerably more increased than that of females through immigration. Still, I believe, the female population is as great, or even greater, than the male from the fourth up to perhaps over the twenty-fifth year.

From the fact that there is an excess in female mortality between the fifteenth and fortieth years or so, many, and among them Dr. Billings, connect it with child-bearing, but it is doubtless an error to attribute it more than in small part to the mishaps attendant on the performance of this great function. Child-bearing is getting to be a terrible bugbear to humanity!

At this point I may remark that there is nothing in the figures given to indicate that women are in any special danger of losing their lives about the time commonly spoken of as the change of life. The contrary, indeed, is the case. The actual figures do not show an excess of deaths of females from the fortieth to the fiftieth years of age: there is a gradual fall in the number of deaths per year from the thirtieth forward to the fiftieth. From the forty-fifth year forward to the seventieth, but particularly between fifty-five and sixty-five, women fare better than men.

After the sixty-fifth year, the percentage of the deaths of males is less and less until the final period, running from ninety-five, is reached, when of all the deaths a trifle less than forty per cent. only are of males.

In both extremes, youth and extreme age, the female has the surer tenure of life. The remark that she is the frailer vessel, is only in part true. Against the various forces which tend to destroy, she resists the better, save during the five-and-twenty years between fifteen and forty.

SOME OBSERVATIONS DURING TWO YEARS' RESIDENCE AT COLORADO SPRINGS, COLORADO.*

BY J. T. ESKRIDGE, M. D.

I will endeavor, in as brief a space as possible, to make some practical remarks concerning Colorado Springs as a health resort for consumptive patients especially. For what I shall have to say of the climate I shall rely mainly on my own observations, made during the two years that, as an invalid, I have resided there. In regard to the effects of the climate on phthisis, I will try to sum up the results of the experiences of the principal physicians of the place, and give them, together with what I have observed. I am not ignorant of the fact that you can find over-painted descriptions of Colorado climate. So you may of every other climate that is supposed to have a beneficial effect on lung troubles. To such a degree have the climatic virtues of different places been lauded, that disinterested physicians have come to have but little more confidence in the greater portion of the statements in articles written by physicians who reside and practice at these various health resorts than they have in the exaggerated accounts of the healing powers of some patent medicine; and as the nostrum is praised simply because it pays, so physicians do not altogether escape suspicion or even censure of being influenced by mercenary motives in their comparisons of the relative advantages of different climates. The truth is, it is very difficult not to allow one's self to become over-enthusiastic concerning the merits of a place in which you find so many who were failing rapidly before leaving their homes able to enjoy life, live in the open air, and frequently resume business again. That I may escape any suspicion of being influenced by a mercenary motive in writing this paper, I will state that since I have been at Colorado Springs I have done no general practice, nor do I intend to resume it there. From time to time I have had cases of lung trouble referred to me by Eastern physicians, but I have invariably refused to attend them. I am glad to have this opportunity to say that there are a number of good physicians residing there. I have never before been in a place of its size where so much intelligence and talent in the medical profession was to be found. The greater portion of the physicians who reside there have been compelled to go to Colorado on account of their health. Most of them are graduates of some of the best medical colleges East. I am sorry to have to say that you will also find a number of irregular physicians there.

Climate.—I wish to remark, in prefacing this subject, that the longer one has resided in Colorado, the less certain he is regarding

*Read before the Philadelphia County Medical Society, September 22, 1886.

weather prognostics there. For convenience sake, the weather may be divided into two seasons, the wet and the dry. The former usually begins in April and ends in September or October. From October to April, as a rule, there is no rain. During a large portion of the wet season it is the rule to have daily showers in the early part of the afternoon, lasting from half an hour to an hour, the remainder of the day being clear. In the latter part of June and the early portion of July of the present year, there was a dry spell of several weeks' duration, with almost no rain at all. Most persons who visit Colorado are prepared to expect the daily showers, during the rainy season, but what they are not prepared for, and what not infrequently makes many suspicious of the reputed dryness of Colorado weather, is the occurrence, once or twice annually, of rainy spells of weather, lasting two and sometimes three days. During a portion of these times it rains as hard as I ever saw it along the Atlantic coast. So much for the rainy season. I have seen it stated that no rain falls there from the last of October till March; yet, during last winter I remember two light showers. They did not last long, nor did much water fall. Some persons who had resided in Colorado Springs for several years told me that they had never seen rain there before during the winter months. I should not consider these showers of sufficient account to deserve mention, were I not trying to give as accurately as possible my observations of the weather there for the past two years. No rain fell in the winter of 1884–85. During the winter repeated light snows fall, but they do not lie on the ground long, and evaporation is rapid and the soil porous, so that they disappear without leaving the ground damp for more than a few hours after the snow is gone. While the snow is rapidly thawing in the hot sun, but little water is found on the ground, so that the days and weeks of terrible sludge so commonly experienced in many portions of the country are almost, if not entirely unknown in Colorado Springs. It is in the cool, dry weather that the air has the most invigorating effects. It sometimes may be said to be crispy and exhilarating. The warm season is much shorter than we find it in Philadelphia. Spring is late; in fact, this season seems to be largely dispensed with, and the change from cool wintry weather into mild summer heat is not uncommon. The years that I have been in Colorado, cool weather has begun the latter part of August, although it is frequently quite warm in the middle of the day until late in September or the beginning of October. The warm season is but little over two months' duration. During this season the thermometer in the shade may rise from 90° to 100°, but, as a rule, only for a few days in succession. The summer just past seems to have been an exception in this respect, for we had a spell, of one or two weeks, of quite hot weather. During August of 1884 (the time when I first reached Colorado Springs), and the summer of 1885, I did not experience a night that one or two blankets were not necessary. In the hot, dry spell of July of the present year there were several nights that I could not endure a single blanket. From my experience, I should say that it is the exception not to find comfortably cool nights throughout the summer in Colorado. Evaporation is so rapid that the heat is much less oppressive than we find it at the same temperature along the Atlantic coast. I never have found any difficulty in keeping comfortable on the hottest days whilst I was sitting quietly in the shade. The weather rarely gets very cold much before Christmas. Last winter no very cold weather was experienced until the first of January. The coldest weather occurs during January and February. The average temperature during these months is not very low (from 25° to 30°), but occasionally the thermometer drops to 20° or 30°. As the heat is less hard to endure, so the cold is less chilling and piercing in a dry than in a damp atmosphere. One will have to visit, in the winter, Colorado or some other place with a similar climate, and experience for himself, before he can realize fully, the difference in temperature between the shade and sun, even on the coldest winter day. During the winter, with the sun shining brightly, a thermometer exposed to the direct rays of the sun and protected from the wind will rise to 100° to 110°, whilst the the temperature in the shade, probably not four feet distant, will be below 30°. On several occasions, in midwinter, while I have been sitting in the sun, I have been compelled to use an umbrella for protection, the shade temperature at the time being sufficiently cold to freeze. One of the great advantages of Colorado climate in the winter is the amount of time that invalids can be in the open air, although they may not be able to take much exercise. During the month of February of 1885, there were only three days that I was unable to sit in the open air, with entire comfort, from about 10 a. m. to 3 p. m. The hours of sunshine in

Colorado, during the fall and winter, double, and probably treble, those along the Atlantic coast. The meteorological records, where three observations were made daily, show only three cloudy days for some winters. The observations, I have no doubt, are literally correct, but somewhat deceptive, if we were to understand by them that all the days but three of an entire winter were bright and sunny. At the hours when the observations are made the sun may be shining, and twenty minutes after it may be cloudy, as it frequently is. These changes the records do not show. Observations which, when completed, will show the hours of sunshine each day for the entire year, are being made now at Colorado Springs, by means of the sun thermometer. I admit that an entire cloudy day, during the winter and fall is rare, but there are a number of raw and partially cloudy days that are too cold and disagreeable for invalids to be in the open air, unless they are strong enough to exercise sufficiently to keep themselves warm. Besides, there are some windy days that keep the weaker invalids in doors. A few words in regard to sudden changes of temperature. I have not infrequently seen it stated, by physicians, that in selecting a climate for consumptive patients we should choose one that is dry, free from high winds and great and sudden temperature changes. If you will reflect, you will realize that where there is but little moisture in the atmosphere there can be but a correspondingly small quantity of the solar heat retained by it, so that after the sun has been shining for a number of hours, and sets, or is hidden suddenly by thick clouds, there must be necessarily a sudden fall in temperature. The sudden changes in temperature may be attended by considerable wind. So common and sudden are these changes in Colorado during the spring months especially, that no one who is prudent travels far from home or shelter without being prepared for such emergencies. You will find that when you have decided that your patient will do best in a dry climate, you must see to it that he is prepared, by a sufficient amount of strength, and good warm underclothing, to endure sudden changes of temperature, if he expects to live much in the open air throughout the year. Of course, if a patient is careful to always be where he can readily obtain shelter, he may not experience much inconvenience from the variations in temperature. Another point: a place that has a dry climate with a loose, porous soil, must of necessity have considerable dust stirring during the windy days. A dry climate with a mild equable temperature is a thing that does not exist. Again, in high altitudes the air is more rarefied than at sea-level, and in consequence a greater amount of breathing capacity is necessary for a person to breathe with ease and comfort. For the reasons that I have stated, consumptive patients, with little breathing room (unless it can be increased), or in the last stages of this disease, almost invariably do badly in dry mountainous regions, and die sooner than they will at low altitudes.

The question is often asked, How are persons in apparent health affected on going to an altitude of six thousand feet? I do not believe that persons in a good state of health experience any unpleasant sensations if they are careful not to exercise much on first reaching such an elevation, but the majority of persons visiting Colorado often make the mistake, on first arriving there, of exercising as much, or even more, than they were accustomed to do at sea-level. The consequence is, that many such are troubled with irritable heart, shortness of breath after walking, and, what is more common, especially in persons beyond the age of forty, a full sensation in the head, a dull feeling in the ears, with some lessening of the acuteness of hearing. In about two weeks, such persons, if they have not continued to take too much exercise, apparently resume their normal condition. I have made a number of observations on the acuteness of hearing in persons who have lived some time in Colorado, and these have led me to believe that this sense is not so acute as we usually find it in persons living in a damper climate. This will be easily accounted for, when we study the effects of the climate on exposed mucous membranes. These are, briefly, dryness, hyperæmia, inflammation, and thickening. The dust, wind, and dry atmosphere undoubtedly are the potent agents in producing these changes. Conjunctivitis, nasal and naso-pharyngeal catarrh, are very common. As a rule, there is not much discharge, the catarrh being of a dry, irritative character. The inflammation usually extends into the Eustachian tubes, and involves the middle ears. The larynx does not escape, and an occasional hacking cough is not infrequent in persons who are otherwise apparently well. From what I have gleaned from the experiences of other physicians, as well as what I have observed, I think that all catarrhal affections of the air-passages attended with much discharge are benefited, usually, on going to Colorado. My experience has been—

and this is in accord with that of most of the physicians with whom I have conversed on the subject—that dry, irritative catarrhal conditions of the upper air-passages, and of the middle and external ears, are made worse by residing in Colorado. It seems to be the almost unanimous impression with physicians whose opinions are entitled to consideration, that acute inflammations are sharper, and run a more rapid course, with, I think, less tendency to chronicity, than what we find of the same troubles at sea-level. The physician who is sending patients suffering from phthisis to Colorado is desirous to know what cases most probably will do well there, and what ones he ought not to send. In my opinion, no positive information that will avail in every case can be given. Some, apparently the most desperate, do well, and on the other hand, others, which he may have many reasons to believe will be greatly benefited, grow steadily worse, or fail to improve. In trying to give some information that may help the physician to decide, I shall ignore most of the different varieties of phthisis as usually classified. I do this mainly because phthisis is studied clinically rather than pathologically at most health resorts. It must be exceedingly rare that a post-mortem examination can be obtained on phthisical cases that die at Colorado Springs, for I have not been able to witness one there. Before endeavoring to specify certain classes of cases for Colorado climate, I wish to state that the physicians there are unanimous in their testimony to the fact that a prolonged residence causes an increased expansion of the chest. I am informed by some of the most careful that the circumference of the chest, on full inspiration, increases from one and a half to two inches during the first year. I think I am justified in saying that consumptive patients, in the last stages of the disease, especially if weak and nervous, or those who have in addition to their lung trouble an irritable, weak heart, due to valvular lesion or a weakened heart muscle, should not be sent to Colorado. An irritable heart caused by poor nutrition rapidly passes away as the general health is improved. Theoretically, there are two classes of cases that should not be much benefited, if at all, by residing in Colorado; one is plastic bronchitis, the other fibroid phthisis. Of the former, I know of only one physician who has a case. It has not been under his care long, but apparently it is doing well. It is well known that patients suffering from fibroid phthisis may live a long time in damp climates and at low altitudes, especially if the climate is mild. But they do not get well; neither do they in Colorado. There they live comparatively comfortable for a number of years, taking much out-door exercise. The quantity of expectoration is greatly lessened, and its character improved, but increase in fibrous tissue goes on. From the irritative nature of the atmosphere there, we should expect that the increase of fibrous tissue would be more rapid than in a milder and damper climate. It is difficult to say whether the benefits derived from the lessened quantity of secretion, the aseptic condition of the atmosphere, and probably less tendency to bronchiectasis, do compensate for the irritative effects of the atmosphere. I have been informed, by one of the best and most experienced physicians of Colorado Springs, that he never has known a case of fibroid phthisis to terminate there by the development of tubercles. What the climate seems to offer in these cases is comfort, or amelioration of the effects of the disease—not a cure, and probably not as long a period of life to the patient. I have now to consider cases for which, if other things are favorable, there is little doubt about their being benefited by the climate of Colorado. The early hemorrhagic cases appear to do the best. It is almost if not the unanimous opinion of the physicians there, that the climate of Colorado is not only not productive of pulmonary hemorrhage in phthisis, but that these hemorrhages are less frequent in a given number of cases than they are found to be along the Atlantic coast, or in the States near the great lakes. I wish to emphasize the fact that these cases must lead necessarily a very quiet life during the first period of their residence in Colorado. It is obvious that if a case that is liable to bleed on slight exertion were to go there and exercise much before the ulcerated portions of the lungs had healed, hemorrhage would result, and probably to a greater extent than it would have done from the same amount of exercise at sea level. The tendency for ulcerated surfaces exposed to an aseptic atmosphere is to heal, and for this reason hemorrhages in the early stages of consumption are arrested. I have observed that pulmonary hemorrhage is rare there in persons who are prudent. In nearly every instance where pulmonary hemorrhage has occurred—and my own case is not an exception—the patient has had himself to blame for the bleeding. I will say nothing of the influence of the climate and altitude on the production of pulmonary hemorrhage in consumptive per-

sons whose lungs contain large cavities, and who are in the last stages of the disease, for such cases should not be sent to Colorado. The effects of the dryness and aseptic condition of the atmosphere are clearly seen in lessening the secretion in cases where expectoration is abundant. Bronchial phthisis and the so-called catarrhal pneumonias do well. All those cases of phthisis in the incipient stage, provided the temperature is not too high, and the decided fever process is not kept up too long, improve rapidly. Persons suffering from phthisis may have a moderate rise of temperature, extending over a prolonged period, and yet improve, in Colorado. The fact that a person has a small cavity in the lung should not prevent his going to a high altitude, provided there is a large portion of healthy lung, and the patient is not too greatly reduced in strength. All those cases embarrassed by conditions favorable for the development of tuberculosis, as indicated by heredity, poorly expanded chest, anæmia, loss of flesh, and often extreme weakness, usually receive great benefit from a *prolonged* residence in Colorado.

In this connection I wish to say a few words concerning heart troubles as influenced by the climate and altitude at Colorado Springs. We are told by some writers that all heart affections are increased by the altitude there. To suppose that because a person has a valvular lesion of the heart, he, in consequence, will be unable to live comfortably at an altitude of 5,000 or 6,000 feet is an error. I have seen a number of cases of valvular lesion of the heart there, the physicians having been kind enough to allow me to study their cases. I know of a few who have valvular lesions, and who work daily, without experiencing any difficulty. One of these is a poor woman, who works very hard, and is not aware of her heart trouble. One patient, Dr. T., has well marked mitral regurgitation, and suffers from shortness of breath and cardiac asthma, when at Colorado Springs, but when she returns to her husband's ranch in the mountains at an elevation of about 8,000 feet, 2,000 greater than that of the Springs, she feels comfortable. I certainly should not advise any one to go to Colorado for the cure of heart trouble, but when one is compelled to go there, the fact of his having a little roughness at one of the cardiac orifices will not be of itself a positive contraindication to his going. Cases of cardiac degeneration and enervation are the ones that suffer in Colorado, and in these the altitude may prove fatal. So long, then, as a case of valvular lesion of the heart gives rise to no discomfort, the compensatory hypertrophy being sufficient to compensate for the leakage or obstruction, there will be no difficulty, probably, in living at a moderately high altitude. But so soon as the dilatation is greater than the hypertrophy, and the heart muscle begins to weaken, will a valvular lesion be a great obstacle to living in Colorado. Persons affected with fatty degeneration of the heart should avoid high altitudes. Irritable hearts, due to a highly sensitive nervous system, bear exercise very poorly there. Irritable hearts, dependent upon weakness which is removable, do well.

It may be desirable to say a few words in regard to how invalids are affected on first going to Colorado. From what I have learned through the experience of other physicians and from my own observations, I do not believe that persons who are not extremely weak experience any unpleasant sensations. Invalids who go there and exercise too much soon after their arrival, as their feelings often lead them to do, soon begin to feel tired, and, perhaps, short of breath. Should a consumptive patient, on reaching Colorado, be attacked with spells of shortness of breath, without having exercised, it would be prudent, nay, urgent, for him to get away as soon as possible. Physicians, on sending their patients to Colorado, or any other high altitude, should impress upon them the necessity of living very quietly. I am not exaggerating, when I state that many cases are made hopeless, annually, by too great and too violent exercise. Horseback riding is for the select few only. Long walks and mountain climbing should not be indulged in for the first year, nor afterward without the advice and consent of a good physician. It is not infrequently the case that one meets with persons who are quite weak with pulmonary trouble, and who have been sent to Colorado, and told by their physicians to exercise all that they possibly could, and to do considerable horseback riding. Usually, such cases as follow this advice break down rapidly, either from spreading of lung trouble, or from the occurrence of haemoptysis. Cases, as a rule, will not find an immediate amelioration of their symptoms on going to Colorado, but, on the contrary, cough and expectoration are frequently increased the first few weeks or months. When I went to Colorado I was firmly impressed with the idea that if I ascended the altitude rapidly, I should probably bring on a pulmonary hemorrhage. I spent about a week traveling from town to

town in Kansas, until I had reached an altitude of about 2,500 feet, when I determined to go to Colorado Springs at once. When I arrived there, I went immediately to bed, and was unable to tell, from my sensations, pulse, temperature, or respirations, that I was so far above sea-level. I learned from the physicians there that a hemorrhage is the exception in persons just reaching Colorado, especially if they keep quiet. I now believe that if the proper precaution is taken, there is no necessity for invalids to ascend the mountains gradually. There certainly would have to be an urgent need to induce me to attempt it again. The great drawback is that there are but few places after beginning the ascent of the Rocky Mountains, where you can be tolerably comfortable before reaching Denver or Colorado Springs. The best time of the year for an invalid to go to Colorado is September. The rainy season is about over, and that portion of the year which is so delightful is just beginning. Patients improve most during the fall and winter months. If they do not lose some during the spring months they are fortunate. Those that are cured by Colorado climate are few in comparison with the many that are benefit and enabled to live comfortably for many years. A small number are able to return East and live, but those who thus venture to do so, and break down the second time, receive much less benefit on again going to Colorado. It should be a rule, from which there ought to be as few exceptions as possible, that when a consumptive patient finds a climate that agrees with him, he should there make his home for the remainder of his life.

In conclusion, let me say something of the advantages and disadvanges of Colorado Springs. It has nearly six thousand inhabitants, numerous churches and schools, good hotels, and a number of first-class boarding houses. There are two parks, and the streets and avenues are wide and shady. The water which supplies the city is the melted snow from the Pike's Peak region, and is as nearly pure as possible, and delightfully cool. It is conveyed several miles through an iron pipe which taps the stream in the mountains above the point of possible contamination from human excrement. A large proportion of the inhabitants are intelligent professional and business men, who have been unable to live East. It is very doubtful whether one could find another place the size of it, in this country, where so much intelligence, ease and comfort exist. A great many there live off the income of capital invested in other sections of the country. It is in many respects like a watering place, and in consequence, is far from being a brisk, lively, business town. It is possible to get nearly all the comforts there that can be obtained in a large city. The disadvantages are very great for those poor invalids who go there hoping to earn their expenses. It costs considerable to live there and fare as well as consumptive invalids should. Table board at the best boarding houses is eight dollars per week. Board and room vary from ten to fifteen dollars per week. It is very difficult for many to get anything to do to aid them in meeting their expenses. These facts should be known by consumptive persons in moderate or needy circumstances, before they make the journey of nearly two thousand miles to regain their health in Colorado Springs.

I have endeavored to make my remarks as practical as possible. I trust that I have succeeded without trying your patience.

ELECTROLYSIS IN URETHRAL STRICTURE.

BY C. A. BRYCE, M. D.,

Of Richmond, Va.

I notice in the MEDICAL AND SURGICAL REPORTER of Philadelphia for September 18 the following *resumé* of Dr. F. O. March's observations in the management of stricture by electrolysis:

RESUMÉ.

1. No appreciable amount of heat is developed in any metallic electrode imbedded in the living tissue. Even if such were the case the cautery could be no more destructive or painful than the molecular rending of the part by electrolytic action.

The choice of metal for needles or electrodes, or the selection of a special galvanic battery, is a matter of indifference, as far as the heat produced in the tissues is concerned.

2. The use of electrolysis for division of urethral stricture is unsuitable, being excessively painful and ineffectual. The passage of deep stricture with a mild current must be due to some other influence—perhaps the continuous pressure of the instrument upon the face of the stricture.

I am sorry that Dr. Marsh's article did not appear in full in the widely-read REPORTER, for then any comments from the advocates of electrolysis would have been uncalled for. As it is, one might infer from the emphatic manner in which his conclusions are stated, that they were reached after close observation and practical demonstrations.

I therefore beg leave to call the attention of your readers to a point or two not appearing in the "resumé."

In Dr. Marsh's report, appearing in the *Lancet-Clinic*, he states that his experience in the treatment of stricture by electrolysis is based upon a trial in *two cases!* We hold that under the most favorable circumstances this is not a *fair trial* of any system. But let us see if these *two cases* were treated in accordance with the recognized principles upon which success depends?

1. The battery used was larger than necessary, and had a tendency to do more harm than good, it being constructed of plates two by four inches in size.

2. His electrodes were peculiarly unfitted for the purpose, one being a wire ring, the other a bistoury!!

Experience has proved that these are not the most suitable electrodes for obtaining successful results. The acorn tip or solid bulb, filling the urethra well and presenting a smooth uniform surface well applied to the tissues to be absorbed, has been productive of the most good.

If Dr. Marsh was seeking to introduce innovations in practice or instruments, he should not lay his failures to approved and successful methods which he did not choose to adopt.

But apart from what we have written above, we now briefly notice the "resumé."

Conclusion No. 1 states that "the cautery could be no more painful or destructive than the molecular rending of the part by electrolytic action."

This we emphatically deny, and can produce hundreds of patients who will bear testimony that an electrolytic application produces *no pain whatever*, and yet does effect perceptible organic changes in the tissues.

Conclusion No. 2 is that "the selection of a special galvanic battery is a matter of indifference as far as the heat produced in the tissues is concerned."

We will not trespass upon your valuable space to explain that the doctor is likewise in error here, also. He must be told that "the selection of a battery" is a very important matter, for a battery with large elements will give a great *quantity current*, and may lack the essentials of *tension*. I would refer him to *Hayne's Elementary Principles of Electro-Therapeutics*, edition —, pp. 98 and 99, or any other standard work on electricity.

Conclusion No. 3 is that "the passage of deep strictures with a mild current must be due to some other influence—perhaps the continuous pressure of the instrument upon the face of the stricture."

We will answer Dr. Marsh's "perhaps" by suggesting an experiment which he or any one may try, and have an optical demonstration of the effects of electrolysis upon tissue. Take a piece of fresh beef, keep it at a temperature of 98° F., place two metallic rods (copper preferable) on the beef; to one connect the negative cord of a galvanic battery of from six to twelve cells, and complete the circuit by sticking into the beef a metallic pin connected with the positive pole of the battery. Now the *weight* of neither of these rods will cause them to sink into or cut down in the beef. But, put the battery in action and await results for fifteen to thirty minutes, and see which has begun to sink down and decompose the tissue. Furthermore, the action of the current, if a proper battery and proper strength has been used, will not be that of a cautery, for the beef in contact with the negative pole will appear as fresh and red as if it had been scooped out with a knife.

THERMO-CAUTERY IN THE TREATMENT OF HERPES.*

BY B. M. RICKETTS, M. D.,

Late House Surgeon to the New York Skin and Cancer Hospital.

In a paper read before the Cincinnati Medical Society, October 12, on the above subject, the author, after a review of the subject in general, reported the following cases:

Case 1. German woman, æt. 61, married, and the mother of three children. Two weeks previous to her visit some inflammation appeared from the median line to the right temple, accompanied by a small itching pustular eruption and swelling, with severe neuralgic pains throughout the affected side. She had suffered pain in the anterior portion of the head for about three months, never having experienced headache before. The scab formed in thirty hours after the pustules expelled their contents, and fell off within thirty or forty hours more.

Case 2. Man, æt. 69; occupation, lawyer. Four years ago he suffered from malarial fever, previous to which he had an abscess upon the right shoulder followed by one upon the left. Ten days before consulting me he suffered from severe pain in the right side. Empl. belladonnæ had but little effect. After removing the plaster the cuticle exfoliated, leaving an irregularly defined patch about five by ten inches, interspersed with pigmented papules. Upon the same side an-

* Abstract of paper.

terioriorly appeared a similar patch about five by twelve inches with an elongated papular patch extending down the flexor surface following the course of the ulnar nerve, the surface presenting a crusted appearance. There was slight itching and some burning attended by emaciation and loss of appetite.

As the cause of the herpes zoster seemed to be located in the spinal ganglia of the vertebra within the bounds of the eruption, why not direct our remedial course with reference to it? The ganglia are found firmly adherent to the parietes of the intervertebral canals. The neighboring connective tissue exhibits an inflammatory redness, and the ganglia as a whole are increased in volume. It was upon this theory that the thermo-cautery was applied. This was not done, however, until all other measures, both local and constitutional, had been resorted to. The skin was barely touched with the knives at white heat, done by a circular motion of the hand, the application being limited to the distribution of the affected nerve. This, however, was not done in the beginning of the first case, the patient having been placed upon large doses of the pills, arsenious acid gr. j. et piper nigrum gr. iv. made into twenty pills. This treatment was continued for one week without any appreciable benefit other than that which would naturally have followed. The pain continued, and the sleep was restless. It was controlled by the daily applications of the thermo-cautery.

In the second case its use two or three times daily was followed by the most satisfactory results. The burning and neuralgic pain was relieved. Sleep and appetite were restored. The course of the vesicles was shortened in being dried without laceration of the cuticle. When the pain is severe it may become necessary to apply the cautery every three or four hours. Lanolin or vaseline is perhaps the best preparation for keeping the parts softened over which the cautery has been passed. Starch should be used freely, with a broad soft flannel bandage. This plan of treatment has been but recently introduced, but it seems to offer better results than any other. I am not prepared to give the modus operandi. It may be that the destruction of the vesicles relieves the pain by removing the pressure which is produced by the exudation of serum. It may be due entirely to the local anæsthesia of the peripheral nerves produced by the cautery. Admitting that the lesion is in or about the ganglia, why not attribute our good results in this and many other cases treated by the cautery to some exciting influence upon them? In either case we have a remedy for herpes in any form that is worthy of careful consideration.

Medical Societies.

Chicago Medical Society.

Discussion on Defective Vision and Headache.

Dr. W. Franklin Coleman said that in an examination of the eyes of pupils in Boston, in eighty-nine cases of defective vision fifty-nine were traceable to over-study. Out of this number twenty-five to fifty per cent. of the cases of headache which occurred were relieved by supplying suitable glasses. Another class of cases in which headache occurs is when there is weakness of the recti muscles. By supplying proper prismatic glasses this weakness may be overcome, and the headache disappears. Other factors in producing headache are improper light and too low desks, thus causing the pupil to strain the eyes. So far as artificial light to read by is concerned, the incandescent electric light is probably the best, as it most nearly resembles sunlight, and is free from heat, dust, and flickering.

Dr. F. C. Hotz said he believed the authors of such papers as this often exaggerate the importance of their observations. The result is, patients are often instructed to go to oculists, but do not do so on account of the expense, or for some other reason, and the patient therefore receives no treatment. But he has been surprised to see how few cases of defective vision come to him complaining of headache. He has not found it a prominent symptom. In looking over his record of cases he finds a great many cases of astigmatism, hypermetropia, and ametropia, in which the symptoms complained of are difficulty of vision, but not headache. Children often complain of not being able to see the figures on the blackboard, and consult the oculist for that trouble directly. But if a large number of cases of the eyes of children are examined, it will be found that in youth a normal eye is often farsighted, and yet such persons are able to do the work required. However, in cases of defective vision, accompanied by headache, the defect of vision should be corrected.

Dr. J. E. Colburn related his personal experience with astigmatism, stating that not only had he headaches, but he could not study well, and these difficulties disappeared with the using of proper glasses.

Editorial Department

Periscope.

Note on "Cacur" (Cucumis Myriocarpus?), a Kaffir Emetic.

Dr. G. Armstrong Atkinson thus writes in the *Edinburgh Medical Journal* for July:

The extensive use of emetics in the treatment of disease by the Kaffirs of South Africa is well known to all dwellers with or travelers among these races. One of them most frequently employed emetics is a green, or yellowish-green, fruit known as cacur, cacuo, or small bitter apple. A small quantity of this, with some of the leaves and stalks of the plant, was recently given to me by Mr. J. A. B. Bayley, with the statement that the Kaffirs heat the fruit, squirt out the contents into their mouths, and swallow the material thus expelled. In a quarter of an hour, or thereabouts, emesis occurs. Two of the pepoes are so administered in the case of an adult, one in the case of a child. The plant grows largely in gardens as a weed, especially where melons and pumpkins are cultivated. The fruit is caducous, and, as I have mentioned above, is used by the natives when green or yellowish-green. When ripe it is quite yellow. It never spontaneously ruptures as ecballium fruit does. The plant was obviously one of the *Cucur-bitaceæ*, and Professor Oliver, of Kew, pronounced the pepo to be almost certainly the fruit of *Cucumis myriocarpus* (Naudin)—a green annual growing, according to Harvey and Sonder (*Flora Capensis*, ii., 495), on Table Mountain, near Genadenthal (Genadendal), at Buffelfontein, in the districts of Uitenhage and Albany. Mr. Bayley states that the plant from which the specimen he gave me was obtained grows not only where Harvey and Sonder mention, but throughout Cape Colony and the Free States generally. This identical specimen came from the midland province. The plant produces fruit very abundantly—subglobose pepoes, about the size of a large gooseberry, green when unripe, yellow when mature, and beset somewhat sparingly with short soft prickles. Each pepo weighs from 60 to 100 grains, and on section presents three parietal placentæ, with numerous seeds embedded in a soft viscid pulp, which becomes much more fluid when warmed—possibly the object of the heating practiced by the Kaffirs. The pulp has a faint cucumber-like odor, and is decidedly, but not intensely bitter. The rind is soft, and can only be peeled off with considerable difficulty; it, too, is somewhat bitter, but much less so than the pulp. The testa of the seeds, which are exalbuminous, have a feebly bitter taste; the seed otherwise is tasteless. The plant, apart from the pepoes, seems to me inactive.

To test its action, I took, on an empty stomach, 20 grains of the fresh pulp, and in about half an hour felt somewhat nauseated, but was not sick. Four or five hours afterwards I had some griping pains, and two or three hours after this was slightly purged. To a large fasting dog I administered, bruised with water, a pepo weighing 69 grains. No sickness was produced, and the dog seemed generally unaffected. In about eight or nine hours very watery diarrhœa occurred, which lasted for well on to twenty-four hours, the evacuations being bilious looking and containing much mucus. Some days later two pepoes, weighing together 118 grains, were administered in a similar manner, and in twenty minutes very free emesis occurred, the dog vomiting several times, the last vomit containing a little blood. Considerable salivation was also produced at the same time. After the vomiting ceased the animal rapidly returned to its normal condition, and no purgation followed.

From these brief notes it will be seen that the action of the drug is that of an emetic and of a cholagogue purgative; purgative in non-emetic doses, and in doses sufficient to produce emesis causing purgation, if sufficient of the active principle has been retained. Its emetic action is probably local.

As to the chemistry of the plant—I had, unfortunately, not sufficient material to make a satisfactory examination, but so far as I went I could find no trace of any alkaloid, the activity seeming to depend upon a bitter neutral principle, readily soluble in water, or in 80 per cent. alcohol. Professor Dickson has promised to grow the herb in the Botanic Garden, and Mr. Bayley hopes to provide me with a further supply of the fruit next year, so that I may then finish the investigation.

The Alternatives to Craniotomy.

Dr. Robert Barnes thus concludes an article in the *Brit. Med. Jour.*, October 2:

In conclusion, let me submit the following summary of the arguments set forth:

1. The legitimate aspiration and tendency of science is to eliminate craniotomy on the living and viable child from obstetric practice.

2. The advance of hygienic rule, the improvements in the forceps, in turning, in the induction of labor, and in obstetrics generally, have materially curtailed the field within which craniotomy can be justifiable.

3. In the most extreme degrees of pelvic distortion, where delivery *per vias naturales* can only be effected with doubtful success to the mother, Porro's operation is the legitimate alternative for craniotomy, it being understood that the opportunity of inducing abortion has gone by.

4. In less advanced degrees of pelvic contraction, but still incompatible with the delivery of a living child *per vias naturales*, the opportunity of inducing abortion having gone by, but in which craniotomy would effect delivery with strong presumption of safety to the mother, the Cæsarian section may be a proper alternative for craniotomy. This is the most debatable point.

5. In the minor degrees of contraction, say from three inches to three and a half or three and three-quarters inches, the opportunity of inducing labor having gone by, the far greater safety to the mother obtained by craniotomy, and the prospect of living children in future pregnancies by inducing labor, make craniotomy the proper course to adopt.

6. In other emergencies than deformity, as in obstructed labor from ovarian tumors, the alternative to craniotomy is to remove the tumor.

7. In cases of immovable tumors, Porro's operation is the proper alternative.

8. In rupture of the uterus, the child being delivered or not, Porro's operation is the proper alternative. There the interests of mother and child coincide.

9. In cases of disease or tumors of the uterus obstructing delivery, Porro's operation is the proper alternative.

10. In atresia of the cervix or vagina, Cæsarian section or craniotomy may be necessary; but incisions and gradual dilatation will more frequently be the proper alternatives.

11. When obstruction is due to hydrocephalus or dropsy in the child, embryotomy or tapping is indicated. When the child is dead, embryotomy is indicated, and decollation when the child is impacted, and turning is hazardous.

12. In convulsions and hemorrhages, the proper alternatives for craniotomy are found in the more scientific methods of conducting labor under these complications.

Lastly, the dream of Tyler Smith, the abolition of craniotomy, will be fully realized only when hygiene shall have triumphed over disease and deformity.

Hysterical Apoplexy.

Hysterical apoplexy is a complaint which has hitherto apparently been overlooked. Nevertheless, cases are by no means of rare occurrence. At a recent meeting of the Société Médicale des Hôpitaux, M. Debove communicated the following facts. On July 10th, a healthy man, aged 31, suddenly became insensible as he was leaving the dinner table; he remained in a comatose condition for twelve hours. On recovery, he presented motor paralysis of the left side; there was an absence of convulsions. The following morning, when he appeared at the hospital, there was motor paralysis on the left side, accompanied by hemi-anæsthesia. All the symptoms of the case established the diagnosis of ordinary apoplexy. M. Debove believed it to be hysterical. The patient was certainly strong and robust, and not of hysterical aspect. Nevertheless, on the left side the skin, mucous membranes, ear, and muscles, were insensible. The pupil was contracted; the patient was unable to detect violet, and had monocular polyopia. On applying a magnet, anæsthesia shifted from the left side to the right. On repeating the experiment, the left side became anæsthetized, and the right side presented its normal sensibility. When there was absence of organic lesion, motor paralysis was generally coëxistent with sensor paralysis of the region attacked. Professor Charcot admitted two varieties of anæsthesia—one hysterical, the other organic; the latter was rare. M. Debove's view was supported by a paper by M. Vulpian, which had appeared in a medical journal. The patient referred to in it presented hemi-anæsthesia, preceded by sudden loss of consciousness; these and other symptoms had led M. Vulpian to localize the cerebral lesion. At the necropsy, the two cerebral hemispheres were completely normal. M. Debove, in consideration of certain phenomena exhibited by the patient, affirmed that the case was nervous apoplexy. Notwithstanding the ætiological objection to the word hysteria, the disease might be called hysterical apoplexy, as it was a term under which was included a certain class of symptoms similar in kind. Hysterical apoplexy with anæsthesia was not astonishing. M. Debove reminded the meeting that, quite recently, in some cases of anæsthesia from

alcoholic intoxication, or saturnine or mercurial poisoning, the anæsthetic condition was connected with hysteria, and the anæsthesia was rather symptomatic than toxic.

Forcible Avulsion of a Finger.

M. Auché communicates to a Bordeaux medical society an account of a case of the rare accident of the complete avulsion of a finger. The patient was a carpenter, who, while engaged in lowering a heavy piece of timber by means of pulleys, got his finger caught between the rope and the block. By means of a sudden and violent effort he disengaged his hand, but left his third finger attached to the pulley. He felt but little pain, and there was no hemorrhage. When seen by the writer some hours afterwards the wound was found to be tolerably regular, the skin-flap representing pretty closely the ordinary oval or "battledore-shaped" incision employed in amputating the fingers. From the centre of the wound the proximal fragment of the first phalanx projected. Disarticulation was then performed, and the wound, the edges of which could not be brought together, was left open and dressed with iodoform. The finger was afterwards examined. The skin was normal on the two distal phalanges, but excoriated in several places on the first phalanx, showing that this was where the finger had been caught. The external digital artery and all the nerves had been divided at the level of the wound, the internal artery having been divided higher up and its end hanging out nearly an inch beyond the torn surface of the finger. The phalanx was fractured at the junction of the distal and the middle thirds, transversely but irregularly. The tendons were all left attached to the finger, those of the two flexors and extensors having been torn at their junctions with the muscular tissue, and hanging out for several inches from the torn surface of the finger. The writer states that forty-two cases of avulsion of fingers have been previously collected by M. Polaillon. In none of them, however, was the severance complete. M. Farabœuf has demonstrated that a force of 150 kilogrammes (about three cwt.) is required to effect separation subsequently to fracture of the bone, and even then several sharp wrenches are needed, during which, of course, the traction is very much greater than 150 kilogrammes. In this case the pressure of the rope on the finger against the groove of the pulley seems to have fractured the bone, and the sudden wrench given by the patient must have sufficed to tear the soft structures across.

Case of Strangulated Hernia Treated by Puncture.

Dr. James Brydon thus writes in the *Brit. Med. Jour.*:

S. M., aged 63, a thin, flabby, white-faced, average-sized man, had always enjoyed tolerably good health, with the exception of a hernia, which had troubled him for several years. Latterly it had been coming down more frequently, increasing in size, and becoming more difficult to reduce.

On August 7th, he was seized with a sharp attack of diarrhœa. Next morning, about 8 o'clock, while straining at stool, the hernia suddenly appeared in the left scrotum. All the means of reduction, which formerly had been successful, were tried, but failed. I saw him about 11 o'clock. The tumor was red and glistening, and reached halfway down to the knee. Symptoms of strangulation were well marked. The ordinary manipulation was used, but to no purpose; indeed, it was not long continued, as it gave rise to intense pain. Morphine was injected below the skin, enemata were given, and bags of ice applied. After two hours, the symptoms continuing unabated, taxis, under chloroform, was again tried, but with no better result. As a large part of the tumor was tympanitic, evidently consisting of intestine distended with flatus, it occurred to me that, were this removed, reduction would be facilitated. I accordingly introduced a small trocar and cannula, and freed a large quantity of flatus. The hernia was reduced to a third of its original size, and its contents were without the slightest difficulty returned into the abdominal cavity. The patient shortly fell asleep, and slept for several hours. Next day he was comparatively well, was kept still, and fed on milk diet. The bowels opened naturally that night; and on the third day he was out of bed, and going about the house. His recovery has been uninterrupted.

Whether this method of treatment has been used before or not, I do not know; but at any rate, in this case it was eminently successful.

Black Tongue.

Dr. J. R. Stocker thus writes in a foreign exchange:

Cases of black tongue being of rare occurrence, it may be as well to record them, and I therefore forward a short account of one

that has lately fallen under my notice, which closely agrees with the very able and accurate description given by Mr. Butlin, in his work on *Diseases of the Tongue*.

It occurred in the person of a friend, who is a nautical officer, aged 47, a widower with one child. His general health was good, but when first he noticed the condition, he had been suffering for some two or three weeks from a "lawn-tennis" strain (and bruise) of the calf of the leg. On June 16th or 17th last, he accidentally discovered on the dorsum of the tongue, and centrally situated, a large, dark patch, the size of half-a-crown; his attention being probably attracted thereto by abnormal sensation (metallic taste). The size of the patch gradually increased. He showed it to several medical men, only one of whom, he says, a ship-surgeon, seemed to take any practical interest in it; and he suggested the use of sulphurous acid as a wash. His own medical attendant, whom he saw incidentally the same evening, recommended him to use boracic acid. He tried first one and then the other, and says the latter appeared to be the most effectual, though he is somewhat doubtful as to the efficacy of either; he also used a whalebone scraper of a morning, and found that by this means, and by sponging it with the boracic acid, he could separate small shreds.

The color toned down from black to brown, from the centre to the sides, and about the first week in August (that is, in about two months) it gradually disappeared. The expression used by Raynaud (op. cit). of its resemblance to "a field of corn laid down by wind and rain," quite took his fancy. The tongue is still coated (September 16th), but the color is gone.

Since the loss of his wife, about a year ago, this gentleman has been much dispirited, and has lately had recourse to chloroform to obtain sleep.

Preliminary Notes on the Study of Malarial Blood.

Dr. William T. Councilman, of Baltimore, thus writes in the *Maryland Med. Jour.*:

Owing to the great number of malarial cases which have been received at Bay View during the last month, an unusually good opportunity has been afforded for the study of the blood, having regard to the recent interesting discoveries which have been made in this territory of research. Examinations of the blood, both fresh and when dried, have been made. So far both the bodies of Laveran and those described by Marchiafava and Celli have been found, but in a different class of cases. One case especially seemed to be of great importance. A man was received into the hospital from one of the Eastern Shore counties, apparently suffering with malaria, temperature 105°. He was at once given ten grains of quinine, with the result of an abatement of fever. An examination of his blood showed a great number of hyaline crescentic-shaped bodies with a mass of pigment in the centre. The quinine was stopped and the man continuad to improve under placebo treatment. Daily examinations of the blood were made and the crescents constantly found. On three occasions motile pigmented bodies were found. In order to study the effect of quinine, forty grains were given in two days with apparently no results on the condition of the blood. The motile bodies found were similar to those described by Laveran, though somewhat smaller. In one case of comatose malarial fever, in which death took place one hour after admission into the hospital, the diagnosis was made by an examination of the blood immediately after death. In this case the non-motile hyaline bodies were found. Other forms than the plasmodia were found in five cases, all of them representing the severer forms of the disease, with the exception of the one case mentioned, and this was the only one in which the crescents were found. The plasmodia described by Marchiafava and Celli are constantly found during the chill, and in some cases in the interval. It is difficult to understand how all these various forms should represent different phases in the development of one and the same organism.

Morphomania in France.

M. le Prof. Ball, the celebrated alienist of St. Anne, dedicated a special article in the *Journal de Medecine* to Morphomania, which is, according to him, rapidly assuming great proportions in France, especially amongst the gentler sex. The symptoms are very characteristic, but often the patient tries to put the medical attendant off the scent, and then some difficulty in the diagnosis is experienced; but if a close observation is made, something unnatural in the conduct of the person will arouse suspicion. For instance, if he is in a meeting his face will become changed and downcast, and he takes no longer interest in what is passing around him; but if he gets an opportunity of absenting himself a few minutes he will return quite bright as before; for in that short

interval he has given himself an injection. However there are two sure signs which will betray the patient, no matter how he may try to conceal his habit, and those are to be found in the skin and the urine. The skin will be found to be covered with little dark spots situated in the centre of little indurations about the size of a large shot. It is needless to add that these indurations are the result of the little wound of the needle, but as these lesions are generally found on the inside of the thighs, the patient refuses to let them be seen, and in that case examination of the urine will prove of great service. A few drops of tincture of iron are put into the suspected liquid, and if morphia be presented a blue tinge will be produced. The prognosis of morphomania is not as fatal as is generally supposed, but there is a danger from the fact that the dose has to be continually increased, and in the end the cachexia becomes so pronounced that the patient falls an easy prey to tuberculosis. As to the treatment, M. Ball recommends a *brusque* suppression of the drug, provided the patient can be well watched, but in private practice he thought that it would be found necessary to proceed gradually. Preparations of belladonna might be employed to calm the irritation, or cocaine, but this latter remedy might prove to be as bad as the evil it was given to cure.

Excision of a Cerebral Tumor.

We have the pleasure of recording that another case of excision of a cerebral tumor has terminated successfully. The patient was a man who had been absolutely hemiplegic for a month, and had passed into a semi-comatose condition: before these symptoms developed, he had endured terrible pain in the head, and had suffered from fits. On Thursday, September 23d, Mr. Victor Horsley, of London, trephined over the motor region of the right hemisphere, and, after enlarging the aperture made by the trephine, succeeded in removing a large tumor from the brain: the tumor weighed four and a half ounces, was three inches long, two and a half inches broad, and two inches deep. On the day after the operation the patient was perfectly rational, and even amusing in his conversation, and said that he was quite free from pain. On September 27th, the wound was entirely healed, and the man had recovered some power in his leg. This is the fourth case in which Mr. Horsley has operated successfully on the motor area of the cortex of the brain. His results constitute a real triumph for scientific surgery. Not only have the facts upon which the diagnosis of the seat of the lesion in these cases rests been discovered by experiments on lower animals, but the details of treatment have also been worked out in the course of these experiments. The complete success of the surgical method followed is demonstrated by the fact that, in two of the cases, the wound healed in four days; that, in a third, it had healed in a week; and that, in the case which was in this respect the least successful, the whole of the wound, with the exception of one-sixth, healed by first intention. A more complete proof of the validity of well directed experiments on animals it would be difficult to imagine; and it is no wonder that the professional agitators, who are beginning to find their supposed grounds of objection one by one swept away, pursue Mr. Horsley with a bitterness which increases as it becomes less reasonable.

Phimosis with Exaggerated Symptoms.

Dr. T. M. Holmes thus writes in the *Atlanta M. and S. Journal:*

Some months ago I was called to see a mulatto boy about five years of age, who had been suffering for several days from profuse diarrhœal discharges and frequent micturition. He was very much reduced in flesh; his features were pinched, and his skin was dry and harsh. His eyes were of a smoky hue, and he was almost blind. He also had a papular eruption from the crown of his head to the soles of his feet, with a serous discharge not unlike that of eczema. There was more or less pain in the region of the bladder all the while, which was greatly intensified by the accumulation of a small amount of urine in this viscus. When this occurred he would run the floor, compressing his abdomen with his hands, and cry in such a manner as to enlist the sympathy of all lookers-on. He had been losing his vision for several weeks and growing very nervous.

What could be the exciting cause of this amaurosis, this diseased skin and nervous phenomena? I sought to discover it, which resulted in finding an almost complete phimosis and partially closed meatus.

The diarrhœa was successfully treated, but with no abatement of the other symptoms. It was evident to my mind that the patient was suffering from a severe nervous irritability, the result of the phimosis, and a slow uræmic poisoning, the solid constituents of the urine having been re-absorbed from the retained urine in the bladder. I first sought

to relieve the patient by dilatation, which failed to give the necessary relief on account of the condition of the meatus. I therefore performed circumcision, with the assistance of Mr. George Glover. The result was a complete relief and a disappearance of all the above symptoms. The boy is now in fine health.

A Disease which Followed Vaccinations at Rugen in the Summer of 1885.

Eichstedt (*Berliner Klin. Wochensch.*), reports on a contagious skin affection which was caused by vaccination at Rügen in 1885. The vaccinator had obtained from Stettin lymph from a healthy child. To this lymph, thymol and glycerine were added, and with this diluted lymph the first seventy-nine vaccinations were made, out of which seventy-six persons became infected with this disease. From these, further infections took place until a total of 320 persons were affected in the same way. Between the eleventh and fourteenth days after successful vaccination, small and rapidly enlarging vesicles formed in the neighborhood of the vaccination-punctures. The contents quickly formed crusts, which, in from two to four weeks, left a deep red non-desquamating spot, which disappeared in a few weeks. There was only slight fever, and little itching or pain. Soon after the appearance of the vesicles a further eruption took place on the back, hands, face, neck and ears of the patients. On the trunk, they occurred particularly on the loins and hips, and on the extensor surface of the legs and arms, and on the back of the feet. Very few came on the flexor surfaces. There were slight glandular swellings. The whole course of the eruption extended over from four to six weeks. When there were relapses, the disease lasted several months without injuring the constitution. The disease was undoubtedly infectious, the contagium being a fixed body, as it only spread by contact. Children were more exposed to infection than grown-up people, in whom also the symptoms were slighter. The author considers the disease to have been impetigo contagiosa. He found no fungus, and considers that the contagium must have been present in the glycerine which was added to the lymph.

Granuloma Fungoides.

An account of a case of the rare affection, Granuloma fungoides, has been published by Drs. Carl Hochsinger and Eduard Schiff of Vienna. Their paper also appeared in the *Vierteljahreschrift für Dermatologie*, No. 3, 1886, but the authors were not enabled to revise it, and they have therefore felt bound to issue it in a separate form. It will be read with interest here in connection with the remarkable case described by Dr. Payne last session at the Pathological Society. The disease began in 1877 as a chronic eczema of the back, which gradually spread over the body. In 1883 the head was attacked, and soon became the seat of the characteristic ulcerating nodules. The patient, a female, died in November, 1885. The authors give a historical sketch of the affection, and describe its histology as a nodular formation of granulation tissue replacing the normal tissue of the cutis and the papillary body. A delicate reticulum supports the round cells, and in no part are any giant-cells detected. The transition to healthy skin is gradual. The new growth is not very vascular, and as it spreads it rapidly destroys the cutaneous capillaries. Described previously under such names as *lymphadenie cutanée*, "sarcomatosis generalis," its alliance with specific inflammatory formations has been proved by the discovery of micro-organisms in the tissue; so that Rindfleisch gave it the name of Mycosis fungoides. Hochsinger and Schiff in the present case ascertained the presence of streptococci in the vessels, leading to the obliteration of the latter; and they instituted a series of culture-experiments, which are described in their paper, and which prove that the micro-organism is distinct from the pyogenic forms.

The Teutonic Complexion.

Professor Virchow has recently turned his attention to the color of the hair, eyes, and skin among the school children in Germany, and has prepared some interesting tables relating to the subject. The territorial division of the principal types corresponds accurately to the geographical boundaries of north, south, and middle Germany—over 43 per cent. of the pure blondes being found in the northern districts, over 32 per cent. in the middle, and over 24 per cent. in the southern ones. The river Main thus becomes an anthropological line of significance. In general, the further south one goes, the more brunettes one meets, South Bavaria mustering but 14 per cent. blondes. Among the 75,376 Hebrew children, the mixed type also predominates; the pure brunettes outnumbering the pure blondes, however, three-fold; whereas the relation of the blondes to the brunettes among the Christians is 31.8 to 14,

that among the Jewish children is as 11.29 to 42. The grey-eyed and dark-haired predominate in the mixed type. The racial significance of complexion is a matter of high interest to all who love science; but there remain questions in relation to the color of the hair and skin which may prove to be of physiological or even pathological import. The tow-like hair, with its peculiar tawny yellow tint, often seen in the inhabitants of the northern Scottish islands, and in other parts of the United Kingdom where peasants walk bareheaded, is well known to tourists, and is clearly the result of the action of the air, sun, and damp. Amidst the sickly offspring of the inhabitants of large towns, extreme darkness of the hair and iris, with a clear rosy complexion, is frequently observed. It probably represents a pigmentation due to some special form of anæmia.

Varix of Labium: Rupture During Labor.

Dr. Ambrose Atkinson thus writes in an English exchange:

A little time ago I attended a Mrs. F., aged 39, in her eighth confinement. Labor commenced about eight o'clock in the evening, though she had been ailing for over twenty-four hours. On examination, a breech was made out. After a short time, it came well down into the pelvis, and, when it was near the outlet, the right labium began to swell. Delivery was easily effected, and whilst the child was being separated, the patient was seized with another very strong pain. On examination, made with difficulty, a second bag of membranes could be felt. The tumor, however, steadily increased to an alarming size. Another pain coming on, the tumor suddenly burst on its inner side, deluging the bed. Not caring to take the whole responsibility of the case, I sent for Mr. Holmes, of Burmantofts, requesting him to bring his forceps. In the meantime, as hemorrhage was freely going on, I made a firm pad of a napkin, and held it to the parts, so as to effectually stop the bleeding. On Mr. Holmes's arrival, he put the short forceps on the second head. The child was suddenly expelled, the injured part, at the same time, being firmly compressed. The placenta was easily disposed of. On examing the damage, it was found that the inner side of the labium was so torn that four fingers could be passed into the opening, which led to a cavity sufficiently large to hold the whole hand. The bleeding had now abated; the cavity was, therefore, filled with strips of lint, and iodoform was well dusted on. Pressure being applied by means of a firm spica bandage, the patient was left for the night, opium being given. The following morning the plugs were removed; very little bleeding occurred. The vagina was syringed out with a solution of perchloride of mercury (1 in 3,000); an iodoform suppository was placed well up into the vagina, and the wound was dusted with iodoform; this was done twice daily for a week. The patient made a very good recovery. A piece of vein, about three-fourths of an inch long, which lay across the wound, sloughed off about the fifth day, a little bleeding taking place. On questioning the patient about the veins, she told me, after all was over, that she had had a lump there for some time, which became larger towards night, but she did not think it worth while to tell me. Supposing I had known about it before delivery, could anything have been done to prevent rupture?

Phthisis in Denmark.

Dr. Lehmann has contributed this year some important statistics on the subject of phthisis in Denmark. He examined the death-rates in the Danish towns from 1876 to 1883. He divides the deaths from phthisis into three classes: First, those during the development age to twenty; second, those during the vigorous years, from twenty to fifty-five; third, those during the later years, from fifty-five to old age. He shows that the mortality from phthisis is, in the smaller towns, one-fifth less than in Copenhagen, which contains a population of 300,000; in the capital, too, mortality amongst men is greater than that amongst women; whilst, in the smaller towns, the mortality of the sexes is almost equal. Phthisis has a slower course also in smaller towns than in Copenhagen. Up to the age of twenty, more women than men die of it; after that, more men than women. With regard to the geographical distribution of phthisis, the mortality in Jutland is 2.6 per 1,000 living. It is about the same in Seeland, but only 1.55 in the Southern Islands. The greater immunity of these islands was demonstrated by the recruiting returns of 1875–1884, during which period 9.4, out of every thousand men taken from Jutland, were rejected on account of phthisis; whilst only 3.74 of those from the Southern Islands were declared unfit. The mortality from phthisis is greatest in those towns of Jutland which lie in the inland or coldest parts of the country, and rarest on the coast, which is warmer, and in towns situated in the neighborhood. With regard to the country districts, Dr. Lehmann has had to place his dependence on the

accounts of private medical men, hence the materials are not equal to those furnished by the hospitals. All accounts agree, however, in stating that phthisis is on the increase, as well as chlorosis, cardialgia, and scrophulosis. It appears, also, that tuberculosis of cattle is on the increase.

A Strange Case of Strangulated Hernia.

Dr. L. Ladmirault thus writes in the *New Orleans M. and S. Jour.*:

On the 15th of May, 1859, I was called to an African negro, aged about 66 or 67 years, suffering from a strangulated hernia of four days' duration. As he was in the habit of reducing the hernia himself, he had remained that long without asking for help. Stercoraceous vomiting, hiccough, the weakness of the pulse and coldness of the body, seemed to indicate approaching death. At the request of his master I began the operation, assisted by him and an intelligent neighbor who administered the chloroform. The hernia measured ten inches by five. After incising the tissues and opening the sac, a loop of the small intestines about fifteen inches in length was exposed, distended only by the accumulation of gases, of a dark color, nearly gangrenous. The inguinal ring, although very large, admitted with difficulty the probe-pointed bistoury. An incision was made directly upward at the internal portion of the ring, so that the finger could be introduced into the ring, but reduction was still impossible. Drawing the intestines further out, I discovered that back of the inguinal ring the bowel was twisted twice on itself as a sausage. By untwisting it and driving up the gases in the rest of the intestines, the hernia was so diminished in size that it was returned without difficulty. Reduction took place immediately. Cicatrization was rapid; and the patient was soon able to return to his work, wearing a truss.

Depressing Effects of Antipyrin.

Dr. Edwin Fairland thus writes in the *Brit. Med. Jour.*:

This drug has recently been administered in several cases of high temperature occurring in the station hospital at Peshawur. Some of these cases were suffering from enteric fever, others from remittent fever. The temperatures ranged as high as 105°. The administration of the antipyrin usually, not invariably, was followed by a steady decline in temperature to the normal point; but the intermission rarely lasted more than from twelve to twenty-four hours. The drug had no permanent influence in reducing temperature, or modifying the *materies morbi*. But in one case more serious results occurred. A dose of thirty grains of antipyrin was administered to a case of enteric fever, thirty-three days in hospital, and slowly recovering. All acute symptoms had subsided, but the evening temperature remained high—104°.

In about four hours after the medicine was taken, the temperature fell at once to 95°, and this was accompanied by the most alarming collapse, sighing respiration, cold extremities, clammy surface, and feeble pulse. In a few hours, under stimulants, these depressing symptoms disappeared; and at 6 a. m. the temperature was again at 104°. The drug was not tried again in this case; and my recent experience has led me to look with a little suspicion on so uncertain a remedy.

Urethan in Mental and Nervous Diseases.

Drs. Otto and Kœnig (*Centralblatt für Nerven Heilkunde*) have studied the action of urethan in a large number of insane patients of different sorts. In some forms of paralysis, four to eight grammes were given, but in a condition of strong excitement, the action was doubtful. They found it useful in doses of from two to four grammes for epileptic patients where there was a condition of no great depression; larger doses were not found advisable on account of the unpleasant effects on the stomach. Urethan did good service in excited conditions of idiotic children; in the paralysis of men, with slight excitement, small doses from three to four grammes were found to be useful; in severer cases, it was very untrustworthy even in doses of ten to twelve grammes. Kraepelin has given urethan as a hypnotic especially in mental diseases, and only in doses of one to three grammes (fifteen to forty-five grains). He never observed any unpleasant effects. Sleep occurred ten to fifteen minutes after swallowing the drug, and continued for several hours. He did not use it in cases of strong excitement. Kraepelin found that, in 60 per cent. of paralytic cases, urethan acted favorably. It was also serviceable in melancholia, and in cases of great mental anxiety; as much as 77 per cent, of these cases were benefited by it. Rothenbiller found that urethan in doses of two to four grammes gave several hours' sleep to patients with slight excitement. He also used subcutaneous injections of a quarter of a gramme (nearly four grains). One to three injections insured six to eight hours' sleep.

Prophylaxis of Phthisis.

At the recent meeting of the British Medical Association, Mr. G. W. Hambleton read a paper entitled "The Scientific Prevention of Consumption," based upon his views as to the etiology of the disease, which are embraced in the sentence, "Those conditions that reduce the breathing surface of the lungs below a certain point in proportion to the rest of the body." The conditions in question are, as may be expected, very numerous, comprising sedentary occupations, overcrowding, want of exercise, defective seats, clothing, etc., leading to habitual disease of the lungs or the undue compression of the chest. In fact, consumption is, on Mr. Hambleton's doctrine, invariably "acquired." Its prophylaxis, then, requires a free country life, well-ventilated rooms, suitable chairs, and clothing free from constriction, and not too heavy. The physical training, commenced in the nursery, should aim at the full development of the thorax, and all out-door occupations and amusements should be encouraged in youth to this end. Unless the breathing capacity, as shown by measurement, is up to the normal, the individual should not engage in any trade or occupation such as would compress the chest or injure the lungs by inhalation of dust; whilst those who have to follow such pursuits should by exercise of the lungs endeavor to counteract their evil effects. All of which advice, without being novel, is sound and forcible; whilst if it could be followed as widely as Dr. Hambleton would wish, it would doubtless do even more for the public health than reduce the mortality from consumption.

Yellow Fever: its Transmission by the Culex Mosquito.

Dr. Charles Finlay, of Havana, maintains, in an article which appears in the October issue of the *American Journal of the Medical Sciences*, that yellow fever is not spontaneously transmissible by infection through the air by contact, but that it may be artificially communicated by inoculation, and only becomes epidemic when such inoculations can be verified by some external natural agent, such as the mosquito.

The history and etiology of yellow fever exclude from our consideration as possible agents of transmission other blood-sucking insects, such as fleas, etc., the habits and geographical distribution of which in no wise agree with the course of that disease; whereas, a careful study of the habits and natural history of the mosquito shows a remarkable agreement with the circumstances that favor or impede the transmission of yellow fever. So far as Dr. Finlay's information goes, this disease appears incapable of propagation wherever tropical mosquitos do not or are not likely to exist, ceasing to be epidemic at the same limits of temperature and altitude which are incompatible with the functional activity of those insects; while, on the other hand, it spreads rapidly wherever they abound. From these considerations, taken in connection with his successful attempts in producing experimental yellow fever by means of the mosquito's sting, it is to be inferred that these insects are the habitual agents of its transmission. It cannot be denied, however, that other such agents may and probably do occasionally occur, but not being endowed with the same facilities for rapid and extensive operation, their influence becomes insignificant as compared with the action of the Cuban culex.

Removal of the Ovaries for Persistent Neuralgia.

At the Société de Chirurgie M. Terrillon related the case of a patient from whom he extracted both ovaries and both fallopian ligaments for persistent neuralgia two months ago. The woman has since been perfectly free from pain. M. Verneuil cited a similar case, but with only temporary relief. M. Reclus expressed himself delighted with the result of the case of his colleagues. M. Terrillon said that under similar circumstances he would not hesitate to follow his example. M. Lucas explained his treatment of peri-articular fractures, which consisted in massage, and the result obtained was very satisfactory, especially in cases of fracture of the fibula. Another member thought that massage was in certain cases difficult, and might be advantageously replaced by Esmarch's bandage. M. Trelat considered that massage did, by no means, answer all the requirements in the treatment of fractures. It was forgotten, perhaps, that a fracture meant, in most instances, separation of the bones, and the chief aim of the surgeon was to reunite them, massage, for instances in fracture of the rotula, might prevent atrophy of the muscles, but would not keep in position the fragments. M. Lucas, in replying, cited a characteristic case of fracture of the radius, which was treated exclusively by massage, and movements were restored to the arm in eight days.

Fatty Placenta Causing Abortive Hemorrhage—Treatment.

Dr. W. J. Strother thus writes in the *Virginia Med. Mo.:*

Mrs. H., aged thirty years, married seven years, has had six to seven miscarriages, generally happening from three to five months, beginning about the second month with hemorrhage, which returned every few days until fœtus was expelled. She had a miscarriage about fifteen months ago, at which I attended. Remembering a case (as reported in a medical journal), of miscarriage being due to fatty placenta, and that muriated tincture of iron and chlorate of potash had been used successfully in the succeeding pregnancy, I examined the placenta and found it almost a mass of fat. At the beginning of her next pregnancy I gave the following mixture almost daily until she was delivered of a healthy male child at full term, and she had only a slight show of hemorrhage, which was about the third month:

R. Tr. ferri chl.,	℥ iij.
Potass chlor.,	℥iij.
Glycerini,	℥j.
Aquæ,	℥v.

M. S.—Teaspoonful *ter die.*

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A pamphlet of 52 pages entitled *Des Cataractes et de Leurs Operations*, by Dr. Galewzowski, appears from the office of the *Progrès Medical*, Paris. Price 30 cents. It is a neat clinical exposition of the subject.

——A pamphlet of 55 pages, by Dr. Charles W. Dulles, reprinted from the *Transactions* of the College of Physicians of Philadelphia, describes the mechanism of fracture of the skull. A number of illustrations are appended to the text, and various cases are described. For sale by P. Blakiston, Son & Co., Philadelphia.

BOOK NOTICES.

The Science and Practice of Surgery. By Frederick James Gant, F. R. C. S., etc. Third edition, revised and much enlarged throughout, with 1090 illustrations. In two volumes. Pp. 1089 and 1183. Half Russia, marbled sides and edges. Price (by express prepaid), $12. London, 1886. For sale at Philadelphia by D. G. Brinton.

The previous editions of "Gant's Surgery" have met with a highly favorable reception in India, England, America, and, in short, wherever the English language is read. Encouraged by this, the author has given to the present edition a great deal of time and labor in order to make it representative of the most recent advances in surgical science, both in general departments and in those usually considered as specialties. In the latter, he has received the able assistance of some of the most distinguished specialists of the British metropolis. Thus, Dr. Morell Mackenzie contributes the chapter on Diseases of the Throat and Larynx; Dr. Robert Barnes that on Diseases of the Female Genital Organs; Mr. Henry Power that on Diseases of the Eye, etc.

Of the special branches discussed in this manner we may mention, besides the above, a very interesting chapter on "Bacteria in Surgery," and the value of antiseptics in operations, by that eminent authority on this branch, Mr. Watson Cheyne, of King's College Hospital; a discussion of the latest methods of Treating Cleft Palate, by Mr. William Rose; Dental Surgery, and Diseases and Injuries of the Jaws, largely written by Mr. Tomes; an excellent chapter on Diseases of the Skin; and a special feature of the work is the thorough presentation of diseases of the genito-urinary organs, specific and in relation to cystotomy, vesical tumors, and lithotomy. Abdominal operations for the cure of otherwise incurable diseases of the viscera, constitute two entirely new chapters in this edition, and this important subject for the first time receives the prominence it merits in a text-book of this science. Careful attention has been given to explaining the application of new and improved apparatus, and several new and important surgical operations are fully described both with regard to their design and performance.

The exhaustive character of the revision and editing of this new edition may be judged by the facts that over two hundred special engravings have been added, and about four hundred and fifty pages of reading matter. In its present form the work may be regarded as both the most recent, the most comprehensive, and the most authoritative presentation of the science and art of surgery in our language.

The present is the original English edition, on superior paper, admirably printed, substantially bound, and supplied with the most complete indexes.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the ***QUARTERLY COMPENDIUM***, which we publish.

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BE CAREFUL ABOUT YOUR DIAGNOSIS.

There is a case incubating in this state about which we will have more to say if it reaches maturity, that possesses very peculiar interest for physicians. It seems that a young lady sojourning at a summer resort was taken ill, and it was the opinion of the resident physician of the hotel and of the patient's brother, himself a reputable practicing physician of this city, that she had typhoid fever. They discovered what they considered to be sanitary defects about the premises, and they notified the State Board of Health, when an inspector was sent to the premises. Anticipating his coming, some of the defects were remedied, but in his report he makes it clear that when he visited the premises there were still several matters not as a wise sanitarian would ordain.

But the portion of his report with which we have especially to deal is the fact that, for some reason, he makes strenuous efforts to prove that the case was not one of typhoid fever. He never saw the patient, and based his doubt of the correctness of the diagnosis of two reputable physicians on the temperature record, which is universally conceded to be a very variable and uncertain factor in the diagnosis of this disease. Upon the strength of his doubting report, it is stated by another physician that the diagnosis of the original attending physicians was a mistake, and that the case was not typhoid. Now comes the important point. Because of the denial of the correctness of the diagnosis, the owners of this resort have threatened to bring suit against the two regular, reputable physicians in good standing, for the damages sustained on account of their verdict that a case of typhoid fever was contracted on their premises.

The importance of this case to the universal profession cannot be over-estimated. If such a suit were maintained, it would mean that a physician would never be safe in expressing his opinion that a patient was suffering from an infectious disease. Remember that one of the physicians who made the diagnosis was the resident physician of the hotel wherein the case occurred, so that there was every inducement to hush the matter up; but also remember that he was a reputable physician, and that his sense of duty was superior to his sense of self-interest. We call attention to this case because we think it well that the whole profession should be familiar with the danger that may at any time threaten any one of them, and also to say to those who contemplate this suit that they had better "look before

they leap," for in bringing a suit that will serve to establish a principle of such vital importance to the profession, they would find arrayed as defendants not only the two physicians whose diagnosis has been questioned, but every reputable one of the eighty thousand physicians of the United States. These two physicians would be entitled to and would receive the hearty support of their brethren throughout the length and breadth of the land. The principle is a vital one, and we will fight for it.

REPORT YOUR CASES.

The gradual additions to human knowledge that have been made year by year for centuries past stand now collated as the sum total of information of the people of the nineteenth century. That which was worthy, that which was calculated to redound to the benefit of the human race, has been preserved and put into permanent shape, accessible to all; that which was worthless has been forgotten. As with general, so with medical knowledge. It is the aggregation of individual experiences, sifted, sorted, reasoned upon, and elaborated, that make up the sum of our knowledge of to-day. No case is too trivial to be instructive to the thoughtful and observant physician. In every case such a man will find something to ponder upon, and having so pondered, he should give the benefit of his reflections to his brethren.

The experiences and reflections of the *practical* man should be recorded in the medical periodicals. Then comes along the literary man, who gathers about him this mass of valuable information, sorts the chaff from the wheat, arranges, brings all this knowledge into order, and the valuable text-book is the result.

The majority of men seem afraid of the pen. There is scarcely a physician who will not readily sit down and tell you of some interesting experience that he has had, and tell it well, so that he instructs you; but ask him to put what he has said into writing for publication, and he at once says either that is "*not much at writing*," or has no time, or puts it off for the *to-morrow* that never comes. It is almost inconceivable how much valuable material is thus annually consigned to oblivion. This is to be greatly regretted, and we desire to strongly urge upon all physicians to "write more." Never mind if you do not possess a "literary style," or if your pen does not glide over the paper with the facility of a Gross, a Bartholow, a Stillé, or a Flint; send in your contributions clad in good, honest *homespun*, and we will find a place for them—for it is just such plain, practical material that, in our judgment, tends to increase our knowledge of the healing art.

Notes and Comments.

The Treatment of Excessive Salivation During Pregnancy.

Owing to the ordinary insignificance of this ailment, few medical works contain a lengthened account of it. Dr. Y. Schramm, however, had the opportunity, in the autumn of 1885, of observing a very severe case, and he has published some notes of it in a Scandinavian journal. Numerous remedies were employed with very little effect, for at first he imagined the salivation to be due to chronic mercurialization; but, later, he discovered that the patient was pregnant, and that pregnancy was the cause of the condition. Neither the iodide of potassium, recommended by Le Maestre, nor Von Ebstein's atropine treatment, had any effect. Galvanizing the sympathetic also exercised only a very slight effect. Galvanizing the cervical sympathetic was resorted to with no perceptible result. Dr. Schramm then tried subcutaneous injections of pilocarpin (as recommended by Von Labbe and Daveyeux). After seven injections of pilocarpine chloride, 0.01 gramme per dose, there was a diminution of the daily quantity of saliva, as well as improvement in the general health of the patient. The excessive secretion, however, could not be entirely stopped. Bromide of potassium was tried, which acted quickly in the reduction of the flow; and Dr. Schramm prefers bromide of potassium to all other drugs, as it is harmless during pregnancy, and yet exercises a distinct effect on the salivary nerves, and on the origin of the facial nerve in the medulla oblongata, and also on the secretory filaments of the sympathetic. Professor Fleck made a chemical examination of the saliva, and found that ptyalin was absent.

Action of Tin on the Animal Organism.

The accidental poisoning by "tinned provisions," which has been attributed to the formation of stannous or stannic salts, has induced Dr. T. P. White to investigate the subject experimentally (*Pharmaceutical Journal*). The conclusions arrived at are: that tin has a direct irritant action on the intes-

tines, increasing peristaltic movements; that it causes weakness, as the result of some action on the spinal cord; that it irritates some of the nuclei about the floor of the fourth ventricle, said to be shown in convulsive tremors and disorder of respiration; that the heart is not directly affected; and, lastly, that experiments with the metal, when acted upon by muriatic, acetic, or "fruit" acids were decidedly unsuccessful. It is therefore considered that tin, though possessing toxic properties when introduced into the blood, is devoid of danger when taken internally in any form that could result from contact with fruit or vegetables. Dr. White regards the cases of accidental poisoning as due to the solder used in sealing the cans, or to impurities of arsenic, copper, and lead in the tin itself.

Spiræa Filipendula in Hydrophobia.

A Polish medical man, Dr. Fürst Ignatz Jagell, who says he has for five and twenty years interested himself in the treatment of hydrophobia, declares in a Russian journal that during that period he has treated 88 persons who had been bitten by rabid dogs or wolves, 26 of the patients having already commenced to exhibit the early symptoms of hydrophobia. Notwithstanding this, however, he did not lose a single case. They were all treated with the same remedy, viz., an infusion of the cortex spiræa filipendula (dropwort). It is needless to say that Dr. Jagell does not approve of Pasteur's proceedings; but how is it that we have not heard of his own remarkable success before? The plant he uses is not entirely unknown to pharmacy, the root and the leaves being sometimes employed, and believed to have astringent and diuretic effects.

Dislocation of the Testicle.

Dr. Smith reports in the *Indian Medical Gazette* for July, 1886, the case of a soldier who was struck with a rifle-butt in the scrotum. He complained of great pain, and examination showed absence of the left testicle from its normal position, and the presence of a small rounded tumor, very sensitive on pressure, in the groin about at the internal ring. Nothing was done for the man except to relieve him of heavy work. Some months later the soldier died of beri-beri, and on post-mortem examination the testicle was found lying within the abdominal cavity, where it had contracted some adhesions to the peritoneum. A slit was seen at the internal ring, through which the little finger could be passed into a pouch running toward the scrotum. The man stated, at the time of the receipt of the injury, that the two testicles had always been present in the scrotum up to the time of the accident

A Suggested Alteration in the Compound Liquorice Powder.

Having found that the above preparation produced very severe griping in many instances where he had ordered it, the griping being particularly severe in some of his younger patients, Dr. Martin Oxley (*Lancet*), has ordered the following formula for some time past, in which anise fruit is substituted instead of the fennel, and one-fourth part of ginger is added. The altered formula runs thus—senna and liquorice-root, of each 2 parts; anise fruit and sulphur, of each 1 part; sugar, 5½ parts; ginger, ¼ part. This altered preparation is quite as satisfactory in its laxative properties, is less liable to gripe, and is as pleasant to take as the officinal powder, and he would suggest its trial in cases where the powder as now prepared produces the disagreeable effects to which he has referred.

Faradization of the Uterus as a Hæmostatic Agent.

In the *Bullet. Général de Thérapeutique*, Ramos gives details of a case in which a slight but persistent hemorrhage followed abortion in a multipara. After a careful examination, the absence of placental remains or tumor was recognized. All available agents, such as ergot, perchloride of iron, and plugging, failed. The patient becoming steadily weaker, electricity was tried as a last resource. One pole of the battery was placed upon the abdomen over the symphysis, and the other placed directly on the cervix. The patient had pains, and in five minutes the bleeding ceased. Three days later, hemorrhage again commenced, but ceased after a prolonged application of the battery. Under tonic and hydro-therapeutic treatment the patient recovered completely.

Colombine.

M. Roux has observed the effect of pure colombine on fowls, the only animals which he has been able to get to take the medicine by way of the mouth. The symptoms produced by the ingestion of the poison were those that are associated with fatty degeneration of the liver and destruction of its working elements. Colombine irritates the intes-

tinal tube, causing increased secretion from the gastric, intestinal, and biliary surfaces. The occurrence of these serious symptoms makes it necessary that the administration of the drug to human beings should always be in the form of small doses. The daily dose to commence with should not exceed one centigramme of the alkaloid, and the powders of columba are to be preferred to the less certain alcoholic and ethereal liquid extracts.

Squills in Whooping-cough.

M. Nettier, of Nancy, has treated a number of cases of whooping-cough with simple oxymel scillæ, which he observes ought to be ascertained to be good, as specimens to be found in pharmacies are of very different qualities. He advises the entire abandonment of cough syrups, and gives the squill even when there is diarrhœa and a good deal of vomiting. In the case of children who do not expectorate, he even adds emetic drugs to the squill. He has seen cure result from this method of treatment in a few days, cases of failure being very rare. A colleague of M. Nettier, M. Remy, corroborates his statements, and says he has seen cases that have been going on for weeks yield to oxymel scillæ in a few days.

Cocaine in Uncontrollable Vomiting in Pregnancy.

Dr. F. Engelmann, in the *Centralblatt für Gynäkologie*, No. 25, 1886, records a case of extreme prostration and emaciation due to vomiting of pregnancy, in which cocaine seems to have acted as a charm. He says: "Ten drops of a 10 per cent. solution were taken thrice daily. After the first dose, which was taken in the evening, patient felt better, so that she tried a drink of water, which produced no inclination to vomit. After two days the solution was taken in smaller doses, and then stopped. Neither vomiting nor retching occurred after the first dose, so that the action of the drug must be looked on as wonderful." Every other treatment had failed before the cocaine was tried.

Diseases of the Uterus Treated by Fluids.

At the medical Congress at Nancy, M. Gairal, senior, presented an apparatus which he called a uterine basin, the object of which was to check uncontrollable vomiting in pregnant women, and to support the womb, which had become too heavy, by bringing it in permanent contact with a liquid which would cause local anæsthesia. M. Gairal referred to the question of leucorrhœa, on which gynæcologists were not agreed. He adopted a local treatment by a special method based upon the disposition of the vaginal mucous membrane, and the use of a vegetable charcoal powder introduced by means of a small insufflator.

How to Administer Quinine in Malarial Intermittent Fevers.

The following, though not new, has proved of such good service in several hundred cases of malarial fevers which came under our care, that we deem it of sufficient importance for publication. This way of administering the anti-periodic was suggested to us a number of years ago by our friend, Dr. H. D. Schmidt, who claims to have gotten it from the late Prof. G. B. Wood, of Philadelphia:

In intermittent fever always give the quinine in the intermission, the first dose twelve hours before the expected paroxysm, a second dose six hours after the first, and a third dose three hours after the second; given in this way the dose need seldom exceed five grains.

The Local Treatment of Syphilitic Affections.

M. Gilles, in a communication to the Biological Society (*Le Progrès Médical*, 24th July, 1886), on the microbic nature of local syphilitic affections, deals with the treatment of them. He has obtained excellent results by local baths to the affected parts. He has found this method succeed where general treatment had failed. Especially he has noted the results in palmar and plantar psoriasis which has been either early or late in appearing. He uses a solution of mercury, and gives the local bath for ten minutes. Crusts have to be removed to allow the parasiticide free action.

Ulexine.

It is curious that the common furze, or Ulex Europæus, should have been found to yield an alkaloidal substance; for it has been so frequently examined chemically in order to ascertain its nutritive qualities that one would have thought an active alkaloid could not have escaped detection. However, Mr. Gerrard has extracted an alkaloid that is very soluble in dilute hydrochloric acid, forms long oblique prismatic crystals, readily soluble in chloroform, and giving with ferric chloride a deep-red color. The physiologi-

cal action has not yet been worked out, but it has been found that the alkaloid has a paralytic action on frogs.

Electrolysis for Nævus.

Dr. A. Mayor, of Geneva, published an interesting case of an erectile tumor (a nævus of the cutaneo-subcutaneous variety) on the back, in a girl, aged 10 months, where he successfully tried electrolysis. The number of sittings was two; the duration of each about two minutes. The dose of the current was only two milliampères (from four cells of Leclanché's battery). On examination of the patient about four years later, not a trace of the nævus (which originally was of the size of a nut) was detected.

Treatment of Acne.

Hutchinson claims that ninety per cent. of all forms of acne is due to some hyperæmic condition of the genital organs, basing his conclusions mainly upon the fact that the disease makes its appearance at puberty. He successfully treats cases that persistently resist internal medication by the use of the cold urethral sound in the male, and the hot vaginal douche in the female, conjoined with a placebo. Beneficial results are secured in one to two weeks, and a cure in a month or two.

Tribromide of Allyl.

This compound, which has been known to the chemical world since 1857, has been found to be of value in medicine, in the treatment of hysteria, infantile convulsions, angina, and asthma. Dr. de Fleury administers it in five-minim doses enclosed in capsules, from ten to twenty minims being taken by the mouth in the twenty-four hours; the drug may be injected under the skin in doses of from two to four drops, dissolved in one or two cubic centimetres of ether.

Thrush, or Sore Mouth of Infants,

Is often due to the rough and careless swabbing out of the mouth of the child by the nurse, who uses the corner of a coarse towel, and proceeds as if she were scrubbing the kitchen floor or back stairs. In Prague, since Obstein has forbidden the washing of the mouths of infants born under his care, stomatitis has almost disappeared from the lying-in, whereas previously 52 per cent. of the infants born there, and under ten days old, were afflicted.

Hypodermic Solution of Quinine.

Where it is necessary to administer quininine subcutaneously, the following formula is recommended by Dr. S. Burt, as being as little irritating as possible:

℞.	Quiniæ bisulphatis,	℥j.	
	Acidi borici,	gr. ij.	
	Morphiæ sulphatis,	gr. ¼.	
	Aquæ destillatæ,	℥j.	

Sig.—For hypodermic use. One drachm contains seven and half grains of quinine.

Anodyne for Vesical Irritation.

Dr. Copeland recommends the following as an injection for the chronic inflammation of the neck of the bladder, in old men with enlarged prostates: Ten grains of the benzoate of soda to one ounce of water, to which is added 20 or 30 drops of the green tincture of gelsemium. This is warmed, and injected into the bladder when the pain is severe. It should be retained for 20 or 30 minutes, and then either evacuated or drawn off.

Tinea Tonsurans.

Dr. Van Harlingen (*Medical Times*, August 20) gives the following new formulæ:

℞.	Potassii iodidi,	℥ss.	
	Liq. potassæ,	℥j,	M.

The hair is to be closely clipped and this sopped on to the scalp, with a pledget of lint, once daily; when dry, the following solution should be applied at the same points:

℞.	Hydrargyr. bichlor.,	gr. iij.	
	Aquæ,	℥j.	M.

Cough Mixture.

Dr. H. C. Wood (*Therapeutic Gazette*) recommends the following as an excellent sedative cough mixture:

℞.	Pot. citrat.,	℥j.	
	Succi. limon.,	℥ij.	
	Syr. ipecac,	℥ss.	
	Syr simplicis, ad.	℥vj.	M.

Sig.—℥ss. four to six times a day.

Paregoric may be added when there is much cough or irritability of the bowels.

Mixture for Asthma.

The following prescription is much used by Dr. Fothergill in the treatment of asthmatic patients:

℞.	Amm. iodidi,	℥ij.	
	Amm. bromidi,	℥iij.	
	Syr. tolu,	℥iij.	
	Tinct. lobeliæ,	℥v.	M.

Dose.—A teaspoonful.

Ready Treatment of Gleet.

Dr. Robt. T. Morris (*Kansas City Med. Index*) advises equalization of the urethra throughout its extent either by section or dilatation. This is to be followed by an injection of

R.	Bismuthi subnit.,	℥j.
	Glycerinæ,	℥ss j.
	Aquæ,	℥ss ij.

M. S.—Inject three or four drams before retiring.

This is to be passed as far back as possible by rubbing the finger backward along the urethra; after the greater part has escaped, the meatus should be closed by a small wad of cotton. This injection should be continued until no further discharge is noted, which may be as early as the third injection, but this must be repeated two or three times at intervals of a week or ten days.

Gonorrhœal Rheumatism.

Bartholow uses small blisters about, but not over, the joint. He derives the best results from the use of tincture of iron internally. The green iodide of mercury, one-twentieth to one-twelfth of a grain thrice daily, with the sixth to a quarter of a grain of belladonna or minute doses of the bichloride, with iron and blisters, are useful.

Creasote a Specific for Erysipelas.

Six to twenty drops of creasote to an ounce of water is regarded by a contributor to the St. Louis *Medical Journal* as a specific for erysipelas. He applies it on cloths soaked in the solution, and says that in the treatment of hundreds of cases but one was fatal, and that in an old and decayed system.

For Myalgia.

Professor Bartholow (*Coll. and Clin. Rec.*) recommends the following liniment for myalgia:

℞	Chlor. hyd.,	℥ss j.	
	Lin. sapon.,	℥ss ij.	M.

News and Miscellany.

Ninth International Medical Congress.

Circular no. 2.

The Ninth International Medical Congress will assemble in the city of Washington, the capital of the United States, on Monday, September 5th, 1887, at 12 o'clock noon, in accordance with the arrangements made at Copenhagen in August, 1884.

Patrons.

The President of the United States, the Hon. Grover Cleveland.

The Secretary of State, the Hon. Thomas F. Bayard.

The President of the Senate of the United States, the Hon. John Sherman.

The Speaker of the House of Representatives of the United States, the Hon. John G. Carlisle.

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Professor John Burdon Sanderson, M. D., London, England; Lewis A. Sayre, M. D., Professor of Orthopedic and Clinical Surgery, Bellevue Hospital Medical College, New York; Dr. Mariano Semmola, Professor of Experimental Therapeutics, University of Naples, Italy; Dr. Leopold Servais, Antwerp, Belgium; J. M. Toner, M. D., Washington, D. C.; Dr. P. G. Unna, Hamburgh, Germany; Professor F. Winckel, Dresden, Saxony; The President of the American Medical Association; the Surgeon-General of the United States Army; the Surgeon-General of the United States Navy.

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Treasurer.—E. S. F. Arnold, M. D., M. R. C. S., Newport, Rhode Island.

Chairman of the Finance Committee.—Richard J. Dunglison, M. D., Philadelphia, Pennsylvania.

Chairman of the Executive Committee.—Henry H. Smith, M. D., LL. D., Emeritus Professor of Surgery in the University of Pennsylvania, Philadelphia, Pennsylvania.

Chairman of the Committee of Arrangements.—A. Y. P. Garnett, M. D., Emeritus Professor of Clinical Medicine, Columbia University, Washington, D. C.

The Congress will consist of such members of the Regular Medical Profession as shall have registered and taken out their ticket of admission, and of such other scientific men as the Executive Committee of the Congress shall deem it desirable to admit. The books for the registration of members will be open from 9 a. m. to 5 p. m., on Thursday, September 1, 1887, and on each subsequent day during the session, under the charge of the "*Reception Committee.*" Any member desiring to anticipate this registration can apply by letter to the Secretary-General and forward his dues, with his address in full, when a receipt will be returned.

The dues for membership for residents of the United States will be ten dollars ($10.00). There will be no dues for members residing in other countries. Each member will be entitled to receive a copy of the "*Transactions*" of the Congress, when published by the Executive Committee.

The general sessions of the Congress will be devoted to the transaction of business and addresses and communications of general scientific interest, by members appointed by the Executive Committee. A printed "programme" of the sessions will be presented to each member on registering. A printed "Order of Business" for each day will also be issued.

The work of the various sections will be directed by the president of the section, and the order will be published in a daily programme for each section. Questions and topics that have been agreed on for discussion in the sections, shall be introduced by members previously designated by the titular officers of each section. Members who shall have been appointed to open discussions, shall present to the secretaries of the section, in advance, statements of the conclusions which they have formed as a basis for the debate.

Brief abstracts of papers to be read in the sections shall be forwarded to the secretaries of the proper section on or before *April* 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress. Papers relating to topics not included in the list of subjects proposed by the officers of the sections, may be accepted after April 30, 1887, and any member wishing to introduce a topic not on the regular lists of subjects for discussion, shall give notice of the same to the Secretary-General, at least twenty-one days before the opening of the Congress. The titular officers of each section shall decide as to the acceptance of such proposed communications, and the time for their presentation. No communication shall be received which has been already published or read before a society.

The official languages of the Congress shall be English, French and German. Each paper or address shall be printed in the "*Transactions*" in the language in which it was presented. Preliminary abstracts of papers and addresses shall also be printed in the language in which each is to be delivered. All discussions shall be printed in English.

The officers of the Congress and the officers of the sections, including all foreign officers, will be nominated to the Congress by the Executive Committee, at the opening of the first session. A partial list of the officers to be nominated (except the members of Council of the different sections, the list of whom is at present imperfect), is offered herewith.

The Executive Committee cordially invites members of the regular medical profession, and men eminent in the sciences collateral to medicine, in all countries, to participate, in person or by papers, in the work of this great humanitarian assembly. Communications relating to ap-

pointments for papers to be read in Congress should be addressed to Dr. John B. Hamilton, Secretary-General of the Ninth International Medical Congress, Washington, District of Columbia. All questions or communications connected with the business of the Executive Committee should be addressed to Dr. Henry H. Smith, Chairman of the Executive Committee of the Ninth International Medical Congress, Philadelphia, Pennsylvania. Gentlemen named in any position in the Congress are requested to notify the Chairman of the Executive Committee, as soon as practicable, of any error in the name, title, or address in this circular.

Ladies in attendance with members of the Congress, and those invited by the "Reception Committee," may attend the general sessions of the Congress when introduced by a member. They will also be invited to attend the Social Receptions. The Executive Committee reserves the right to invite distinguished persons to any or all the meetings of the Congress. The attendance of medical students and others interested in the work of the various sections or in the general addresses delivered in the Congress, will be permitted, on the recommendation of the Secretary-General or the officers of a Section, on their taking out from the Registration Committee a general ticket of admission, fee one dollar ($1.00); but such persons can not take part in the proceedings.

All communications and questions relating to the special business of any Section, must be addressed to the President or one of the Secretaries of that Section. As many details of the Congress and numerous appointments of officers are yet to be completed, other circulars will be issued from time to time, as circumstances may demand.

The following is the list as at present completed:

Executive Committee of the Congress.—Henry H. Smith, M. D., LL. D., Chairman; N. S. Davis, M. D., LL. D.; John B. Hamilton, M. D.; E. S. F. Arnold, M. D.; Richard J. Dunglison, M. D., Secretary; Abram B. Arnold, M. D.; William T. Briggs, M. D.; De Laskie Miller, M. D., Ph. D.; James F. Harrison, M. D.; F. H. Terrill, M. D.; William H. Pancoast, M. D.; John H. Callender, M. D.; Alonzo B. Palmer, M. D., LL. D.; J. Lewis Smith, M. D.; E. Williams, M. D.; S. J. Jones, M. D., LL. D.; William H. Daly, M. D.; A. R. Robinson, M. D.; Joseph Jones, M. D.; Albert L. Gihon, M. D.; John P. Gray, M. D., LL. D.; Jonathan Taft, M. D.; Frederick S. Dennis, M. D.; A. Y. P. Garnett, M. D.

PRESIDENTS OF SECTIONS.

General Medicine.—Abram B. Arnold, M. D., Professor of Clinical Medicine, College of Physicians and Surgeons, Baltimore, Md.

General Surgery.—William T. Briggs, M. D., Professor of Surgery, University of Nashville, Nashville, Tenn.

Military and Naval Surgery and Medicine.—Henry H. Smith, M. D., LL. D., Emeritus Professor of Surgery, University of Pennsylvania, and formerly Surgeon-General of Pennsylvania, Philadelphia, Pa.

Obstetrics.—DeLaskie Miller, M. D., Ph. D., Professor of Obstetrics, Rush Medical College, Chicago, Ill.

Gynecology.—James F. Harrison, M. D., Professor of Obstetrics, etc., University of Virginia, Va.

Therapeutics and Materia Medica.—F. H. Terrill, M. D., Professor of Therapeutics, University of California, San Francisco, Cal.

Anatomy.—William H. Pancoast, M. D., Professor of General, Descriptive, and Surgical Anatomy, Medico-Chirurgical College, Philadelphia, Pa.

Physiology.—John H. Callender, M. D., Professor of Physiology and Psychology, University of Nashville, Nashville, Tenn.

Pathology.—Alonzo B. Palmer, M. D., LL. D., Professor of Pathology, University of Michigan, Ann Arbor, Mich.

Diseases of Children.—J. Lewis Smith, M. D., Professor of the Diseases of Children, Bellevue Hospital Medical College, New York, N. Y.

Ophthalmology.—E. Williams, M. D., Professor of Ophthalmology, Miami Medical College, Cincinnati, Ohio.

Otology.—S. J. Jones, M. D., LL. D., Professor of Ophthalmology and Otology, Chicago Medical College, Chicago, Ill.

Laryngology.—William H. Daly, M. D., Pittsburgh, Pa.

Dermatology and Syphilis.—A. R. Robinson, M. D., Professor of Dermatology, New York Polyclinic, and of Histology and Pathological Anatomy, Woman's Medical College of the New York Infirmary, New York, N. Y.

Public and International Hygiene.—Jos. Jones, M. D., Professor of Chemistry and Clinical Medicine, Tulane University; ex-President Board of Health, New Orleans, Louisiana.

Medical Climatology and Demography—Albert L. Gihon, M. D., Medical Director U. S. Navy.

Psychological Medicine and Nervous Diseases.—John P. Gray, M. D., LL. D., Pro-

fessor of Psychological Medicine and Medical Jurisprudence, Bellevue Hospital Medical College, Utica, N. Y.

Dental and Oral Surgery.—Jonathan Taft, M. D., Professor of Dental and Oral Surgery, University of Michigan, Ann Arbor, Mich., Cincinnati, Ohio.

VICE-PRESIDENTS OF SECTIONS.

General Medicine.—W. W. Cleaver, M. D., Kentucky; J. A. Octerloney, M. D., Kentucky; P. G. Robinson, M. D., Missouri; Thomas F. Rochester, M. D., New York; Preston B. Scott, M. D., Kentucky.

General Surgery.—Moses Gunn, M. D., Illinois; J. W. Hamilton, M. D., Ohio; W. H. Hingston, M. D., Canada; James M. Holloway, M. D., Kentucky; J. C. Hutchison, M. D., New York; N. S. Lincoln, M. D., District of Columbia; Donald MacLean, M. D., Michigan; Donald Macrea, M. D., Iowa; M. Storrs, M. D., Connecticut.

Military and Naval Surgery and Medicine.—C. J. Cleborne, M. D., United States Navy; E. H. Gregory, M. D., Missouri; Frank H. Hamilton, M. D., New York; W. T. Hord, M. D., United States Navy; Frederick Hyde, M. D., New York; G. L. Porter, M. D., Connecticut; Wm. E. Taylor, M. D., United States Navy; B. A. Watson, M. D., New Jersey.

Obstetrics.—Gustav Braun, M. D., Austria; P. Budia, M. D., France; J. Galabin, M. D., England; John Goodman, M. D., Kentucky; W. M. Knapp, M. D., Nebraska; R. L. Sibbet, M. D., Pennsylvania; Isaac E. Taylor, M. D., New York.

Gynæcology.—N. Bozeman, M. D., New York; Henry O. Marcy, M. D., Massachusetts; T. A. Reamy, M. D., Ohio; H. R. Storer, M. D., Rhode Island.

Therapeutics and Materia Medica.—Henry M. Field, M. D., New Hampshire; Albert Fricke, M. D., Pennsylvania; George Gray, M. D., Ireland.

Anatomy.—C. W. Kelly, M. D., Kentucky; Samuel Logan, M. D., Louisiana.

Physiology.—

Pathology.—Andrew Fleming, M. D., Pennsylvania; J. B. Johnson, M. D., Missouri; Henry F. Lyster, M. D., Michigan.

Diseases of Children.—William B. Atkinson, M. D., Pennsylvania; William G. Booker, M. D., Maryland; Cadet de Gassicourt, France; Edward Hunoch, Prussia; Adoniram B. Judson, M. D., New York; J. P. Owen, M. D., Massachusetts; Eustace Smith, M. D., England; Charles West, M. D., England; Joseph E. Winters, M. D., New York.

Ophthalmology.—A. W. Calhoun, M. D., Georgia; J. J. Chisholm, M. D., Maryland; P. D. Keyser, M. D., Pennsylvania; Dudley S. Reynolds, M. D., Kentucky.

Otology.—

Laryngology.—M. F. Coomes, M. D., Kentucky.

Dermatology and Syphilis.—James M. Keller, M. D., Arkansas; John V. Shoemaker, M. D., Pennsylvania.

Public and International Hygiene.—A. Nelson Bell, M. D., New York; John Berrien Lindsley, M. D., Tennessee; J. N. McCormack, M. D., Kentucky; J. F. Y. Paine, M. D., Galveston, Texas; Benjamin W. Richardson, M. D., England; John Simon, M. D., England; J. W. Thudicum, M. D., England.

Medical Climatology and Demography.—Dr. A. Chervin, Paris, France; Traill Green, M. D., Pennsylvania; John H. Hollister, M. D., Illinois.

Psychological Medicine.—Julius Athaus, M. D., England; R. H. Chase, M. D., Pennsylvania; Eugene Grissom, M. D., North Carolina; John C. Hall, M. D., Pennsylvania; P. A. Hooper, M. D., Arkansas; J. S. Jewell, M. D., Illinois; S. S. Schultz, M. D., Pennsylvania.

Dental and Oral Surgery.—W. W. Allport, M. D., Illinois; S. W. Dennis, M. D., California; C. L. Ford, M. D., Michigan; H. L. McKellops, M. D., Missouri; A. T. Metcalf, M. D., Michigan; W. H. Morgan, M. D., Tennessee; A. L. Northrop, M. D., New York.

SECRETARIES.

General Medicine.—J. W. Chambers, M. D., Baltimore, Maryland.

General Surgery.—Dudley P. Allen, M. D., Cleveland, Ohio; Carl Mayde, M. D., Germany; J. R. Weist, M. D., Richmond, Ind.; A. H. Wilson, M. D., South Boston, Mass.

Military and Naval Surgery and Medicine. J. McF. Gaston, M. D., Atlanta, Georgia; E. A. Wood, M. D., Pittsburg, Pa.

Obstetrics.—A. Charpentier, M. D., Paris, France; T. Felsenreich, M. D., Vienna, Austria; W. W. Jaggard, M. D., Chicago, Ill.; John Williams, M. D., London, England.

Gynæcology.—Ernest W. Cushing, M. D., Boston, Mass.

Therapeutics.—Frank Woodbury, M. D., Philadelphia, Pa.

Anatomy.—Henry Morris, M. D., Philadelphia, P.

Physiology.—R. W. Bishop, M. D., Chicago, Ill.

Pathology.—H. M. Biggs, M. D., New York, N. Y.; I. N. Himes, M. D. Cleveland, Ohio.

Diseases of Children.—

Ophthalmology.—S. C. Ayres, M. D., Cincinnati, Ohio.

Otology.—S. O. Richey, M. D., Washington, D. C.

Laryngology.—William Porter, M. D., St. Louis, Missouri.

Dermatology.—W. T. Corlett, M. D., Cleveland, Ohio; F. E. Daniel, M. D., Austin, Texas.

Public and International Hygiene.—Geo. H. Rohé, M. D., Baltimore, Md.; Walter Wyman, M. D., U. S. Marine Hospital Service, New York, N. Y.

Climatology and Demography.—Charles Denison, M. D., Denver, Colorado; James F. Todd, M. D. Chicago, Illinois.

Psychological Medicine.—E. D. Ferguson, M. D., Troy, N. Y.; E. Landolt, M. D. (Berlin, Prussia), Paris, France.

Dental and Oral Surgery.—Edward A. Bogue, M. D., New York, N. Y.; S. F. Rehwinkle, M. D., Chillicothe, Ohia.

Committee of Arrangements, Washington, D. C.—A. Y. P. Garnett, M. D., *Chairman;* J. M. Toner, M. D., *Vice-Chairman;* C. H. A. Kleinschmidt, M. D., *Secretary;* D. C. Patterson, M. D., *Treasurer.*

Executive Committee.—Drs. A. Y. P. Garnett, J. M. Toner, N. S. Lincoln, C. H. A. Kleinschmidt, Surgeon-General F. M. Gunnell, M. D., U. S. Navy; Surgeon-General Robert Murray, M. D., U. S. Army; Supervising Surgeon-General J. B. Hamilton, M. D., U. S. Marine Hospital Service; Chief Medical Purveyor J. H. Baxter, M. D., U. S. Army.

Committee on Congressional Legislation.—Dr. A. Y. P. Garnett, *Chairman.*

Committee on Finance.—Dr. G. L. Magruder, *Chairman.*

Committee on Printing.—Dr. J. B. Hamilton, *Chairman.*

Committee on Reception.—Dr. J. M. Toner, *Chairman.*

Committee on Entertainments.—Dr. N. S. Lincoln, *Chairman.*

Committee on Transportation.—Dr. J. W. H. Lovejoy, *Chairman.*

Committee on Place of Meeting for Congress and Sections.—Dr. D. C. Patterson, *Chairman.*

By order of the Executive Committee of the Congress.

HENRY H. SMITH, M. D.,
Chairman.

RICHARD J. DUNGLISON, M. D.,
Secretary.

American Academy of Medicine.

Tenth Annual Session at Pittsburgh, Pa., October 12 and 13, 1886.

The meeting was called to order by Dr. R. Stanbury Sutton, the President. Dr. Purvis, A. M., M. D., pastor of the First Presbyterian church, in which the meeting was held, led in prayer.

After considerable routine business, a paper was read by W. Dimplison, A. M., M. D., of Philadelphia, on "The Laws Regulating Practice in the Different States."

F. N. Gerrish, A. M., M. D., of Portland, Maine, followed with a paper. Subject, "The Best Equipment for Medical Study."

The special committee appointed to report on the best preliminary education for medical students next made its report. The chairman, F. N. Gerrish, A. M., M. D., spoke strongly in favor of a classical education for all students, and referred with feeling to the prostitution of the medical profession by colleges which were little more than mere speculators.

John D. Kelley, A. M., M. D., of Lowville, N. Y., read on "The Status of Medical Education in the United States."

L. P. Bush, A. M., M. D., of Wilmington, Delaware, read on "The Advantages of a Classical Education to the Medical Student and Physician." He took decided ground in favor of a classical education. W. H. Pancoast, A. M., M. D. ,of Philadelphia, thought that too much Latin and Greek were studied at a tender age. He thought youths should study more French and German. He referred to the German system of education. They are the most classical students in the world.

J. Chester Morris, A. M., M. D., of Philadelphia, next read on "Prolonged Gestation," relating interesting cases.

Traill Green, A. M., M. D., Easton, Pa., "The Duties of Physicians to Each Other."

A. C. Kemper, A. M., M. D., Cincinnati, "A Christian Education the Best Preparation for the Practice of Medicine."

Henry O. Marcy, A. M., M. D., "Is Modern Wound Treatment Scientific?"

Virgil P. Gibney, A. M., M. D., of New York, "Treatment and Management of Tubercular Spondylitis."

Nathan Allen, A. M., M. D., Lowell, Mass., "Physical culture in Amherst College." He favored gymnastics over feats of ball, rowing, etc., which only developed certain muscles.

Geo. E. Stubbs, A. M., M. D., Philadelphia, "What should Physicians Advise as to the Education of Young Women?"

The following new members were elected: J. G. Sloane, A. M., M. D., Monongahela City; M. H. Borland, A. M., M. D., Pittsburgh; C. H. von Klein, A. M., M. D., Dayton, Ohio; A. B. Thresher, A. M., M. D., Cincinnati; Philip Zenner, A. M., M. D., Cincinnati; Richard Hogsden, A. M., M. D., Abington, N. Y.; W. B. Canfield, A. M., M. D., Baltimore; E. Wirst, A. M., M. D., Chicago; L. Curtis, A. M., M. D., Chicago; R. I. Buntley, A. M., M. D., Pittsburgh; S. D. Jennings, A. M., M. D., Allegheny; W. D. Kearns, A. M., M. D., Pittsburgh; John Dubb, A. M., M. D., Pittsburgh; N. J. R. Klein, A. M., M. D., Greensburgh, Pa.; W. C. Shaw, A. M., M. D., Pittsburgh; J. C. Connell, A. M. M. D., Pittsburgh.

The nominating committee reported the following names:

President—L. P. Bush, A. M., M. D., Wilmington, Delaware.

Vice Presidents—R. I. Sibberts, A. M., M. D., Carlisle, Pa.; S. J. Jones, A. M., M. D., Chicago; P. S. Connor, A. M., M. D., Cincinnati; W. P. Gibney, A. M., M. D., New York.

Secretary and Treasurer—R. J. Dunglison, A. M., M. D., Philadelphia.

Assistant Secretary—Chester McIntyre, Jr., A. M., M. D., Pittsburgh.

Dr. R. Stansbury Sutton delivered the

PRESIDENT'S ADDRESS.

He welcomed the members of the Society to Pittsburgh on this, their first meeting west of the Alleghenies. This city is the gateway to the great Ohio valley, and as civilization went out through it westward on the bosom of "the beautiful river," so may ideas of a higher education for the physician in the United States, from your meeting here, spread out over this great western country.

In the United States the lives and health of 60,000,000 people are in the hands of the medical profession. This responsibility is too great for other than educated shoulders to bear. While there are many men of might in this noble profession of ours, yet there are many others absolutely destitute of both general and professional knowledge. The fact that venders of patent medicines become millionaires while many a diplomated doctor fails to obtain subsistence, proves that there is a growing dissatisfaction with the profession. The multiplication of medical mountebanks and peripatetic physicians strongly sustains this statement. The improper and unmanly methods to which many physicians resort to obtain practice shows that hunger is at the root of the struggle. These and similar evils demand attention. The cause first in injury is the number and nature of our medical schools. He referred with words of praise to the schools established during the first century of the nation's life. At the end of this first century the supply of schools and men exceeded the demand. Most of the excess came from a large number of small schools, whose deficiency prevented an honest competition with their more favored rivals. Necessity made them and their wares cheap. Financially, they have been failures, and their faculties have lost money. They found solace, however, for money spent by being dubbed "professor," and their incompetent graduates were compelled to become drummers for their alma mater, by bringing in the cases they could not master to their teachers. The medical men of other centres of population, hearing of this new manner of gaining practice, secured a charter, erected buildings, and proceeded to business. Medical mills multiplied until we have now 101 incorporated institutions, good and bad, in the United States. These are attended annually by 15,000 students, and graduate each year nearly one-half this enormous number. During the seventh decade of this century, 25,000 medical men were added to the list.

He recounted at length the evils resulting from this pernicious system of education, and recommended for its removal the only remedy—legislation.

He was Coming "Hindside Foremost."

Referring to the story of the young practitioner who mistook the anus of the child for the undilated os of the mother, the *South. Cal. Practitioner* says:

"This reminds us of a case we had in 1877. We were called in great haste to a case of confinement, and found in charge a well known Los Angeles midwife. She, in an excited manner, told us the baby was coming "hindside foremost," and that it was a little girl. The husband and wife and the neighboring women all looked in awe at the midwife who was able to so confidently foretell the sex. We examined, and found a face presentation. The midwife thought she had her finger in the vagina when it was in the child's mouth. The discomfiture of the old lady was complete when a ten-pound boy was born."

The Patient and the Doctor.

A peasant who was very ill and expected to die promised the doctor $50 if he saved his life. A fortunate turn of the disease en-

abled the doctor to pull his patient through, but when he presented his bill the peasant exclaimed:

"What a monstrous robbery! I'll never pay it!"

"But you set your own figures."

"Yes, but any jury will decide that I was too ill to transact business."

To Rapidly Heat Water.

A new form of vessel has been devised for heating water rapidly. It consists in studding the bottom of an ordinary metallic water vessel with copper rods, which pass through the bottom of the vessel into the water, where they are flattened out, and give up their heat very rapidly. By this means an experimenter has boiled one pint of water in a strong four-quart kettle weighing over six pounds, in fifty seconds.

Editorial Amenities.

Country Editor (to brother editor)—Ah! good morning, Brother Shears; glad to see you. And how are things up at Pigville?

Brother Shears—Flourishing just at present, but last month we had the hog cholera pretty bad.

Country Editor—I'm sorry to hear that. But you are looking well now, Brother Shears.

Labor Among Primitive Peoples.

The *Boston Med. and Surg. Journal* states states that in one of the largest book-stores of the "hub," the entire available force of the establishment was engaged for half a day in an ineffectual search for this work of Dr. Engelmann's in the department of political economy, attention being now so generally directed to [non-medical] labor questions.

Items.

—A "sandwich" man on Broadway, New York, carries the following legend on his sign: "Advertising is like hugging a pretty girl—it can't be overdone."

—In the last five years Billroth has performed operations on the stomach in thirty-two cases, with nineteen fatal results. Out of fifteen gastrectomies for cancer, there were seven recoveries.

—In the surgical clinic at Jefferson College, Philadelphia, lately, Professor Brinton remarked that when a man shaved or a woman did up her back hair, it was a certain sign they would get well.

—Toothache from decayed teeth is said by a Swiss authority to be relieved promptly by cotton-wool moistened with a mixture of equal parts of camphor and chloral, and a fifth as much cocaine.

—The papers that hoist before the public the figures of their circulation—apt to be fathomless lies—bear the same relation, remarks a lay contemporary, to admirable journalism that John L. Sullivan, whose circulation is much greater than Oliver Wendell Holmes's, bears to that intellectual autocrat.

—President Dwight, of Yale, whose back shows a sharp curve as he walks, says: "A little girl, after watching me walk for a while, remarked: 'Mamma, I think he is the stoopedest man I ever did see.'" The worthy president always enjoys a good story, even though it be at his own expense.

—A new tanning material, which, in the opinion of the *Leder Interessent*, is destined to play a leading *rôle* in the tanning industry of the future, is the tanekohe bark, from New Zealand, which is at present employed in Europe only at Grenoble, where it is applied to the dyeing of gloves. It contains 26.66 per cent. of tannic acid.

—At Walton (N. Z.) a family named Fitzimons—father, mother, and two children—were suffering severely from poisoning. A doctor administered remedies, and it was discovered that some gruel, of which all had eaten, had been made of meal which had been mixed with arsenic for the purpose of poisoning rats. The children were in a critical state, but the father and mother were in a fair way of recovery.

—A doctor having written to Mr. Gladstone pointing out the enormous number of deaths from consumption, and stating that the disease is "within our control," concluding by asking if the government is prepared to grant funds for investigating the matter, has been referred to the Royal Society, which has four thousand pounds a year placed at its disposal in aid of scientific investigations.

—A lady writes to the *Boston Journal:* "Our little two-year-old boy is very fond of medicine. No matter what the kind, he takes it with evident relish, and teases for it on all occasions. The other day he came running in and said he was sick and tired, and his leg ached, and he must have some. To pacify him, his mother gave him a teaspoonful of cough syrup. After lapping out the spoon, he looked roguishly up at her, and said in an appealing tone, 'Got two legs, mamma; mus' have anozer spoonful for ze ozer leg.'"

THE

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Original Department.

Communications.

CHOREA AND ITS TREATMENT BY CIMICIFUGA RACEMOSA.

BY HIRAM CORSON, M. D.,

Of Conshohocken, Pa.

In the *Maryland Medical Journal* of April 24, 1886, there is an article on chorea by Spencer M. Free, M. D., of Baltimore, which came to me a few days ago, and which has induced me to offer your readers some remarks in reference to its treatment.

This excellent paper by Dr. Free, so replete with information in all that relates to the causes, symptoms, pathology, and treatment of the disease as known by authors of the present time, is well worthy of attentive perusal. But so greatly was I amazed not to find the cimicifuga—black snake-root—spoken of as a remedy, though he remarks, "without a careful search we have come upon thirty-nine forms of treatment," that I am impelled to offer him one more remedy, a remedy greatly to be preferred to the one of which he says, "The one remedy which is the main reliance of the great majority of practitioners is arsenic." Quite half a century ago there were three country physicians in Pennsylvania who attracted attention by their valuable contributions to the *Am. Journal of the Medical Sciences*, in relation to their treatment of diseases so frequently met with by physicians. They were Samuel Jackson, of Northumberland; Ezra Michener and Jesse Young, of Chester county. Their articles were eagerly looked for, and their advice and modes of treatment thankfully received. Many a young practitioner was helped and cheered by their valuable counsel, their truthful reports of cases of illness, and the value of remedies as witnessed by them; and thus were enabled ofttimes to bring comfort and health to patients by means and appliances before unknown to them. At present I have only to speak of the last-named. Writers from the days of Cullen in the last century to the present time agree in their general history of the disease, their inability to refer it to any special cause or to discover by post-mortem examination characteristic pathological changes. They all speak, too, of the same remedies—of their utility in some cases, their utter inutility in others—of cases lasting for months and years, in defiance of the one remedy by all of them deemed the best, namely, arsenic.

Although I have used cimicifuga racemosa in every case which has come to me in more than fifty years, and always successfully in a brief time, I feel that justice would not be done the subject by giving my experience without preceding it by the experience of Dr. Jesse Young. It is a matter of regret that your space will not allow me to give his whole article, his thoughts and reflections on the subject, instead of merely giving briefly his cases.

The *Am. Journal of Medical Sciences* of February, 1832, on page 310, has "Observations on the Remedial Powers of the Cimicifuga Racemosa in the Treatment of Chorea," by Jesse Young, M. D., from which I take the following notice of four cases. He says:

"It is a very popular medicine both for man and beast. it is used in infusion or decoction chiefly as a pectoral medicine. . . . .

Who first used it in chorea I have no means of learning.

"1. Four years ago a son of Joseph Fairlamb, aged 11 years, was attacked; one side was affected and was in almost constant motion, except when he was asleep. During more than four months his physician was using all his efforts to arrest it, but without the least benefit resulting. An *old woman* then told him that the black snake-root would cure it. She told him to give a teaspoonful (of the root) three successive mornings, then omit three, and so on, till he gave it nine times. He told me when he had given six portions the boy was almost well, and when he had taken his nine portions he was perfectly cured, and has so remained.

"2. In the month of March of the present year a daughter of Mr. Isaac Hall was attacked. His physician was called, and after treating it for a month without any good resulting, his physician agreed to his using the snake-root, of which he had heard, as used in the above case. After taking three portions, her symptoms were much improved; and after six doses she was entirely well; the other three were, however, given, and she remains well at this time. In this case it puked severely almost every time it was given.

"In Mr. Fairlamb's boy, it did not vomit, but several times, though not always, made him quite sick.

"I now determined to watch its effects and ascertain whether it would cure by its own intrinsic properties (not as an emetic) or whether these reported cures might not be mere coincidences, and, in reality, the consequences, perhaps, of former treatment.

"3. On the 12th of September I was requested to see Mrs. ———, aged nineteen years; married two months; believed *not to be pregnant*.

"The affection commenced two weeks ago, but so gradually that she was not aware of anything serious being the matter till within a day or two, she has got so bad as to be almost constantly in motion with the left side; it does not prevent sleep; health good; could detect no cause, save that her father had been once affected, when a boy; in his case, caused by fright, and was cured, or got well, in two or three years, after using much medicine without benefit; but believes it was the cold bath that cured him at last.

"I ordered an emetic of tart. ant. with a view to its impression rather than its evacuant effect, to be followed by calomel and jalap next day; and after this to purge every morning with cream tart. et jalap till I could procure the snake-root. On the 20th, I took a quantity of it to her, but was startled when I found the affection had extended to the other side, and was tenfold aggravated; her arms, her legs, her head, face, tongue, and every muscular part of the system appeared to be in continual, irregular, alternate motion; she could only, with great difficulty, articulate so as to be at all intelligible; the power of deglutition was suspended to a very great extent; she could not walk one step, nor support herself erect without assistance, nor could she sleep, day or night, on account of the constant twitching and jerking of the muscles. Such was her condition when she began to take the snake-root—one teaspoonful of the powder three times a day, before eating—but if it sickened her when taken on an empty stomach, to take it after instead of before meals, in any pleasant vehicle, as molasses, preserves, etc. On the 25th, I visited her again and found a great change for the better—had walked the day before several hundred yards, could speak and swallow as well as ever she could, and could sleep well at night. Her arms were still somewhat affected. Ordered the medicine discontinued for two or three days, then used again as before.

"October 3 found her so well that a person who was not aware of her having the affection would not notice anything ailing her; a few more doses were used, once or twice a day, for a week, and she was well, and is so at this time."

His remarks are too long to copy here, but it never sickened if not taken on an empty stomach; did not at any time purge, sweat, or act as a diuretic, but "caused an uneasy feeling amounting to almost an ache through all her extremities every time she took it, which would continue from one to three hours; that *it alone cured* must be obvious to every one."

4. The fourth case spoken of by Dr. Young was told him by his friend, Dr. Gregg, who said: "I should have had a case to treat had it not been for the black snake-root." He had met a man in whose family he practiced who told him "his child had Saint Vitus' dance, and he had heard of Hall's daughter's case, and if the snake-root don't cure her I will call on you."

Dr. Gregg saw the man a short time after and learnt that the patient had been cured in a few days by the article.

There is much more in Dr. Young's article which would deeply interest your readers, but I must be content with merely adding his conclusion: "Neither *a priori* reasoning nor

professional erudition can ever direct us to the peculiar properties or effects of any of our vegetable productions; they can only become known from repeated trials and experiments. In this class exactly stands the cimicifuga racemosa, in chorea and probably in other nervous affections. Let it be fairly tried, and on these trials let its merits stand or fall."

The above was published fifty-four years ago last February, and yet to-day, in a paper published by a physician living in a city, a man conversant with medical literature, and earnest and diligent in his search for remedies useful in chorea, does not name it with his twenty-nine. Is this evidence that, tried on its merits, it has failed? Or is it not more probable that it has been but rarely tried, and that those who have tried it have failed to report, and thus it has not been brought to the notice of Dr. Free?

Be this as it may, I took Dr. Young at his word, gave it a trial of fifty years, and now report it almost if not quite a specific in chorea, and of great value in many other affections.

I ought to say here that Dr. Jesse Young was probably the first regular physician that ever used the black snake-root in chorea—at least the first who published an account of its use: for in a note by the editor appended to the communication, he says: "We are not aware of the remedial powers of the black snake-root having been noticed by any writer on the materia medica, but Dr. Physick informed us nearly ten years ago that he had known the plant, given in doses of ten grains every two hours, prove successful in the treatment of chorea in several instances."

Dr. Wm. Cullen, Professor of the Practice of Medicine in Edinburgh from 1776, for nearly twenty years, and whose "First Lines in the Practice of Medicine" was a text-book in the early part of this century in the University of Pennsylvania, does not speak of the cimicifuga as a remedy, but says: "Dr. Sydenham proposed to cure the chorea by alternate bleeding and purging. In some plethoric habits I have found some bleeding useful: but in many cases I have found repeated evacuations, especially by bleeding, very hurtful."

Dr. John Eberle, Professor of Materia Medica in Jefferson Medical College as early as 1828, and whose "Treatise on the Practice of Medicine," published in 1830, was then considered to be a most valuable work, names almost as many modes of treatment and different remedies as Dr. Free, and with as little confidence in any one of them. He wrote: "In a young lady, seized with chorea in consequence of suppressed catamenia, I directed her to be bled ℥xij, and to take a pill of ext. colocynth 3 grs., calomel gr. iss. tart. ant. 1/10 gr. every night, and a small dose sulph. mag. every fourth day. In the course of two weeks she was bled four times, and the disease disappeared during the third week." Dr. Eberle did not name the snake root, had probably never heard of it, and I should probably have been led to resort to some one of the modes of practice spoken of by him, had it not been that the recommendation of the cimicifuga by Dr. Young met my eye. From that day to this I have relied on it alone, and in every case it has given speedy relief. I brought it to the notice of our County Medical Society, and some of the members can bear similar testimony to its control over the disease. This confirmation of Dr. Jesse Young's testimony might perhaps justify me in saying nothing more on the subject, but possibly the brief narration of a few of the many cases which have come under my care, will better satisfy your readers of the safety and value of the remedy that I offer them.

In June, 1836, Mrs. W., a young woman advanced to the middle of the third month of her first pregnancy, became ill with chorea, and I saw her on the first day of June. It was, I think, in 1834, that Dr. J. K. Mitchell called the attention of the profession to irritation of the spine as a cause of rheumatism and some other affections, and the good results of treatment derived from cups, leeches, and external irritation over the spinal column. Pustulation by tartar emetic ointment was very fashionable, and "disease of spine" was, like malaria now, a phrase used for nearly every departure from health. I find that from the first of June until the 16th, external irritation of the spine with tonics was mainly relied on in her treatment, and by this time she was confined to bed in a most pitiable and helpless condition. I then directed one teaspoonful tr. cimicifuga after each meal; her recovery was rapid, and I ceased attendance on the 12th, from which time she attended to her household duties, and passed through her confinement on December 15th, and had a good "getting up." I will now skip the cases of the next fourteen years.

Case 2. In 1850, a girl of eleven years, of rather unusual growth, was affected with chorea, and though living in Conshohocken, was taken to Newark, N. J., to the old family doctor. From the time of Dr. Hamilton until the time of which I write, the active

purgative practice he was zealous to promote, a practice to which I have already alluded, was everywhere resorted to by physicians to a greater or less degree, and the old family doctor put her under a full course of that treatment for three months, with a gradual reduction of health, and such an increase of the disease that when she was brought back by the mother, hopeless of cure, she was in a most pitiable state—I need not describe it, it paralleled Dr. Young's case. I was called on account of the mother being informed by a friend, whose child had been relieved of an attack by the snake root, advised by me. Her motions were almost incessant—even when asleep they were not wholly absent—speech and swallowing difficult, confined to bed, and with so idiotic an appearance that the mother, a woman of family pride, evidently dreaded her recovery, confident that her intellect would be impaired. I directed the infusion, made as before, from properly prepared roots. She began its use April 4, 1850. I ceased to attend her on the 30th, when she was walking out, but called again on the 4th of May and found her entirely well. Her health from this time was excellent. This case was the result, I think, of too close study at home, with no exercise such as children get when at school in the country, she not being allowed to attend the school to which the *workingmen's children* went. I will now skip the next twenty-five years, in which I had several cases, and speak of a few which have occurred since, or within the last ten years.

Case 3. On the 29th of April, 1875, I was asked to see a boy of about eleven years of age, who, though still going to school, had for a few weeks been affected with chorea, to a degree that caused children to laugh at him and sometimes mock him. He was able to eat quite well, and though his limbs were much affected and his face full of grimaces, had not been taken from the school. As the anxiety and efforts of the schoolroom are the prolific source of chorea in children, he was at once kept at home and put on the use of tinct. black snake-root (prepared by myself from good roots gathered at the proper time). My last visit to him, he being apparently well, was on the 15th of May, but the medicine was continued for two or three weeks longer, a dose or two daily. His recovery was complete.

Case 4. Allow me to report a case which I did not attend, but which was so like the one just reported in age and kinship and in its early symptoms, though so widely different in its course and in the long suffering which he endured, and in his final recovery by the use of the cimicifuga, that I think the two cases should be placed near to each other, to show the utter inutility of the remedies used by his physician, and the prompt and efficient action of the snake-root, used even without the supervision of a doctor.

In the early part of 1874 a boy in his eleventh year had an attack of chorea which followed a light attack of rheumatism of the right knee, from which he had suffered a month or two before. The chorea began with twitching of the right side. Very soon a physician was called, and by the end of a fortnight, then the beginning of June, he was unable to talk, had great difficulty in swallowing, could not feed himself, and was soon unable to continue in bed, so a bed was made on the floor for him; but even then so greatly did he twitch and jerk that he oftentimes would roll out of it on to the floor. Remedies were tried in rapid succession during the coming winter and following spring without availing much, but yet he could swallow better, and could articulate so as to be understood. A small wagon was then built for him, in which he could lie at full length, and be dragged about by his friends or the neighbors' children. I need not go further into details; suffice it to say that for three years more he continued to be affected, but exercise in a carriage constructed to enclose his body, and with a rim on which he could rest his arms, and with rollers under it, which enabled him to move about his room, after some months invigorated him, he then being able to eat well, and he became able to walk out of doors. The cold bath was tried two weeks, then he was taken to Atlantic City during the bathing season, and was treated there in a regular hot-bath establishment. After that the electrical cure was tried, under the supervision of Dr. Playfair, of Philadelphia; but none of these things availed much. When at Atlantic City his appearance on the street when his parents were taking him a short distance to the hot-bathing establishment would immediately attract the attention of those who saw him, and lead to unpleasant remarks. I had several times seen him when he was being taken about in the small wagon, and was pained to witness his motions and contortions. Thus during more than four years he suffered on, though his physician had anxiously and faithfully plied his remedies one after another till his list of those of reputed value was exhausted. I can well believe this, for the father was a most intelligent man, with ample means; the mother

an anxious and loving woman, prepared to spare neither labor nor expense to bring health to her only son; but the skill of the physician had failed, the resources of specialists had proved useless, when in February, 1879, while he was in this pitiable condition she was informed by one of her friends who had heard of his case that I had several times used the snake-root tea with success. The father, knowing the plant, procured it. It was freely given, with marked advantage, and he was soon well. This very day, October 10, 1886, I have heard the history of the case from the lips of the parents; have heard this emphatic declaration of the mother: "I believe if he had had the snake-root tea in the beginning, he would have soon been well." He is now a strong, healthy young man. He and the boy of the preceding Case 3 are cousins, They began in a similar way; yet the one was treated by the infusion or decoction of the black snake-root at first, and was soon well; the other was given some of the twenty-nine remedies reported by Dr. Free; remedies, many of them—nearly all of them—in use before and at the beginning of this century, all of them often tried, sometimes with apparent success, but so often failing that authors were content to say, as matter of encouragement, "that in the failure of remedies to arrest it, it is devoid of danger, and may terminate spontaneously."

Coming still nearer to the present time, I will briefly notice three cases living within about two hundred yards of each other. I was invited, May 26th, by a young medical friend, to see with him a young girl with the following history: A school girl, who was 13 years old in June, 1885, and who passed naturally through her third menstrual period March 5th, was, during the next fortnight, to be examined for promotion, and of it she seemed to have much dread. She had but one more day to be questioned, the 26th of March, and when she rose in the morning she was morose, disregarded the directions of her mother, who became alarmed at the change in her behaviour, and on inquiring of her the cause of it, was told by her "that she felt bad and did not know what ailed her." A friend coming in detected the disease, and a physician was sent for. She went to bed; soon the choreic symptoms rapidly developed. She could not talk after that day, nor rise from her bed. What treatment was used is not known to me, but I do know that the medical treatment went on steadily under the almost daily supervision of the physician, the patient as steadily growing worse, until May 24th, when he informed the mother that "there is no hope." When two days later I saw her, she was indeed in a most suffering condition. It seemed dangerous to put any fluid into her mouth, so great was the difficulty of swallowing. She could not speak a word, her left side seemed paralytic. She had had almost no food for days, and there was a large bed-sore on her back, over the lower lumbar vertebra (produced by the continuous movement of her body), and also a contracted condition of the muscles of one side of the neck, which gave evident suffering when she attempted to swallow. Her face was fatuous in expression to a great degree. We arranged to give fluid ext. cimicifuga, prepared by Dr. Baker, of Norristown, made from roots gathered in proper season, dried and preserved properly, one teaspoonful *after* every meal and one at bed-time, if she could bear so much. The mother says that she saw a change for the better on the first day. Three days after our first visit we saw her again together, and the improvement was quite perceptible. She improved rapidly, so rapidly indeed as to astonish and greatly please my young friend, who for only a week had had exclusive charge of her. On the 3d of June, only seven days after she began to use the snake-root, she began to talk—imperfectly at first, of course, for she had not made an effort to do it for more than two months; in about ten days more was sitting up, and even walking about the room, and on the 25th of June walked a few hundred yards to her aunt's moving. When we think of the deplorable condition in which we found her on May 26th, and know that on the 25th of June she was out walking, and could talk as well as before she was sick, for all of which I have this story from the mouth of her mother and herself, we ought to regard the cimicifuga as being a valuable remedy, inasmuch as no other medicine was used, unless it was something at bed-time.

Case 5. On Sept. 14th was called to see a tall, gangling youth of 19, who, on May 3d, was entirely well of an attack of rheumatism which had confined him to bed for nearly three weeks. He lived about 300 yards from the case just narrated. I found him sitting in an arm-chair, but with numerous jerkings, contortions and grimaces, and exhibiting a peculiar wilfulness quite unnatural to him, which caused his aged grandparents to fear harm from him. He was at once put on the use of the cimicifuga, the fluid extract. He improved daily, and on the 18th his father, in order to comfort the old people, came from

Philadelphia and took him with him (he walking to the Spring Mill R. R. station, a quarter of a mile away), promising, too, to give the medicine as directed. On the 24th, the patient returned to Spring Mill by the train, greatly improved; again, a week afterwards, made a visit to Spring Mill, coming up from Philadelphia alone—apparently well save some imperfection in talking. Since then I have not heard of him save that he had ceased to take the medicine—not a very safe omission, even though he felt himself to be well.

While in attendance on the above case, I saw in the road a boy of about 11 years of age afflicted with chorea, and was told that he lived within 300 yards of the home of the boy of 19 whom I was visiting. Rather unusual to find in one small, scattered village, three cases of chorea affected at the same time. This pale little fellow attracted my attention as well as my pity, and, on inquiring of one who knew him, I was told that he had been afflicted for nearly if not quite three years; that a physician had attended him for a long time without effecting much, and that he had been subjected to other means of cure, and recently had been under the electrical treatment in Philadelphia.

Case 6. Allow me to speak of yet another case. In the spring of 1886 I was written to by a family in Norristown to visit a sick child. The object in sending for me was not to give it medicine, but to get him to the institution at Media for the care of imbecile children. When I was told the child's history, and was informed that "it had fits almost daily—sometimes two or more in a day"—I told the parents it was useless to attempt to get him there, as children subject to fits were not received. They desired me to see him, and he was brought into the room, they having previously given me his history as follows: "He will be eleven years old next July, the twelfth of eighteen children"—the mother now only 44 years old—"until he was four he was a smart boy. One day one of the girls took him out walking, in the afternoon, and returned towards evening carrying him, and he crying and paralyzed on the left side, yet he could talk. At 7½ p. m. he had another stroke, and fits for twenty-four hours, since which time he has never talked. For more than two years he had fits; was confined to bed, and could not walk; but gradually he grew stronger, ate heartily, and at the end of his two years' illness in bed he began to get about the floor, and finally to walk, and would then sometimes be a week without a fit." The month before I saw him he had three or four fits per week. When he came into the room to me he had hold of his mother's hand, and with his fingers thrust into a very large mouth, and it wide open, he jumped and capered along, jerking one leg, with the knee bent, as high as the thigh would allow it to come; he laughed, too, idiotically. The peculiar motion of one of his legs, his idiotic laugh, and capacious open mouth, impressed me with the idea that his case was possibly at first an acute severe chorea, that the fits were of the kind called "spells" by some persons, and not real epileptic fits. So greatly did this view of his case take hold of my mind, that I proposed to the mother to get a bottle of Dr. Baker's fluid ext. cimicifuga racemosa, and give him a teaspoonful after every meal; and also directed for him 20 grains bromide potassium every night at bedtime. The first week after he began to take the snake-root he had three fits; the next week two, after which he was three weeks with only one at the end of that time; and after that had none until the 22d of July, when he had one; then one in a week. Now, October 8th, he has not had any for four weeks. It was about April first when I first saw him, and the treatment was begun. According to this statement, he had during the month of April, after the medicine was begun, only six spells, or fits; then from about the first of May till July second—nearly two months—none; since then one about every week for three times, and since September 10th not one. But this is not all the improvement: his health is greatly better, he now walks quite well, with no jerking of his leg, tries to talk, knows what is said to him, when told to go sit down or to come to any one. Should he want a drink, will bring the empty cup for them to get it; if he needs food, will bring a knife. The bromide potassium was continued but a few days, for he soon began to sleep well, and when it was discontinued he slept as well as when using it. And here I ought to say that I have for many years used the cimicifuga for the purpose of enabling nervous people to sleep, and it has served them well. A member of our county society, who has often heard me speak of its value, when asked for his experience in relation to the effects of snake-root, gave me reports of its great value as a remedy in chorea, and also as a quieter of the disturbed nervous system, thus inducing sleep. At this time he has a lady who has had for several years a most painful and distressing affection, for the relief of which she for a long time took large doses of anodynes; but now whenever she becomes so nervous as to be

unable to sleep, a single half teaspoonful of Baker's fluid ext. cimicifuga will quiet the nervous restlessness and induce sleep. We have much talk about "nervous exhaustion," and the value of "strychnine and iron, and a little good whisky, as tonics to build up the system," and arsenic is the universal favorite in chorea; but I feel assured that all of them combined have not half the value of the infusion or fluid ext. of black snake-root, a plant that is accessible to every Pennsylvania doctor, as it grows on almost every wooded hillside in our State; and yet but few physicians are acquainted with it—cannot point it out, though it towers above nearly all the other plants of the forest.

Coming back from this digression to my poor Norristown boy, let me ask my readers if they do not see much similarity between this case and the one so suddenly taken, and so severely held until the time I saw it with my young friend; and might not this latter patient have gone on from year to year as the boy did, if not arrested by the cimicifuga? Again, might not the boy, who had been four or five years dosed with medicine and shocked by electricity, but was still strongly affected by chorea, have continued for years but for the control of his perturbed nervous system by this potent remedy, the snake-root, gathered by his father on the neighboring hill, and prepared for use by his mother? In every county in the State, I presume, it can be found; any mother can prepare and administer it; and were this done early in the cases of chorea which are found in every township in the land, physicians would not be mortified, and the inefficiency of our profession exhibited before the public by the appearance on our streets of young persons helpless in limbs and contorted in features by this disease of the nervous system.

THE RELATION OF CERTAIN FORMS OF DEFECTIVE VISION TO HEADACHE IN YOUTH.*

BY CHARLES F. SINCLAIR, M. D.,

Of Chicago, Ill.

He said that the headaches arising from defective vision are very numerous. They possess certain definite characteristics according to the degree and character of the ametropia. Thus, instead of the usual classification, the ophthalmologist might furnish a terminology of his own based upon the condition of the eye. The pain in these cases increases as the errors of refraction become more complicated. A woman had suffered with intensely painful headaches for fifteen years who was found to have mixed astigmatism, and here properly adjusted lenses effected a cure.

It is in childhood and youth especially that these different forms of ametropia manifest themselves in headache. Dr. W. H. Day, of London, however, in his work on the "Nature and Causes of Headache," in which he devotes a lengthy chapter to the headache of childhood and youth, does not mention ametropia as a possible cause.

Nevertheless the eye, among school children, is frequently the cause of all the head trouble. Among American children one form of ametropia is exceedingly common and very disastrous in its effects. It is difficult to detect. It may in certain cases simulate different forms of ametropia, and even normal vision. He referred to a case in which occurs a slight degree of astigmatism under one dioptric.

Maud W., a school-girl, 14 years old, had suffered with severe headache. On examination excellent vision was found, but minus lenses improved it and made it normal. After the use of homatropin, however, half a dioptric of hyperopic astigmatism was found, which was corrected and the headache cured.

Emily R., 15 years old, had suffered with constant headache for a year. On examination .50 D manifest hypermetropia was found, and only this corrected, as patient would not submit to the use of atropia. This patient returned in a few days, saying that her headaches were as bad as ever, when homatropin was used and a small degree of hypermetropic astigmatism was found. This being corrected, a cure of the headache was effected.

In another case there were constantly recurring attacks of vertigo and dizziness, together with severe unilateral headache caused by astigmatism, and which properly adjusted cylindrical lenses cured.

These are types of an exceedingly large number of cases where headache can be cured by a weak cylindrical lens. These cases are interesting not only because of their marked consequence, but because of their tendency, in certain cases, to exactly simulate other conditions: and they certainly suggest the advisability, in every case of severe headache, to examine the eye only when under the influence of atropia.

* Abstract of paper read before the Chicago Medical Society.

Medical Societies.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, October 5, 1886. The President, C. L. Dana, M. D., in the chair.

Case of Congenital Absence of the Faculty of Co-ordination.

Dr. G. M. Hammond presented a boy four years of age, brought to his clinic on account of inability to walk. He was born at full term; labor was natural; he appeared to be perfectly healthy at birth. But shortly afterward he became sick, and continued more or less ill for six months. The attending physician diagnosticated colic. Since recovery from this attack the patient had had no sickness. The special senses were normal: the patient understood as well as other children of his age. Perhaps he did not speak as plainly as he should, but two other children in the family, perfectly healthy, talked in the same manner. There was no history of syphilis. The patient was well formed; the muscles of the limbs were well developed for a child who did not walk; muscular reaction to both electric currents was normal; the reflexes were normal. The only apparent reason for his inability to walk was want of power to retain his equilibrium. He could crawl on his hands and knees perfectly well unless he attempted to go very fast, when he would fall, and he always fell toward the right. He could stand, holding to a chair, and walk pretty well if held upright. There was also incoördination in the upper extremities. He widened his base in standing. Dr. Hammond had not decided whether there was congenital absence of sensory tract in the cord or cerebellar disease.

Dr. Julius Rudisch had seen two similar cases, both in girls, one about eight years old and the other about thirteen. The first was seen some years ago, was under observation but a short time, and his recollection of the case was indistinct. But he was impressed with what he took to be muscular weakness: not simply ataxia, but weakness in the back. The child, if sustained, could walk well; if not sustained, it would fall, like the boy presented by Dr. Hammond. The older patient could walk, but in a peculiar ataxic way, and in the position of marked lordosis. The legs were well developed, and for that reason he thought the trouble was in the muscles of the back. The cases were not, in his opinion, congenital locomotor ataxia.

Dr. N. E. Brill thought such cases were not uncommon, especially among idiots. The gait of the boy presented reminded him of the swaying motion of a cat sent Dr. Spitzka by Prof. Wilder. Other actions than walking were natural. Rumf reported a similar case, and found a rudimentary cerebellum. Dr. Spitzka removed the cerebellum of this cat and found it natural. Dr. Brill thought we had to distinguish in these cases between locomotor ataxia and static ataxia. Dr. Hammond's case appeared to be one of static ataxia due to rudimentary cerebellum.

The President had found in his case books one in which a provisional diagnosis of infantile ataxia was recorded. The girl, about two years old, was well nourished, large, could not coördinate the hands or feet. In addition, there were some forced movements; the head would suddenly plunge forward.

Vesico-Genito-Post-Femoral Neuralgia and Neuritis.

Dr. Landon Carter Gray read a paper in which he described two cases, seen during the year, of a peculiar variety of neuralgia and neuritis that had not, so far as he had been able to ascertain, been hitherto described. The first patient was a man, aged 40, good general health, but marked lithæmic temperament, subject every summer to quasi-malarial attacks. Hitherto his neuralgia had been gastric, or intestinal. He escaped his usual attack this year, until in July the temperature fell in one night 48° F., and on the second day following, when getting out of bed, the patient felt a sharp, tingling pain through the buttocks, perineum, scrotum, tip of penis, and down the back of both thighs to somewhat above the knee. Some slight smarting was felt in urination. Toward the afternoon the pain began to lessen, but became much worse again following a Turkish and Russian bath. The cutaneous pains became violent, urination scalding, the bladder became paretic, the urine had to be forced into the urethra. For four days the temperature was from 100 in the morning to 102 or 103 in the afternoon, the neuralgic symptoms still existing.

The second case was that of a female, aged 35, seen in consultation with Dr. Burge, September 6th. During the past two years the patient had had a good deal of sciatica; otherwise had had good health. In December last she was suddenly attacked with sharp pain in the buttocks, perineum, labia, and down the back part of the thighs to the

knee. There was simultaneous retention of urine, requiring the catheter. Several weeks later Dr. Burge saw the patient, and found tactile anæsthesia of the buttock, perineum, labia, and the back part of the thighs to just above the knee. Dr. Gray saw the patient nine months after the onset of the trouble. She then had vesical anæsthesia, and voided urine without her knowledge. Over the area just mentioned, except the labia, which he was not allowed to examine, he found impairment of the tactile, temperature, and pain senses, but slightly less marked near the knee than above. There had never been any motor impairment.

These cases had a clinical interest, because a knowledge that such a neuralgia might occur would make us chary about diagnosticating a central affection, as we might well be inclined in the early stage, especially when there was vesical, motor, or sensory paralysis.

Dr. Rudisch asked whether an examination had been made for prostatitis, which caused symptoms in a degree like those described.

Dr. Gray said the area of distribution of the pain was not like that in prostatitis; besides, the second case occurred in a female.

Dr. W. H. Thomson referred to the case of a woman from the country, a locality said by her physician to be free from malaria. After a prolonged convalescence from an attack of pleurisy, she began to suffer severe pain in the anterior part of the left thigh, and from slight trouble with the bladder, the pains coming on certain days of the week, lasting one day and two nights. This continued five months, when she was free until the following fall. The medicine prescribed by Dr. Thomson had not prevented a return of the singular symptoms again the present fall. There was no indication of sciatica.

Discussion on the Uses of Hyoscyamine.

The President stated that there were two preparations of the drug, the crystalline and the amorphous. The former seemed to be similar in property to the opiates, while the latter seemed to have neurotic properties. He had heard that hyoscyamine was employed in the asylums for the insane in New York, but not very successfully, whereas in the asylums of Pennsylvania its success had been marked. He had employed hyoscyamine in paralysis agitans, in chorea, and in a few cases as a hypnotic, and it had been employed as a hypnotic to a considerable extent in his service at Bellevue Hospital. The number of cases of chorea in which he had used it was six; in three it was noted to have been of benefit, or caused very rapid or very marked improvement. One of the cases was marked, and had not yielded to other treatment. In three cases the results were very doubtful. He had employed it in four cases of paralysis agitans; in two he thought with unquestionable benefit, in two it seemed to produce no benefit. On the whole he thought that unless given at rather an early stage of paralysis agitans it did no good. The form employed in chorea and paralysis agitans was the crystalline, but he was not sure that the amorphous form would not be the better preparation in such cases. He thought we could get along perhaps as well without as with hyoscyamine.

Dr. B. Sachs' experience with hyoscyamine had not been very extensive, but he had employed it in a few cases of paralysis agitans, acute mania, and the insomnia accompanying the neurasthenic condition. He had employed only the crystalline form. In contradistinction to what the President had said, that it was best to give it in the early stage of paralysis agitans, he remembered one case in which every other therapeutic agent had been tried without success, when hyoscyamine was administered in about one-hundredth of a grain doses twice a day, with the effect of making the patient very much more comfortable, and of diminishing somewhat the annoying movements of the hand. In another chronic case it had been of no benefit. He had obtained no effect from the drug administered to allay the excitement of acute mania. It had also been disappointing in insomnia accompanying neurasthenia; it seemed to be of more value against insomnia from mental restlessness.

Dr. W. M. Leszynsky said that about eight years ago it was quite fashionable to use hyoscyamine in asylum practice, and he had employed it in chronic mania, acute mania, and epileptic forms of insanity. First he used the amorphous, and later sulphate of hyoscyamine. It was claimed that the latter form was easier absorbed, and produced its effects in smaller doses. The sulphate was also preferred for hypodermic use, in which manner he had employed it in one-sixtieth of a grain doses. To patients with recurring attacks of maniacal symptoms, the drug was given a few days before an expected attack and continued until the attack was aborted.

In a state of exhaustion he would regard hyoscyamine as a dangerous drug to administer, but where there was no objection to its use on that ground he had known it to pro-

duce sleep where chloral and morphine had failed. Given to patients subject to epileptiform convulsions before menstruation, it seemed to avert the attack. He had given it in small doses in two or three cases of chorea, and thought it produced some benefit.

Dr. L. C. Gray had been using hyoscyamine ever since it had been introduced to the profession, and he must say that for certain purposes there was no drug in the pharmacopœia that he could not better afford to dispense with. The most convenient form is in tablets, one one-hundredths of a grain. In some people hyoscyamine would produce seemingly serious retention of urine. It might also produce disastrous results if given to persons whose general strength was below par. In an old gentleman, with atheromatous arteries, hypertrophied and feeble heart, one-one-hundredth of a grain of hyoscyamine caused a condition of collapse. He knew of one patient suffering from melancholia who was sent to Greenwood by hyoscysmine. He had given it in two cases of chorea, one being an exceedingly violent case, the child finally dying in a convulsion. To that patient he could never give a second dose of hyoscyamine, because of the alarming prostration which a first dose would cause. In another case in which the child had to be held in bed, the drug proved an effective means of restraint, but the child was always found prostrated to a marked degree the next day. In paralysis agitans it had been very useful, and came to be with him a routine treatment. He thought the reason why it had been of more benefit in his practice was that he combined with it some stimulant or tonic to prevent its depressing effect. He gave with it good food, one or two grains of quinine a day, sometimes alcoholic stimulants. He had satisfied himself that it was the hyoscyamine in this treatment which had a restraining effect upon the movements in paralysis agitans.

But it was especially in cases of mental trouble where hyoscyamine was of great benefit. In insanity with hallucinatory symptoms, especially in the early stage before the patient could be taken to an asylum, hyoscyamine would do much toward restraining the patient, and it would seem, aided in cutting short the disease. He was very careful to give no more of the drug than was absolutely necessary, and he combined it with bromide of potassium, which increased its effect. He had never seen hypnotic effects from hyoscyamine.

Dr. W. H. Thomson said that his experience with hyoscyamine almost from the beginning rather prejudiced him against it. One of the first cases in which he employed it was that of a judge troubled with insomnia. The next day he was unable to hold court, had bladder symptons, etc. He found it useful in asthma with considerable dilatation of the right side of the heart, without bronchitis, but a congested state of the lungs. He had employed it in facial neuralgia, headaches, and various neurasthenic conditions, but had nothing definite to say about its effects. One patient with paralysis agitans was benefited by it, among many with whom it was a failure.

Dr. Kellogg had used hyoscyamine in cases of mental excitement, but it had not proven the sedative he had supposed it would. But it controlled muscular excitement. He had failed to get any hypnotic effect from it. He had not been favorably impressed with its after-effect in acute mania.

Dr. H. S. Hinkley had found it serviceable in allaying maniacal excitement. Dr. Waitzfelde, of the Pennsylvania Hospital for the Insane, had used hyoseyamide of bromine, and spoke very highly of it.

Dr. Richards had given five to seven drops of a one per cent. solution in several cases of insomnia, without effect.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, September 24, 1886.

Dr. Henry Hartshorne in the chair.

Dr. Edward E. Montgomery exhibited a set of O'Dwyer's tubes for

Intubation of the Larynx,

with a description of the method commonly employed for their use. He had used the tubes in two cases, both being successful. In each child the relief of the dyspnœa was as great, and as instantaneous as after the performance of tracheotomy. The first child, æt. 6 years, had suffered for 24 hours from difficult respiration due to laryngeal diphtheria, and when seen was covered with perspiration due to the efforts to respire; the skin was cyanosed, and the sub-sternal region deeply depressed with each inspiration. The condition was such as the speaker usually regarded required tracheotomy, but the surroundings of the patient were not such as would render the result of that operation hopeful. Aided by Dr. West, the attending physician, one of O'Dwyer's tubes was inserted after a number of attempts, with immediate and profound relief. Considerable difficulty was experienced in feeding and in

the administration of medicine, owing largely, however, he believes, to the want of tact on the part of the attendants. After the administration of some stimulants in the afternoon, the tube was coughed up; the breathing again soon became exceedingly difficult, so that it became necessary a few hours later to re-insert the tube; it then remained two days, when it was again coughed up. Subsequent to this the convalescence was rapid and undisturbed.

A second case, æt. 3 years, seen in consultation with Dr. A. F. Chase, was in a more critical condition than the former. Here too the surroundings were very unpromising for tracheotomy. The tube was introduced without difficulty, its introduction being followed by great relief. No difficulty was experienced in feeding or in the administration of medicine; the tube remained in place four days, when it was coughed up. It was not necessary to re-insert it, the subsequent convalescence being unimpeded.

The results in these two cases with their unfavorable surroundings led Dr. Montgomery to have great confidence in the possibilities of this plan of treatment.

Dr. West gave a brief history of the case and its treatment before the introduction of the tube. He was called to see the child August 16. Found her with temperature 103° and great difficulty in respiration. He ordered potass. chlor. and tinct. ferri chlor. The next morning, as respiration was still more difficult, Dr. Montgomery saw the case and introduced the tube. Respiration became easy at once, and the child soon fell asleep. The same medicinal treatment was continued, with the addition of hydrarg. bichlor. The difficulty in the administration of food or medicine was its liability to excite a fit of coughing; and it was during one of these attacks that the tube was expelled. After the introduction of the tube there was the same difficulty; but by watching the child, and not allowing her to become excited, there was less trouble.

Dr. Mary E. Allen asked what prevented the tube from passing down into the trachea.

Dr. Amy S. Barton asked which operation was more readily performed—intubation of the larynx or tracheotomy?

Dr. Henry Hartshorne said that he thought many years ago intubation of the larynx should be used in preference to tracheotomy. A great advantage is that we can gain the consent of the parents and friends to this operation long before they will consent to tracheotomy.

Dr. McCollom said that five years ago he attempted to introduce a soft catheter into the trachea, but was not successful. He has used large doses of calomel in the treatment of diphtheria; in one case grs. x every hour until ℥ss had been taken. The temperature was reduced from 104° to 99° in twenty-four hours, and the patient was better in every way. He has also used the red iodide of mercury with excellent results.

Dr. L. Brewer Hall said that according to his observation patients were more liable to die from exhaustion, when suffering from croup or diphtheria.

Dr. Montgomery, in closing, said: "The reason patients, suffering from diphtheria and croup, are so apt to die from exhaustion, is on account of the degeneration of the blood from lack of oxygen.

"As Dr. Hartshorne remarks, one great advantage of intubation of the larynx over tracheotomy is the fact of gaining the parents' consent at an earlier date. The cause of so great a mortality after tracheotomy is that it is generally performed too late, and the blood has undergone these degenerative changes from want of oxygen. The patient will often seem to revive for a few hours or days, but generally succumbs finally."

The speaker said that in the first case he was at work nearly half an hour before he succeeded in introducing the tube, but in the second case he introduced it in about five minutes.

There is quite a shoulder on the tube, which rests on the larynx, and so prevents it from slipping too far. There is a bulging at the middle of the tube which prevents it from being coughed up, though when the membrane loosens the tube has more room, and is then readily expelled during an attack of coughing.

The difficulty in the administration of food may be obviated in children who are not nursing, by giving semi solid food. In nursing children the milk is apt to flow into the tube, thence into the trachea. A nursing bottle has been invented with a long tube, which passes back into the œsophagus; there is a bulb attached, and by pressure on this the milk is forced into the stomach.

Dr. Edward K. Stone then gave verbal reports of two cases, as follows:

Case 1. Uterine fibro-cystoma mistaken for inversion. The patient, a married woman, æt. 30 years, sought relief from frequent, almost constant metrorrhagia. The hemorrhage had continued ever since the birth of her only child, thirteen months before. Labor was comparatively easy, and was superintended by a midwife. The patient was

rather stout, but extremely pale and bloodless. Examination revealed a smooth, rounded, elastic mass in the vagina, and connected with the interior of the uterus by a pedicle about the thickness of a man's finger. The tumor was about three inches in its longest (lateral) diameter. The cervix uteri admitted the finger for a short distance, and this could be plainly felt through the abdominal walls, the body of the uterus appearing to be absent. There was a distinct depression in the uterus above the cervix. The sound was *not thoroughly* used at the time, so the depth of the uterus was not ascertained. Some efforts were made to reduce the *supposed* inverted uterus, when the body was found retroflexed and bound down by adhesions. The tumor was attached just within the os interium, and its weight had slightly inverted the uterine wall. The mass was readily removed without accident with the ecraseur.

Case 2. Patient aged thirty-five years; married; has had two natural deliveries at term, and several abortions, produced by the passage of instruments. Has had menorrhagia and metrorrhagia for two years. The cervix was dilated, and examination revealed a tumor about the size of a small hen's egg, sessile and attached to the right and posterior wall of the uterine cavity. An operation for its removal was attempted, but was abandoned, as the mass involved the uterine tissue so deeply. The mucous membrane was freely dissected from the surface, and the tumor enucleated as far as possible. Ergot was afterwards administered, and the tumor was forced out beyond the cervix.

Severe septicæmia, due to sloughing of the mucous membrane, ensued, which prevented further operation; and the mass, which had formed a new attachment to the interior of the cervix, gradually increased in size until a mere thickening of the cervix on the right side is all that remains of the disease.

Hemorrhage has not recurred, the periods being normal in time and quantity, and the uterus of normal size.

Mary Willits, M. D.,
Reporting Secretary.
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Periscope.

Ovariotomy for Dermoid Tumor in a Child Thirty Months Old.

Dr. J. F. Hooks thus writes in the *American Journal of Obstetrics:*

Ada Hurst, female, aged thirty months, was brought to this place from Delta county by her parents, June 25, 1886. Two physicians of Delta county had been treating the case as one of ascites for several months. Dr. E. W. Rush and the writer were requested to examine the case, with the view of making a diagnosis.

In company with Dr. Bramlette, of this place, we made a careful examination under anæsthesia, which resulted in a concurrence of opinion as to the existence of an abdominal tumor, and we were inclined to believe it ovarian, notwithstanding the age of the child.

The child was fairly developed for her age, and had always enjoyed good health. The abdomen was enormously enlarged, measuring twenty-nine inches in circumference at the umbilicus; above the umbilicus, as high as the ensiform cartilage, it was much larger.

The result of our conference as to the character of the tumor, the necessity of operative interference to save the life of the child, together with the dangers attending so formidable an operation upon a child of her age, were fully laid before the parents, who were advised to confer with their physicians, and determine for themselves what course they would pursue in the matter.

The child was taken home, but on the 2d of July they returned, the parents having become fully convinced that the child would live but a short while unless some relief could be rendered. They had, therefore, fully made up their minds to have an operation performed. On the morning of the 3d of July—Dr. Fort having been requested to see the case with us—the patient was again chloroformed, and a second thorough examination made, with the view of removing

any doubts, should they exist, from the minds of the consulting physicians as to the nature of the tumor or the propriety of an immediate operation for its removal. The result of this second and more thorough examination was confirmatory of the diagnosis previously made, namely, that the tumor was ovarian, and had its origin in the left ovary. Treatment was instituted to put the child in the best possible condition to undergo the operation, which it was decided should be undertaken on the morning of July 6.

I would state just here that the parents of this child first observed a slight enlargement of the abdomen about twelve months ago, but for the last six months the increase of growth had been very rapid. Even the few days which intervened between the first and last examinations showed a perceptible increase in the distention, and a corresponding increase in difficulty of breathing. That the child could survive but a short time in its present condition was apparent to all who saw it.

On the morning of July 6, the patient being anesthetized by Dr. Bedford, the writer, assisted by Drs. Rush, Bramlette, Fort, and other medical men of this city, under every antiseptic precaution, proceeded to make an abdominal incision extending from just below the umbilicus to near the symphysis pubis, an incision some three or three and a half inches in length. This incision was made short, for exploration, and with the intention of evacuating the sac, and drawing it through the incision in the event it proved to be a unilocular cyst. Immediately upon opening the peritoneal cavity, quite a large pellucid sac with extremely thin walls rushed out and ruptured. This sac or cyst sprang from the larger tumor on its lower anterior surface, above the pedicle. The main tumor was large, firm, and resisting, and completely adherent all over its anterior surface. I endeavored to evacuate the main tumor with trocar, but failed, as its contents were too dense, viscid, and semi-solid to pass out through the instrument. I incised the tumor and endeavored to break it up, but failed. The incision was then enlarged, and the adhesions to the parietal walls and omentum were broken down with the hand; the entire lower part of the tumor, that is extending far down on each side from its anterior surface, was firmly adherent to the omentum. It was not until the incision had been extended to near the insertion of the diaphragm that the adhesions could all be broken up and the tumor extracted. When lifted from its bed, it was found to spring from the left ovary by a short, thick pedicle, which was at once transfixed with a needle, armed with stout iron-dyed silk ligature, doubled: ligature was then cut and tied both ways, pedicle cut, and tumor removed.

There was no hemorrhage from stump of pedicle, which was mummified with a weak solution of persulph. iron, and returned to abdominal cavity; the ligatures attached to the same being brought out at the lower end of the abdominal incision.

There was considerable blood oozing from the adherent surfaces, and several catgut ligatures had to be applied to bleeding vessels in the omentum, all of which created considerable delay in closing the wound.

In closing the abdominal wound, the peritoneal edges were first brought together by non-interrupted catgut suture, silk being used for closing. The external wound was supported by one or more deep-seated wire sutures entering near peritoneal edge and coming out some half inch from the margin of abdominal incision. A drainage tube was placed at the lowest angle of the wound, which was dressed strictly antiseptically. The little patient reacted promptly from the effects of the anæsthetic, and seemed bright and cheerful. A hypodermic injection of morphia was given, and the patient rested well for some two hours or more. In a short time after the child was aroused from sleep or the quietude produced by the morphia, she became restless, and the temperature soon ran up to 102°. Thirst, which was great, was allayed by pellets of ice.

At 7 p. m., ⅛ gr. of morphia was given hypodermically, which produced quietude for a few hours. She still suffered greatly from thirst; temperature continued to rise, until from 12 to 1 o'clock it registered 105°. From 1 to 7 a. m. on the 7th there was a slight lowering of temperature, no diminution, however, in the excessive thirst, and great restlessness. At 10 o'clock on the morning of the 7th, the temperature having again gone to 105°, I raised the dressing to see that all was right with the wound. There had been but little drainage from the tube, and everything was sweet and clean. I injected a few ounces of weak solution of carbolic acid and muriate of soda through the drainage tube, which returned with only a slight stain of bloody serum in the first few drachms. There was no unpleasant odor of the wound or of the returned fluid.

The little patient, however, grew more restless, became unconscious, and death closed the scene at about 2 p. m. the day after the

operation, the patient having survived the operation about twenty-four hours.

The tumor, after removing all we could through the canula, the trocar having been plunged into every cyst which it was thought would drain, with the view of reducing the bulk of the tumor as much as possible, weighed nine and a half pounds, and was composed of numerous cysts filled with a jelly-like fluid, some cheesy; much of the tumor was comparatively solid, being filled with a white, thick, cheesy matter, interspersed all through with hair and bony deposits.

I attribute the fatal termination of the case to the extensive adhesions formed, and the magnitude of the operation in a child of such tender years.

A Case of Chronic Cirrhotic Kidney.

Dr. H. McHatton thus writes in the *Atlanta Med. and Surg. Jour.* for October:

Last night, at 9 o'clock, I was called to see Mr. C., American, aged 40, of good family and personal history. I found him suffering from nausea—he had been vomiting more or less all day. Pulse 70, hard and full, temperature normal. Left ventricle slightly enlarged, muscular element of first sound decidedly accentuated. Some dizziness. Said he often had specks before his eyes, and that after being on his feet all day they were slightly swollen. Kidneys acting well. Had noticed nothing unusual about his urine. These attacks came on about once a month, and he has a feeling of general malaise between times. He has seen three physicians; two of them examined his urine and said there was nothing the matter with it. All gave him our favorite diagnosis, which is even more fashionable than our Northern brother's malaria, namely biliousness. I gave him a mixture of bismuth and spt. ammon. aromat. to quiet his stomach, and took a specimen of urine for analysis, which gave the following result: Color, pale and clear; sediment, very slight: odor, normal; reaction, neutral; specific gravity, 1012; heat and nitric acid test, negative; Heller's test gave a very faint, cloudy line; hyaline and granular casts, both large and small, abundant.

From this examination and the history, I made a diagnosis of chronic cirrhotic kidney. On my visit, at 11 a. m. to-day, I found him in uræmic coma, from which he could be aroused with difficulty, and when aroused was incoherent. He had fallen out of bed during the morning, injuring his face and head, besides biting his tongue badly, of which fact he was not conscious. I gave him the following prescription:

℞. Hyd. chlo. mit.
Soda bicarb., āā grs. x.
Chart No. 1.
S.—One dose.

℞. Kali acet., ℥ss.
Inf. digital., ℥iii.
M. Sig.—Teaspoonful every two hours.

On my visit at seven to-night I found him in perfect possession of his faculties, bowels and kidneys acting freely; in fact, he is as well as usual, and barring intercurrent affections, will continue so until he gets another accumulation of urea.

This case is a true type of the most insidious and probably the most frequent of all the kidney diseases that we group for convenience under the name of chronic Bright's. It is far more common than we suppose, this being the third of the kind that I have seen lately. It is in this class of cases that we get the sudden and often fatal manifestations of uræmia with little or no premonition. They do not give the train of symptoms that we are in the habit of associating with Bright's.

The urine in gross appearance is usually normal; the quantity is often in excess, but the specific gravity is usually low. Albumen is rarely abundant, and often entirely absent. Dropsies are as a rule absent, and if present are not of much importance. In fact, there is rarely any symptom that will invite our attention to the kidneys if we are not especially on our guard.

Our patient usually presents himself complaining of a general sense of malaise, or with one of the complications of his disease. A general sense of failing health, with hypertrophy of the left ventricle without valvular lesions, and urine of low specific gravity, in a patient of middle age, should always induce us to make careful and repeated examinations of the urine.

In regard to the treatment of these cases, the damage to the organ is done and we cannot reproduce the destroyed part; but even if the secreting substance is destroyed to the extent of the bulk of one kidney, the condition is not incompatible with life, or even a fair state of health; by judicious management we can often guide these cases through years of usefulness.

There is of course no special medication for the disease proper, and our dependence is on hygiene and tonics, of which, in view of the existing state of anæmia, iron should be the principal. If our patient can be induced to use it, it is best to furnish him with

a urinometer, and get him to take the specific gravity and quantity of his urine every few days. By taking these two factors (either one being of absolutely no value alone), a glance at the table in most of the works on urinary analysis will show us if he is passing sufficient urea; as long as he is doing so, let your diuretics severely alone, as they are at that time not only useless, but even contra-indicated—for by stimulating the kidneys when there is no call for it, we will be less liable to get a response to our medication when it is of vital importance. The same line of treatment holds good in respect to the heart; so long as the hypertrophy has not reached its limit, it is bad judgment to use cardiac stimulants (excepting in cases of urgent necessity during an accumulation of urea), for eventually, should the patient live, this condition of hypertrophy will be followed by dilatation, and then we will have urgent need of our cardiac stimulants.

Our Therapeutical Inheritance.

Dr. Frank W. Vance, of Memphis, Tenn., thus writes in the *Weekly Med. Review*:

We are prone to look to antiquity for wisdom, and to regard the crude ideas of our predecessors as embodiments of truth gathered by ages of experience. The ages have bequeathed to us their truths of experience, and also their dogmas of false theory and undeveloped knowledge, which bearing the stamp of authority have commanded respect wholly unentitled to. False ideas have brought forth dogma, while dogma has moulded practice to fit its forms; and erroneous practice is bequeathed to us, a seeming product of human experience that is above question.

It is only at a late day that anatomy and physiology, with dissections and vivisections, have brought to light the mysterious architecture and function of the human body. Antiquity forbade dissection, consequently physiology was impossible, and in place of our modern science, a nescience was established, based on vague metaphysical principles and formulæ, that was carried into the domain of pathology. A false physiology and pathology could not but originate a false therapeutic system, but strange to say, although we have abandoned the literal interpretation of the nomenclature of the fathers of medicine, the great majority have not given up their therapeutics. When philosophy sounded the death-knell to the paganism of the Greco-Roman world, there were yet many who clung to the superstitions of their fathers. Literal paganism was an impossibility, but by amalgamation with the science of the age, a philosophic paganism was developed, the literal expression of which symbolized truths approached to by preceding antiquity, but left for the succeeding age to elaborate into scientific perfection.

Even so have the medical superstitions of our predecessors been looked upon as inklings into physiological and pathological truths, and associated with modern physiological, pathological and therapeutical endeavor.

If the fathers of medicine had stopped after elaboration of their false physiology and pathology, all would have been well; but they undertook to build thereon a false therapeutic system that has been the bane, and still is, even at this date, of suffering humanity. The power of modern physiological investigation has broken down the nescience of the past, but where is the power that can destroy the modes of therapeutical procedure based on demolished theories? For these modes are the inheritance of the past, and slovenliness of judgment, on which authority has set its seal—except in the case of a physiological fact brought direct before the mind contradicting a former theory—is by no means an easy matter to overcome. And then there is deliberate falsification of clinical facts by many, whose respect and reverence for authority antagonizes any independence that they ought to and should possess. Excepting bleeding, that is to a great extent abandoned, purgation, vomiting and counter-irritation are still persisted in, although correct clinical report has failed to show that either has ever resulted in anything but real harm. I allude to purgation and vomiting in the sense of means to treat disease, based on ancient theories of morbific humors and revulsion and fluxion, and not as any endeavor to get rid of a poison intentionally or accidentally received into the system. In regard to counter-irritation, it was practiced long before anatomy, physiology and pathology were dreamed of, and the same method of procedure was brought about, not by experimental good, but as the natural offshoot of metaphysical theories of disease. To follow out the evolution of medical dogma from the earliest times is foreign to my purpose, but by consultation of the oldest authorities down to John Hunter, and even to the orthodox therapeutics of the present day, we can witness the development of erroneous ideas and assertative dogmatism, whose only claim is that the judgment of preceding authority is superior to ever-advancing scientific achievement, that completely demolishes one by one the ideas of our boasted inheritance of the past.

Case of Spina Bifida Successfully Treated by Operation.

Dr. John Kellock Barton thus writes in the *Lancet:*

Inasmuch as the treatment of spina bifida is still unsettled, any case in which a successful operation has been performed is worthy of record. So, very briefly, I will state the particulars of the following case which has been lately under my care in the Adelaide Hospital:

On July 9th, Susan H., an infant two weeks old, was brought to the hospital by her mother, who had been attended in her confinement by Mr. Hamilton, a pupil of the Adelaide. He had noticed at the time of birth a tumor in the lumbar region, about the size of a small walnut, of a dark purple-red color. This tumor steadily increased in size, and at the time I made my first examination was the size of a small egg, or might more accurately be likened to the half of a small orange, the convex part projecting, the flat or cut surface of the orange attached to the lumbar spine. The surface of this tumor was occupied by a greyish sloughy ulceration, while the sides were of a deep purplish-red color. Fluctuation was very obscure, but pressure certainly diminished the bulk of the tumor, which regained its original size quickly when the pressure was removed. The nature of the tumor, so far as that it was a spina bifida, was pretty clear; but to make this more certain I thrust a fine hypodermic needle into it, and drew out a few drops of a perfectly colorless serum. The question of its being a spina bifida was now established, but the further and more difficult one of whether the spinal cord formed any portion of its contents, remained doubtful. The fact that no paralysis existed, either of the sphincters or lower limbs, induced me to believe that this was a meningocele, and not a myelocele; but the facts of its low position and of its purple and ulcerated surface are held by authors as leading to an opposite conclusion; and the result proves that the freedom from paralysis is of more diagnostic value in deciding this important point than is either the situation or the character of the tumor.

Next day, I performed the following operation, the infant being under the influence of chloroform: I cut an elliptic piece out of the centre of the tumor, thus removing all the sloughy central portion; the wall was thick, internally smooth and white, and with numerous small nerves passing into the portion removed, which were, of course, cut across. Very little time was lost in stopping all bleeding, which was insignificant, and then drawing together the thick purple flaps left on either side by a double row of sutures. Careful antiseptic precautions were observed, and the dressing consisted, first of all, of a dusting with iodoform, then a covering of corrosive gauze (1 in 400), secured well at its edges and round the body with an antiseptic gauze bandage. There was no elevation of temperature, and union was complete and firm in a week. No signs of any disturbance of the nervous system followed.

In ten days the infant was discharged cured. I questioned the mother as to any loss of power in the limbs, of which the child has free use. The situation of the tumor is now occupied by a puckered purple oblong swelling, about one-sixth of the size of the tumor which I operated upon, and I have no doubt further contraction will go steadily on for some time.

P. S.—Since this report was written, I have received information of the death of the child in a fit of convulsions. No doubt the union of the operation-wound was complete, but the convulsive attack came on too soon after the operation for us to dissociate the one from the other.

Herpes Preputialis.

Dr. James C. Pearson thus writes in the *Indiana Med. Jour.:*

Mr. B., aged 58 years, contracted gonorrhœa, which appeared on the sixth day of exposure. He had a copious discharge of thick, puriform matter from the urethra, with its usual attendants—ardor urinæ, painful erections, chordee, and prepuce contracted back of the corona glandis. On examination I found the mucous surface thickly set with minute vesicles behind the corona glandis, forming a complete cincture around it. He stated that he had treatment for his urethritis and thought he was well, and now he presents a case of blenorrhœa chronica of Dr. Good. The inguinal glands of both the right and left sides were enlarged. I was at a loss to decide whether his was a case of follicular chancre or syphilitic ulceration of the prepuce; but as the vesicular eruption in its appearance was simultaneous with the urethritis, I was willing to decide that follicular chancres and syphilitic preputial ulceration did not so originate.

I prescribed:

℞. Liquor plumbi, ℥ iss.
Aquæ distill., ℥ vj.
M. And apply on lint to vesicles four or five times a day; and,

Take one powder of the following three times a day:

℞. Pulv. cubebs,
Sulph. alumina and potassa, aa ʒi.
M. Ft. chart No. xii.

On the fourth day he reported vesicles disappearing, urethral discharge less. I gave him twenty-four powders, and ordered him to report in eight days.

2d report: Discharge from urethra was better; herpetic vesicles had appeared on the skin of the prepuce.

I ordered him:

℞. Acidum hydrocyanicum, ʒij.
Spiritus rectificati, ʒij.
Aquæ distillatæ, ʒiv.
M. And apply on lint to vesicles.

Liquor arsenici hydrargyri iodidi ♏v–♏xxx three times per day for ten days, then report at my office.

3d report: Vesicles had left the skin of the prepuce, and were now affecting the urethra, causing a feeling of fulness in and about the prostate, so that in urinating the sphincters in contracting felt obstructed as if closing upon a ball.

I ordered him to omit the Donovan's mixture and take:

℞. Ferri arsenitis, gr. iv.
Ext. gentianæ, ℈ij.
Pulveris glycyrrhizæ, ℈iv.
M. Ft. pills x. One pill after meals, night and morning.

Tinct. ferri chloridi ♏xx at 10 a. m. and 2 p. m. each day.

℞. Liquor sodæ chlorinatæ, ʒiij.
Aquæ fontanæ, ʒx.
M. And use as an injection three or four times a day.

4th report: Urethra and prostate better. Vesicles cluster on the under surface of the prepuce and around the corona glandis. With a mixed feeling of disappointment and desperation, I prescribed permanganate of potassium in doses of gr. ij in water three times a day.

℞. Sodæ murias,
Soda bicarbonas, āā ʒj.
Aquæ distill., ʒviij.
M. Inject in urethra three times a day.

To my great astonishment, now that six months have passed, he has experienced no further trouble *causa sine qua non* from this intractable form of disease.

Neuropathic Affections of the Joints.

At the fifteenth Congress of the German Society of Surgery, Professor Czerny, of Heidelberg, pointed out the frequent occurrence of spontaneous fracture in tabetic patients, and considered the question whether, since abnormal fragility of bone decidedly occurs with several other diseases of the nervous system besides tabes, arthropathies analogous to the tabetic are not also to be met with in these neuroses. Six cases were reported of joint disease, in connection with diverse affections of the central nervous system. There can be no doubt, according to Czerny, that neuropathic subjects are, like—and probably to a higher degree than—other men, predisposed to all possible forms of arthritis. To any objection that the reported cases refer simply to ordinary instances of different forms of arthritis in neuropathic subjects, Czerny would reply that the course of the arthritis in every case is so considerably modified and influenced by the disorder of innervation, that it is very necessary, from a practical point of view, to separate these from ordinary forms of arthritis. Great stress is laid, in this communication, on increased vulnerability of the tissues in neuropathic subjects. This certainly is not so striking with chronic lesions as after crushing injury of the spinal cord, but still decubitus and acute inflammation of the urinary system play a considerable part in the final stage of tabes. As an instance of an affection not dangerous under other conditions proving fatal when associated with tabes, Czerny quotes the case of a tabetic subject who had contracted gonorrhœa, and died after an interval of four weeks from pyelonephritis, cystitis, and purulent pericarditis. Notwithstanding this vulnerability of the tissues, fractures unite and operation-wounds heal very favorably in tabetic subjects. The chief diagnostic signs of neuropathic joint-affections are, it is held, the rapidly destructive course in acute cases, and, in chronic cases, the analgesia, excessive exudation, and extensive destruction of the elements of the joint. In cases of sprain or fracture, especially when the latter injury is due to slight violence—should there be analgesia, it is necessary, Czerny states, to make a careful investigation into the condition of the nervous system. The direct causes of the joint-affection in Czerny's six cases were injury in two, inflammation without any injury in one, and certain trophic conditions of the hand (muscular atrophy, analgesia, contraction of fingers) in the remaining three. These trophic conditions seemed to have been the result of frost-bite. In two cases, well-marked disease of the spinal cord was made out after death; one patient was tabetic. In the remaining patients, who were living at the date

of this paper, disease of the cord was indicated by muscular atrophy with contracture of the fore-arm, and analgesia. With regard to treatment, Czerny advocates rest and confinement of the affected limb in splints, with a view of obtaining ankylosis. In cases in which there is advanced destruction, or when suppuration has been established, and threatens mischief, it will be necessary to decide between arthrotomy, resection, and amputation.

On a Case of Abdominal Pregnancy: Termination by Ulceration into Rectum; Recovery.

Dr. Ralph Browne thus writes in the *Lancet*:

E. J., aged forty. Has had ten children, the youngest being five years old. Has not had any miscarriages, and gives no history of previous disorders in the organs of gestation. She had last menstruated in November, 1884 (seventeen months previously). She believes herself to have been in her usual good health, and does not remember to have had any fright about that time. In the course of a month or so she began to suffer from metrorrhagia, which continued, and led her to seek advice.

On examination, a tumor was found upon the left side of the abdomen. From its position and feeling, it was diagnosed as ovarian, and it was also suggested to the patient that she was pregnant. The metrorrhagia continued more or less, until in September, 1885, or at what would be about the full period of pregnancy, a pseudo-labor took place, and an effort at lactation appeared in the breasts. About this time the patient began to notice that the tumor seemed smaller, but complained of loss of appetite, general ill-health, and pain and irregularity in the action of the bowels. This state of things continued until April last, or seven months after the pseudo-labor, when she was taken with violent forcing pains in the body and lower bowel, and offensive diarrhœa, in the course of which some fœtal bones were passed. Examination of the rectum disclosed the presence of the remainder of the fœtus. A hand was introduced into the bowel, the fœtal head crushed as far as possible with the fingers, and its fragments and other bones removed. The diarrhœa, and the occasional passage of a remaining bone, continued for a few days, gradually became less offensive, and then ceased. Within a fortnight the patient was able to leave her bed, and has since made an uninterrupted recovery.

From the frontal bones removed entire, each measuring an inch and a half by an inch and three-quarters, and from the other cranial bones fitted together, the bi-parietal diameter was computed to be three inches. All the bones had the normal amount of ossification of a full-time fœtus.

Points of interest in this case are: 1. The difficulty of diagnosis, though, looking back now, nothing can be clearer than the sequence of events. 2. The maturity and perfect formation at which the fœtus arrived. 3. The means taken by nature to remedy her error, and which resulted in perfect recovery.

Rupture of the Gravid Uterus.

Helène S., aged 48, pregnant for the seventeenth time, was admitted into the Kochanow Hospital on December 27, 1884. She was cachectic and suffered from daily pyrexial attacks. The last menstrual period was September, 1883, and she first felt fœtal movements in January, 1884. In May she ran a considerable distance with bare feet, and this exploit was followed by shiverings and fever, abdominal pain, and slight metrorrhagia; the fœtal movements ceased two months before the calculated termination of pregnancy. A week later a redness was noticed in the neighborhood of the umbilicus, which subsequently broke and gave exit to a bone. The opening gradually increased in size, exposing other bones and the softened tissues of the decomposed fœtus. A fortnight later fæcal matter escaped by the opening, which continued to increase in size. In the month of September two small bones escaped *per anum*. The umbilico-uterine wound was now enlarged by several radiating incisions, and the fœtal remains were extracted. The uterus was firmly adherent to the abdominal walls in such a way that nothing could escape into the peritoneal cavity. The os uteri allowed the passage of a finger, and a probe introduced through the cervix came out at the umbilical opening. In the cavity of the uterus there were two openings from which fæcal matter escaped, the contents of the intestines thus having exit through the anus *via* the uterus and vagina, and through the abdominal opening. After removing the fœtus, careful irrigation was carried out for some weeks, the uterus being plugged to prevent escape of fæces in that direction; but although the general health of the patient improved from day to day, the fistulæ continued patent. The patient ultimately decided to return home. She was seen not long since; the abdominal wound, much lessened in size, only gave exit

to a liquid devoid of fæcal odor; the bowels were regular, and two months ago she noticed what she took to be her period, lasting one day.

The Local Treatment of Pseudo-membranous Croup; Intubation of the Larynx.

Dr. J. Lewis Smith, in an article in the October number of the *American Journal of the Medical Sciences*, expresses his belief that intubation is destined to be employed more generally than tracheotomy in the treatment of pseudo-membranous croup. He maintains that in all cases in which the obstruction is limited to the larynx and trachea, intubation relieves the dyspnœa as quickly, effectually, and permanently as does tracheotomy. It gives, in most instances, complete relief for a time. If the respiration subsequently become embarrassed, and no benefit occur from cleaning the tube, tracheotomy may be required. Intubation may properly precede tracheotomy in most cases.

Not a few parents, in the middle and lower classes, allow their children to die rather than consent to this operation. On the other hand, few parents will object to intubation, and when they see the relief which it produces they will probably consent more readily to tracheotomy if the dyspnœa should return. If only one of these operations be performed, statistics thus far show nearly as good a result from intubation as from tracheotomy.

Now, that diphtheria has become so common, the physician should be provided with instruments for intubation whenever diphtheria appears in his locality. Alkaline and trypsin inhalations, properly and almost constantly used, and intubation performed early, when the patient begins to suffer from dyspnœa, would probably prevent the necessity of tracheotomy in a large proportion of instances. But if such treatment do not fully relieve the dyspnœa, it will, in most instances, so diminish it and retard the progress of croup, that the physician, remote from help and unfavorably situated for the performance of tracheotomy, will have ample time to prepare for this operation. Intubation may prevent the need of tracheotomy, but if not, it presents no hindrance to it.

Urinary Difficulties Occurring in Boys.

In the *Lancet*, August, 1886, p. 339, Mr. Wm. Thomas publishes an article upon the urinary troubles of children. Amongst the cases recorded one is especially interesting. A boy, aged. 11, was admitted into the infirmary, having about twenty-four hours previously fallen with his perinæum across a rail. A catheter could not be passed. When seen by the author the scrotum was much swollen and greatly ecchymosed, together with the perinæum. Under chloroform free incisions were made into the scrotum on each side, but no urine was obtained. A catheter was introduced into the urethra, but did not enter the bladder; a cut was then made on to the end of the catheter, and it was found to be in a large cavity which was filled by coagulated blood and some urine. The bladder was next aspirated above the pubes, twenty-three ounces of slightly turbid urine being withdrawn. The boy was then put to bed to watch events. Next day chloroform was again administered, and while in the lithotomy position an incision was made in the middle line down to the bulb of the urethra, which was found to be torn across just behind the bulb, the posterior part being quite retracted and separated for about two inches. A catheter was easily passed, drawing off some urine. A lithotomy staff was next passed along the whole extent of the urethra into the bladder, and the separated parts brought together and stitched with three silver-wire sutures, passed completely through the walls of the urethra, and each tied outside in a reef knot. With the staff still in the bladder, the membranous part of the urethra was opened by an incision to allow the urine to escape, and to keep the stitched part at rest. A drainage-tube was then passed through this incision into the bladder. A fortnight later the perineal wound was closed, and all urine came through the urethra. The boy did very well, and no sign of stricture remained.

Tonsillitis in Adolescents.

Dr. C. Haig-Brown has published his M. D. thesis upon a very common affection, of which, in his capacity as medical officer at Charterhouse School, London, he has necessarily had considerable experience. The monograph contains much matter of interest —such as, for example, the fact that 105 out of 127 consecutive cases occurred in lads between the ages of fourteen and seventeen; the undoubted association of some cases with the rheumatic diathesis, or more immediately as a precursor of an attack of acute rheumatism; the humidity of the atmosphere as favoring tonsillitis, and the equally notorious influence of defective drainage. Dr. Haig-Brown is convinced of the contagiousness of tonsillitis, and sketches two epidemics that

occurred in his practice, from the study of which he concludes that the contagium is most virulent at the commencement of the disease, at a stage when it is often overlooked. Amongst complications he discusses very fully the development of cardiac murmurs, which were met with in 9.4 per cent. of cases where there was no previous history of rheumatism. In eight cases out of 345 the evidence was conclusive in favor of endocarditis, for they terminated in chronic valvular disease, and in three there was distinct evidence of pericarditis. It would have been valuable to have had statistics upon the occurrence of albuminuria, but this is a point which is not specially touched upon. As to treatment, the opinion is expressed that, like acute pneumonia and many specific fevers, tonsillitis runs its course uninfluenced by drugs, and this applies not only to guaiacum, aconite, and chlorate of potash, but also to salicine and the salicylates, with the reservation that the latter may possibly in some cases avert an attack of rheumatic fever.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Among recent reprints of interest, we may mention one on "Contagious Eye Disease" by Dr. Joseph H. Andrews, of New York city; on "Methods in Medical Study," by Dr. Charles H. May, of New York; on "Two Rare Cases of Abdominal Injury," by Dr. J. A. Stucky, of Lexington, Ky.; on "The Removal of Foreign Bodies from the Larynx," by Dr. Max Thorner, of Cincinnati; on "Recent Experiments in Clinical Surgery," by Dr. Donald MacLean, of Detroit; and on "Extra-uterine Pregnancy," by Dr. M. O'Hara, of Philadelphia.

——On the subject of the illumination of the cavities of the body by the electric light, we have before us a paper by Dr. J. A. Andrews, of New York city, discussing the effect of strong light on the eye; and one by Dr. J. M. Roberts, also of New York, presenting a novel plan for the illumination of bones by electric lamps of half-candle power.

BOOK NOTICES.

A Manual of Animal Vaccination, Preceded by Considerations on Vaccination in General. By Dr. E. Warlomont. Translated and edited by Arthur J. Harries, M. D., etc. Small 8vo. Pp. 152. Philadelphia, J. Wyeth & Brother, 1886.

Dr. Warlomont, director of the Belgian State Vaccinal Institute, has long been known as one of the most eminent authorities on bovine vaccinal preparations. In this small volume he has condensed the results of his extended observation and studies, and presents them with force and lucidity. Any one who continues to doubt the superiority of the lymph derived from the heifer to that which has passed through a number of human systems, would, we think, be convinced of his error by perusing these pages. The author speaks both of the theory of vaccination and of those methods and precautions which are advisable in order to secure for it the greatest efficacy.

The work is published by Messrs. John Wyeth & Brother, the well-known firm of manufacturing pharmacists, who themselves conduct one of the most perfectly-organized vaccine propagating establishments in this country. The volume can be had on application to them, and we recommend our readers to drop them a line and secure a copy.

How We Treat Wounds To-day. By Robt. T. Morris, M. D., etc. Second edition. 12 mo. Pp. 165. New York, G. P. Putnam's Sons, 1886.

The author tells us that the first edition of this little manual met with an "enthusiastic reception." This we attribute as much to its manner as to its matter. Dr. Morris has a style all his own in medical literature, and impresses what he says by the oddity of the form in which he puts it. Besides this, the work is really sound science and honest teaching, and to all who practice surgery, it tells much which is worth knowing, and tells it in the least possible compass.

Transactions of the Louisiana State Medical Society. Eighth annual meeting. New Orleans, 1886.

This volume of more than 300 pages contains the usual minutes, addresses, and reports, and in addition, a number of original articles of marked merit. Perhaps the most interesting of these are upon the various forms of malarial fever, a topic which occupies several writers. The Society is evidently in a prosperous condition.

"The way to sleep," says a scientist, "is to think of nothing." But Dr. Hammond thinks this a mistake, and adds, "the way to sleep is to think it is time to get up."

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BIGOTRY IN THE PROFESSION.

In the dark ages, a certain amount of bigotry, of blind, passionate and unreasoning condemnation of that which was distasteful, was naturally to be looked for. The very ignorance of the times bred a narrowness of conception and of judgment, the natural outcome of which would be bigotry. The bigot was abroad in the land; he was found in the halls of worship as well as in the courts of justice, and indeed in every walk of life. But just as bigotry is an accompaniment of ignorance, so, as education and enlightenment began to beam their blessings upon mankind, so by this genial warmth was the man of bigotry thawed out into a reasoning, sensible man; for it will be clearly evident to any one who stops to think about it, that a man *who stops to think* cannot be a bigot; it is the wild, unreasoning, passionate denunciation, or assertion, or condemnation, that is the result or outgrowth of instinct unguided by reason or intelligence, that constitutes bigotry. A man who honestly reflects, and as a result of his calm and honest deliberation reaches a conclusion, cannot possibly be called a bigot. These remarks are called forth by a letter recently received at this office from a physician of good standing, presumably, in this city. He writes concerning the fact that there are two homœopathic physicians on the State Board of Health of Pennsylvania, and after some preliminary remarks, the writer says:

"* * * * As you no doubt already infer, I have reference to the homœopathic element both in this Board and in its official organ. We all know that professing to study medicine, or to treat disease by any special system or school, call it homœopathy or by any other name, is simply imposture. The men who are placed in this Board by reason of their proclaiming themselves homœopathists are only the more conspicuously impostors. Special schools in medicine are the device of impostors. *Inexcusable*, therefore, I consider the member of our profession who serves on this Board, or in any other public capacity, with a homœopathic impostor as his colleague. The same objection applies to the publication of the proceedings of the Board. Some of the papers to be published in the "Annals," I perceive, are to come from these very impostors, and I contend that individually and collectively the medical profession is sullied by publishing, or subscribing for the publication, of papers furnished by these whom we know to be frauds. Ignorance in relation to sanitary matters and the doctrines of hygiene is to be deplored, but pray let

our knowledge on the subject be derived from a source not so conspicuously at variance with moral rectitude. Let us not neglect the application of sanitary principles to the moral atmosphere of our would-be teachers."

For a while we were loth to publish this letter, for we were ashamed to let it be seen that such bigotry existed among us. Let it be clearly understood that there is no medical journal in the *world* that more thoroughly condemns the doctrines of Hahnemann than does the MEDICAL AND SURGICAL REPORTER; let us stand fairly and squarely on this question; we do not believe in homœopathy, and we would never consent to submit to its practice upon ourselves, upon those near to us, nor could we conscientiously approve (for reasons given already) of consultations with homœopaths. But, at the same time, we can hardly think that our correspondent will less highly esteem a homœopath than he does a *bigot*. Our complaining friend does not seem to take a broad enough view of affairs to be enabled to recognize the material difference between the science of medicine and the science of hygiene. "Once a Mason always a Mason," is evidently the doctrine of our esteemed friend; "once a homœopath, always and ever and everywhere, on every occasion, and in every relation of life, a homœopath," would be our correspondent's refrain, to which we feel forced to respond, "once a bigot, always, ever, and on all occasions, a bigot."

Now, there are no *schools* in hygiene; when we come to this science, all who pursue it are sanitarians; who ever heard of a *homœopathic sanitarian*, or an *old-school* sanitarian, or an *eclectic* sanitarian? Would our friend sacrifice his religious belief because a homœopath shared in it; would he abandon his usual house of worship (if he has any) lest his spiritual garments be soiled by contact with the hated homœopath who might worship in the same house? Would he refuse to serve, as a charitable and public-spirited citizen, upon a relief committee, because a homœopath has been placed upon the same? If he would, he should be tabooed. We know not our correspondent's religious belief, but, for the sake of argument, let us suppose that he is a Presbyterian: would he consider that he should be ostracized, because he saw fit to serve in an official capacity with an Episcopalian or a Roman Catholic? Yet the complaint that he makes has no more reason in it. This narrow-minded bigotry is totally unworthy of a member of our glorious profession. Let us have done with it. There is an insuperable barrier between the regular practitioner and the disciples of Hahnemann, so far as the practice of medicine is concerned, because they regard disease and treatment from totally different standpoints, and none more thoroughly appreciate and respect this barrier than the editors of this journal. There are also equally insuperable barriers between the Jew, the Mahommedan, the Confucian and the Christian, so far as matters of religious belief are concerned; but when men come together on a common ground, where there is only unanimity of opinion, when they are called upon to unite for philanthropic work, in the nature of which there are no sects, schisms, or isms, then can, and ought, the Gentile and the Jew, the Buddhist and the Confucian, the follower of Zoroaster and Brahma, the homœopath and the regular, meet on common ground and labor for the common good. Such sentiments as our correspondent utters, we are sure, are entertained by but few men to-day, and it is time that these few should realize that such sentiments do not so much express honest convictions as they do unreasoning bigotry. It is this very *blind* persecution that the homœopaths welcome; for the public are not fools, and when any strong party attempts to unreasonably persecute a weaker party, the public are very apt to regard them as martyrs and to champion their cause.

NOTES AND COMMENTS.

Visceral Disorder and Mental Disease.

In the *Brit. Med. Jour.*, Dr. James Adam contributes a case of mental disorder due to the accumulation of fæces in the lower bowel. The patient was a lady, aged 50, who had always enjoyed good health until about three weeks before she came under the author's care. There were great melancholy and mental depression, determined obstinacy, constant restlessness, tossing about and tearing her hair, walking abroad in her night-dress. She was so violent that it was impossible to keep her in any one position for a moment, and she had not slept for several nights. When seen by Dr. Adam she was profoundly taciturn, and refused to take nourishment in any form. There was a history of constipation, and consequently she was given aperient medicines and enemata. She was fed three times a day by means of the stomach-pump. At the end of a week she was no better, and no action of the

bowels had taken place. On examining the rectum, a large hard dense mass of scybala was found; this was broken up, and large enemata were given, so that the lower bowel was thoroughly evacuated. Very soon after free evacuation of the bowels, all the worst symptoms began gradually to disappear, and three weeks later the patient was calm, coherent, and industrious, and quite restored to her natural health.

Hysteria in the Army.

As the result of a series of observations, Dr. Dupouchel has arrived at the conclusion that hysteria is entitled to an important position in the nosology of the army. He considers that many cases of hysteria in the past have been classified either as malingerers or as epileptics. He points out the essential points of difference between epilepsy and hysteria as regards aberrations of the mind as well as of sensation and movement, such, for instance, as the localized anæsthesia or hyperæsthesia, the modifications of the reflexes, and the integrity of muscular irritability as tested by the electric current. The susceptibility of such subjects to hypnotic influences is also alluded to as aiding in the diagnosis. One of the difficulties in the way of a reliable diagnosis is the uncertain advent, and often brief duration, of the "attacks." It is therefore all the more important to arrive at a diagnosis without waiting for a characteristic attack, as the prolonged and often indefinite sojourn in hospitals of doubtful cases is thereby avoided. Catalepsy and somnambulism are now admitted to be presumptive evidence of what might be termed the "hysterical tendency." The complaint, of course, is one of every degree of severity; but it is obviously very difficult to say exactly what degree would incapacitate a soldier for service. One of the most curious facts revealed is the possibility of hysterical paralysis of traumatic origin.

Phimosis in Infancy.

In the *Lancet*, Dr. Hett contributes a few remarks on the subject of phimosis in infants. The author suggests the following rule for those who take charge of midwifery cases: to examine every male child within a few days of birth, and if the prepuce cannot be retracted by the exertion of a moderate amount of force, to perform circumcision on or about the eighth day after birth. Many an unfortunate little boy is credited with bad temper and punished for naughtiness, whose irritability is due to neglected phimosis. There is also much reason for thinking that the old habit of masturbation is frequently led up to by a morbidly excitable condition of the sexual organs, due to phimosis. Circumcision may be performed by seizing the extremity of the prepuce between the finger and the thumb of the left hand, drawing it well forwards, and slicing it off diagonally downwards and forwards, just in front of the glans. The mucous membrane should then be split along the dorsum, quite up to the cervix, turned back, and retained in position by a narrow strip of dry lint wrapped firmly three or four times round the penis. No sutures are necessary. The lint can be removed in a few days, when generally the wound is quite healed.

Standard Pulse-Readings.

In the *Asclepiad*, July 1885, Dr. B. W. Richardson describes his improved sphygmograph, adapted from Dr. Dudgeon's elegant little instrument. The improvements consist in a different method of applying pressure upon the pulse, and a registration of the reading, so that a natural standard may be obtained, and all unnatural conditions may be compared with it. The smooth circular rod of Dudgeon's instrument, which carries the carbonized paper, is replaced by a revolving bar set with a row of sharp edges, which, in revolving on the carbon, cut a series of lines of equal distance from each other along the whole length of the paper. These leave on the paper ten horizontal spaces, each two millimetres apart. At the same time the sharp blades are divided transversely, so as to cut also a series of vertical dotted lines, each two millimetres apart. By this means, the author has found that the standard reading for a healthy pulse has an upright line of precisely the same length as the horizontal distance between each beat of the pulse, and that from the first point of impulse to the last point of movement is a square of four and a half spaces, or nine millimetres.

Neuralgia of the Pudendal Nerve.

Professor Adamkiewicz, of Cracow, reports (*Medycyna*, April 26, 1886; and the *Vratch*, No. 26, 1886) an extremely rare case of neuralgia affecting the pudendal nerve alone. A previously healthy woman, about three years before coming under the author's observation, and about two months after her second labor, began to suffer from an intense "tying together" pain in her

urethra during micturition. Subsequently, the pain spread over the bladder and became almost incessant; it grew worse from every movement and emotion, and was now associated with calls to pass urine. There were present two painful and tender points: one was situated at the apex of the angle formed by the sciatic tuberosity and an edge of the great gluteus muscle; another was found at a spot on the inner surface of the ascending ramus of the sciatic bone. The treatment adopted by Professor Adamkiewicz consisted in galvanization (daily sittings of several minutes' duration), the anode being applied between the tuberosity and spine of the sciatic bone, and the cathode to the sacrum or to the pubic symphysis. A complete cure followed after three months' treatment.

Sterility from Obesity.

The patient, a Jewess, aged 28, married eight years previously, consulted Dr. Brondel on account of her inability to become pregnant. She was extremely fat, her abdomen being very pendulous; and an enormous aggregation of adipose tissue completely hid the external genitals. On examination, the uterus and its appendages were found to be healthy. The patient was put on a rigid dietary for a period of eighteen months, in which time she lost 20 kilogrammes (44 lbs.) of weight. At the same time the menses, which before had been scanty and far between, became more frequent and abundant. Soon afterwards, she became pregnant. Sickness was troublesome for some time, but yielded to a few doses of cocaine ($\frac{1}{2}$ grain). Labor came on in due course, but the first stage very tedious, and eventually, as the second stage was the signal for total arrest of uterine contraction, the forceps had to be applied. With a great deal of difficulty a female child was extracted, but it had two club-feet and deformed hands, together with an enormous spina bifida. The heart was still beating, though asphyxia was imminent; but, on account of the deformities, Dr. Brondel did not think it desirable to make any effort with a view to restoring animation. The difficulty in effecting delivery was due to the doubling back of the right arm behind the neck, a fact which was only diagnosed when it was seen.

Case of Labor Obstructed by Cyst of the Ovary.

Marie L., aged 27, a dressmaker, was unable to assign the date of her pregnancy, as menstruation had never ceased. She had already given birth to one child at five and one-half months. On admission, January 7, 8 a. m., a breech presentation was diagnosed by abdominal palpation. The cervix was displaced forwards against the symphysis. Behind it was found a tumor, in the posterior *cul-de-sac*, situated in the median line, but more marked on the right side. It evidently contained liquid, but its size could not be exactly ascertained. Labor did not advance, and a discharge of meconium occurred several times. At mid-day, M. Porak punctured the tumor from the vagina with a trocar two mm. thick. About four hundred grammes of a viscid ropy fluid came away, and the tumor could no longer be perceived. Labor then went on satisfactorily, and at half-past one delivery of a dead child took place. Convalescence took place without any unfavorable symptoms. The liquid drawn off, when analyzed, proved to contain the principal elements of the bile, but no cholesterin.

Ataxic Paraplegia.

In a recent number of the *Archives de Neurologie*, M. Grasset of Montpellier concludes a paper on the subject of combined posterior and lateral sclerosis of the cord. The contribution is mainly one of a clinical character, and aims at throwing light on the symptoms of mixed varieties of myelitis. The author is of the same opinion as Dr. Gowers, that on clinical and pathological grounds the creation of a new name and separate consideration of the disease are desirable. M. Grassett proposes the term "combined tabes"—a name which is far less appropriate than that of ataxic paraplegia. But there seems to be some difference of opinion as to the range of symptoms. The English observer asserts that the lightning pains of true tabes are of rare occurrence in the combined sclerosis, whereas the French author states that, symptomatically, "combined tabes" is characterized by the association of symptoms of ataxic tabes (lightning pains, anæsthesia, motor incoördination) with symptoms of spasmodic tabes, etc.

Rupture of the Bladder.

The result of suturing the rent in cases of ruptured bladder has not hitherto been successful, but the opinion held by surgeons, that it is the right treatment to pursue in such cases, receives strong confirmation from a case now under the care of Sir William MacCormac in St. Thomas's Hospital. The patient, a strong, florid, healthy man, aged

thirty-three, injured his abdomen by running up against a post, about fifteen hours before he applied for admission. Interrupted silk sutures were used for the bladder, the rent in which was about three inches long, a catheter was tied in, and the abdomen drained by a glass tube. There was a large amount of urine in the peritoneal cavity, which was washed out with a solution of boracic acid. The operation was performed on the 22d ult. The patient passed urine the following day, when the catheter was removed. The drainage-tube was taken out on the 24th, and there has been no fever or other symptom since the operation.

Double Fracture of the Upper Limb by Indirect Violence.

The following is noteworthy as a somewhat curious result of indirect violence applied to the upper extremity:

A child, aged nineteen months, was being led along the street by his mother, who was holding his right hand. The child stumbled, fell with a jerk, and was dragged up again —roughly, probably—by his mother, who, however, never let go of his hand. She then noticed that the boy's arm was quite powerless, and hung loosely by his side. Shortly afterwards the child was brought to the infirmary, where Dr. Alex. Foulerton (*Lancet*), found that two fractures had occurred, one through the upper epiphyseal line of the right radius, the other at the junction of the middle with the acromial third of the right clavicle. One would certainly have expected dislocation rather than fracture as the result of such an accident occurring in so young a child, and he is unable to offer any exact explanation as to the mechanics of the lesion.

Rectal Injections of Medicated Gases.

Rectal injections of medicated gases as a method of treatment is based on a physiological principle established by Claude Bernard, that the introduction of toxic substances into the rectum is not dangerous so long as pulmonary elimination is perfectly normal. Dr. Bergeron has adopted this method of treatment in several affections, and publishes the results obtained in pulmonary phthisis. A current of from four to five litres of carbonic acid gas is passed through 250 to 500 grammes of mineral water, containing sulphur (Eaux Bonnes, Allevard, Saint Honoré, Callas), and then introduced into the rectum: in the course of 24 hours two injections are made. After two days had elapsed this treatment had cured the cough which troubled the patients; expectoration was also modified in quantity and character. The profuse perspiring of phthisical patients was removed, and their general condition improved, even in the confirmed stage.

Velamentous Insertion of the Umbilical Cord.

The placenta in question followed a perfectly normal labor at the *Maternité*, and presents the peculiarity that the umbilical cord, instead of being inserted on to the placenta, abuts on the membranes eight centimetres from its edge. It at once divides into two branches, each composed of a vein and two arteries; these vessels subdivide dichotomously, and after a winding passage of about 20 centimetres reach the placental edge over about three-quarters of its circumference. The occurrence is very rare, and has given rise to a good deal of discussion as to its cause. It is sometimes possible to diagnose it during labor by feeling the abnormal pulsation of the umbilical vessels. The risks this arrangement entails are obvious: the vessels may be compressed and so cause the death of the child, or they may be lacerated and cause severe fatal hemorrhage; the remedy for either condition being expedition in effecting delivery.

Membranous Compound Diphtheria.

In the *Brit. Med. Jour.*, June, 1886, Dr. W. J. Mackie relates a case of a membrane appearing on the glans penis, which he compares with a similar case related by Dr. Leslie Phillips in the *Journal* of June 5. Dr. Mackie circumcised a child, and next day found a membrane having the appearance of a thick yellowish-white paper extending over the mucous membrane in the region of the frenum. This exudation seemed identical with that of croup, in being easily detached, and involving only the epithelium, and not the subepithelial tissue, as in diphtheria. Dr. Phillips has reported a similar case which he considered diphtheritic, as he had performed tracheotomy with the instruments used in the circumcision. Dr. Mackie, however, draws attention to the marked asthenic symptoms of diphtheria and the sthenic reaction of membranous croup.

Antifebrin.

Antifebrin, as the *Pharmaceutical Journal* points out, is a new antipyretic, that belongs to a very different group of chemical substances than those from which antipyretics

have hitherto been drawn. The class of phenols has supplied us with carbolic acid, resorcin, hydroquinone, salicylic acid, and besides these are the bases like kairin, antipyrin, thallin, and quinine. Antifebrin is a neutral body, and identical with phenylacetamide or acetanilide, almost insoluble in cold water, but freely soluble in wine and alcoholic liquors. On dogs and guinea-pigs large doses seem to have no deleterious action. The substance has been administered to twenty-four fever patients (the kind of fever is not mentioned) in doses of not more than two grammes in the twenty-four hours, and with such satisfactory results that a quarter of a gramme is said to be as effective in reducing the abnormal temperature as a whole gramme of antipyrin.

A Successful Case of Nerve-stretching for Facial Spasm.

In the *Lancet*, Mr. Southam writes to say that a patient whose facial nerve he stretched in 1881 has remained well ever since. The operation was followed by complete paralysis of all the muscles supplied by the nerve. About five weeks afterwards, the affected muscles gradually began to regain their power, and at the end of five months the paralysis had entirely disappeared. In a recent article by Professor Zesas, particulars are given of nineteen cases of this operation. In only two instances did the operation succeed. In four cases there was considerable improvement, in ten only temporary relief was obtained; the remainder were lost sight of. Zesas is of opinion that the operation should be performed whenever the spasm is not due to intracranial lesions.

Exploration of the Bladder by Section through the Perineum.

In the *Lancet*, August, 1886, Professor Henry Smith draws attention to what is known as the operation of cystotomy. The author, however, objects to this term, as in the operation so named the bladder is not cut into; an incision is made through the perineum into the membranous portion of the urethra, through which the bladder is examined, and any foreign body removed; the bladder can then be drained by means of a tube fixed in the opening, thus giving the bladder complete rest. In cases of long-standing cystitis, or where there is some growth causing irritation of the bladder, this operation is one of the most valuable aids to surgery. In cases of malignant disease of the bladder much relief can be given to the patient by thus keeping the bladder free from urine.

Grafts of Frogs' Skin.

In spite of an unfavorable experience of skin-grafting in burns, etc., Professor Morales Perez tried in a case of burn of the hand the lately recommended plan of engrafting frogs' skin. Three quadrangular grafts, two centimetres wide by three long, were first applied, medicated wool and iodoform ointment being the dressing used. After five days these grafts were found to have adhered, with the exception of two small bits. Two fresh grafts were applied in other points, and these adhered well. After some days the epidermis and the blackest green pigment of the graft dried up and was detected in fine scales, leaving a thin white cicatrix. Finally a very satisfactory elastic cicatrix was obtained, the line of the grafts being visible.

Case of Dangerous Hemorrhage from the Hymen after the First Coitus.

In the *Meditz. Obozr.*, No. 10, 1886, Dr. P. G. Rozanoff, of Zvenigorod, reports the case of a newly-married peasant woman, aged 18, who was brought to the local lying-in hospital in the state of extreme acute anæmia, on the third day of incessant hemorrhage from the hymen, which had been ruptured during the first coitus. The hymen, of a semilunar variety, presented a single but complete laceration on the left side. The bleeding, which was moderate and of a parenchymatous nature, was easily arrested by pressure with a cotton-wool plug, the patient leaving the hospital in a satisfactory state, after a three days' stay.

Hysterical Hemiplegia in a Child of Four Years.

At a recent meeting of the Paris Biological Society, M. Gayot read the following note: A child, aged 4, perfectly free from any nervous symptoms, was, after undergoing violent agitation, seized with hemiplegia of the right side and aphasia; the motor and sensory faculties were impaired. A few days later on, the hemiplegia disappeared, but reappeared the next morning; the following night, the sensory and motor faculties regained their normal activity: the child's health has since remained excellent. Her mother has an excessively nervous temperament, and she is the daughter of gouty parents; the father is also highly nervous in temperament. Each return of hemiplegia in the child was accompanied by aphasia.

The Use of Antipyrine during Pregnancy.

Professor Chiara (*Ann. di Ostet.; Réport Univers. d. Obstét. et Gynéc.*) draws the following conclusions from the use of antipyrine in the cases of twelve pregnant women, five of whom had gone to full term:

1. In therapeutic doses it has no particular oxytocic action.

2. Pregnancy, whether normal or pathological, does not modify its action.

3. It may be used with perfect safety as an antipyretic during pregnancy.

4. Like other antipyretics, it may tend to prevent abortion, an excessively high temperature being a frequent cause of that accident.

Prevention of Drowning.

Referring to the bathing season, Dr. Ziegler, of Switzerland, urges medical men to give as much publicity as possible to the "warning symptom," consisting in the appearance of a deep-red coloration of the skin in the bather. The symptom being a sure foreteller of coming syncope, the bather attacked with it must be at once compelled to get out of the water, even if he or she feel well at the moment. Many a life may be saved by paying a due attention to that sign, which was first pointed out by French military surgeons.

Remedies for Coryza.

Roben (*Gaz. Med. de Bordeaux*) recommends the following powder for insufflation:

R.	Powdered menthol,	gr. iij.
	Roasted coffee,	ʒj., gr. xv.
	White sugar,	ʒj., gr. xv.
M.	Sig.—Snuff.	

The above mixture has the appearance of snuff, and is easily employed. The following is also recommended:

R.	Hydrochlorate of cocaine,	gr. iss.
	Browned coffee,	
	White sugar, āā	ʒiss.
M.	Sig.—Snuff.	

Nervous Cough.

This mixture is highly recommended for nervous cough:

R.	Cocain. hydrochlorat.,	gr. j.
	Potassii chlorat.,	gr. x.
	Aquæ amygdal. amar.,	♏x.
	Aquæ destillat.,	℥iss.
M.	Sig.—To be used as a spray.	

Lotion for Rhus Poisoning.

Dr. E. Mommsen, of Bloomington, Ill., writes to the *Medical Record* that immediate relief to the patient poisoned by *rhus venenata* followed the local use of

R.	Carbolic acid,	gr. x.
	Boric acid (powdered),	ʒij.
	Vaseline,	℥j.
M.	Apply two or three times daily.	

Mammary Neuralgia.

At a recent meeting of the Paris Surgical Society, M. Routier read notes on a case of intense mammary neuralgia; the patient was 22 years of age. A small tumor of the size of a nut was removed, and the pains completely disappeared. On microscopic examination, the tumor presented the characteristics of polyadenoma.

Correspondence.

The Physiological Action of Opium upon the Intestinal Tract.

Eds. Med. and Surg. Reporter:

In Ziemssen's work, vol. viii., page 280, the writer, Bauer, puts forth the teaching that opiates, instead of *arresting* peristaltic action *increase* that movement. I would like to hear through the medium of the Reporter, what the scientific teaching at present is upon the physiological action of opium upon the intestinal tract. If Bauer is right, then all previous teachings concerning that particular property of opium have been wrong. I would also like to know what construction the author would want to have put upon the sentence "If opium did arrest peristaltic action, the practical results which, as a matter of fact, follow its administration in the treatment of peritonitis would not be attributable to it." Strike out that portion of the sentence from "results" to "would," and any arrest of peristaltic action is denied opium, *while in the expunged portion it is admitted.* The sentence is surely a contradictory one.

J. K. Ewing, M. D.

Delmont, Westmoreland county, Pa., October 6, 1886.

"Induction of Premature Labor."

Eds. Med. and Surg. Reporter:

With reference to the above subject in your issue of this week, I would say that the method by which Dr. T. Gaillard Thomas induces premature labor is old, and as he says, "a perfectly efficient one." Twenty years ago I first performed this little operation, with the injection of water and

a gum catheter; with this addition—I gave after the operation a fresh infusion of ergot of rye with borax.

H. Isaac Jones, M. D., L. R. C. P. E., etc.

Scranton, Pa., October 12, 1886.

Admitted to the Sight, Why Wouldn't You Smile?

Eds. Med. and Surg. Reporter:

The following is a list of the remedies employed by an Æsculapian aspirant to fortune and fame, in combating what he called "slow fever," which was preying upon the vitals of a six-months-old infant, and the only thing that marred the M. D.'s diagnostic skill was the premature death of the little innocent: Calomel, quinine, bismuth, brom. pot., ammonia, fl. ext. nux vomica (3 drops in 12 hours), fl. ext. digitalis, chloroform, spts. turpentine, nitre, squills, carbolic acid (4 drops in 24 hours), assafœtida, alcohol, mustard, enema, medicated bath—and the Lord only knows what else.

Young M. D.

Wallaceburg, Ark.

News and Miscellany.

A Prescription Book of the Eleventh Century.

Medicine has her archæology like every other learned vocation, and hardly a year passes without adding to her treasure-trove. In one of the precious MSS. contained in the Capitular archives of Ivrea, in Piedmont, Prof. Piero Giacosa has found a book of receipts which remounts to the eleventh century. The professor discourses learnedly on this book, pointing out, amid the scarcity of medical writings at that remote date, the importance of a document which adds to the proofs—authentic, if rare—that the ancient Græco Latin tradition of medicine was still preserved, and that it may have given origin, without the intervention of Arabian medicine, to the famous school of Salerno. The MS. in which the book is inserted belonged to Warmund, Bishop of Ivrea, famous even in the first years of the stormy eleventh century for his love of science and literature. Before the prescriptions comes a group of receipts for writing with gold, for making gold ink, and for illuminating parchment. Then follows a catalogue of maladies, thirty-two in number, more than half of them relating to the eyes, while the remainder have reference to the head, the ears, the throat, the kidneys, and so forth. Each malady has its remedy—one or more—the majority belong to the vegetable kingdom, though the the animal world supplies not a few. Among the latter we have fat of eels, raw flesh, the gall of a great variety of animals, such as the eagle, the cock, the hyæna, the hare; then goat's dung, hartshorn, serpents' skins, worms, etc. The vegetable remedies include aloes, camphor, cassia, lettuce, honey, opium, sundry aromatic herbs, rue, linseed, mustard, and so on. Finally come a few chemical and inorganic remedies: orpiment, lime, nitre, sulphur, French soap, etc. According to Prof. Giacosa the medicines are mostly derived from Dioscorides and Pliny. He also finds a correspondence, in the matter of arrangement, between the prescription book of Ivrea and the work of Lucius Apuleius Platonicus on the virtues of herbs—a work of which the compiler of the prescription book availed himself as a guide, and of which the Chapter of Ivrea doubtless possessed a copy now lost. The original part of the prescription book betrays a scientific turn of mind in advance of the age as to the conception of disease and the *modus operandi* of remedies. The author signs himself "Petrus Magrus"—probably a fictitious name, it having been the frequent habit of early mediæval writers on medicine to assume the surname "magrus" (lean), an epithet, according to Prof. Giacosa, which implies a not very lucrative practice. The importance of the professor's discovery, as we have said, lies in its demonstration that in Italy the Græco-Latin tradition in medicine was never lost. In fact, in the Ivrea MS. there is mention of but one remedy due to the Arabs—to wit, camphor. This drug, isolated among the others, proves that while in the eleventh century the Arabian pharmacopœia was not unknown, it had not yet, as a whole, taken root in Italy.

Fees of Noted English Physicians.

The *Boston Traveler* thus notes from a London letter:

"'Do London doctors earn more than than queen's counsel?' As a rule they do not, but the incomes of the three leading physicians and those of the three leading lawyers are about equal—that is to say, at the rate of $60,000 a year each. The largest sum ever earned in one year by a doctor was $100,000, made by Sir Astley Cooper. The three men at the head of the medical profession in England at the present day are Sir William Jenner, the court physician, Sir William Gull, and Sir Andrew

Clark. Just lately the last named has obtained considerable notoriety. He was induced to visit a very wealthy lady at Nice, and he received the unprecedented fee of $25,000. One-fifth of this amount he retained as a remuneration for his services, and the remainder he divided between two charitable institutions connected with his profession.

"Speaking of fees, there is a tale told of a rich colonial gentleman living in Kent, who had the misfortune to take a slight cold. Not satisfied with his local medical attendant, he desired to have Gull down from London in consultation. Gull happened to be away, and Sir William Jenner came instead. He was duly paid his fee of $375 for the visit. The patient, feeling no better, then sent to Edinburgh to a leading doctor of that city, who traveled the 400 miles in order to see him, and in ordinary course received a guinea for every mile—that was 400 guineas, or $2,100. Again the patient felt no better, and this time Gull was summoned and attended.

"'I suppose,' suggested the local practitioner, 'you will pay Gull what you paid Jenner—$375?'

"'Nonsense,' indignantly retorted the sick gentleman; 'I am not going to pay Gull less than I gave the Scotchman,' and he drew a check for $2,100. Before he got rid of his cold he had paid $7,000 in fees."

"The Protean Man."

Some wonder is being excited in the provinces of France by the exhibition of an individual who dubs himself "L'Homme-Protée." The number of shapes and attitudes that the man is able to assume is said to be so great to be so great that the title of "Protean" may well be allowed if the individual manifests only half the powers attributed to him. Now, whatever he can do, it is obvious that his faculties are the same in kind as those possessed by the rest of mankind, though the degree in which the faculties are developed may vary vastly; so that we can not agree with the writer who asserts that the contortionist transforms himself, thanks to his *peculiar* system of muscles. Doubtless his frame is wonderfully mobile, and every part of his nerve and muscle apparatus has been trained to the utmost. It is possible, also, that M. Aiguier is gifted with the power of influencing the action of muscles over which man usually exercises no voluntary control, though with practice many may acquire the capacity if they set themselves about the task in the proper fashion. The Protean man, it is said, can assume the rigidity of a statue, so that, the body sharply struck, the blows fall as on a block of stone. This probably means that the man has the capacity to develop at will the cataleptic condition. By varying the activity of different muscles of the abdomen he is alleged to be able to give his trunk a great variety of shapes and sizes, from that of the proverbial alderman to that of the lean and haggard student. He is even accredited with the possession of the power to appear as lean as a skeleton; but this must surely require an effort of the imagination, as well as a still greater effort on the part of the nauscular and vascular apparatus of the contortionist. What most astonished M. de Quatrefages, who examined him, was the ability to stop the flow of blood, now on the right side of the body; this was ascribed to the influence of unilateral muscular contraction.

A Memoir of Austin Flint, M. D., LL. D.

A memoir was read by Dr. W. M. Carpenter before a recent meeting of the Medical Society of the County of New York. The following quotations from the memoir (*N. Y. Med. Jour.*) refer to Dr. Flint's private character: "On one occasion he said to the author, 'It is a positive enjoyment for me to write, and when the work of the day is done I sit in my office and frequently write until 11, 12, 1, and perhaps 2 o'clock, before I feel tired enough to go to bed.' The result of this labor, yet his pleasure, was the numerous articles for medical journals, papers to be read before medical societies, addresses before learned and scientific bodies, and several volumes on subjects belonging directly to our science and art, all of which reflected credit upon their author. He wrote with facility, his style was finished, and his diction was classical. * * He won the respect, the confidence, and the admiration of his pupils. His lectures were characterized by graceful delivery, simple but expressive language, and systematic presentation of his subject. * * He rarely lectured or spoke on medical subjects without preparation. * * Gentlemanly deportment was his constant attendant. Dr. Flint was a man of simple habits, polished manners, independent opinions, and freedom from fear in their advocacy, and indefatigable industry, of whom it can be said truthfully that 'he possessed a capacity equal to any occasion which might arise.' * * He was affable and indulgent, and was always ready to throw around the beginning practitioner

the strong arm of his protective power and sympathy."

Newspaper Therapeutics.

The custom of giving medical advice in the newspapers has of late years become a somewhat common one. Whatever motive of expediency may be urged in its favor by those whose practice it is, more than enough for its condemnation may, we are sure, be said on the other side. There are many points in diagnosis which can only be made out by personal examination; nay, statements in this connection are commonly of little value. Even facts of life history cannot always be correctly learned from a written description. There is, therefore, inseparably connected with this singular mode of practice the danger of misinterpretation, the unfortunate results of which may at any time react upon the patient. We may be told that if care be taken to select simple cases, no serious evil can arise. The argument even so put, however, is a weak one. It amounts to this, that where the ailment is slight, it does not matter much if a little mischief is done. By it a wrong principle is not excused by the impotence of its practice. The trifling ailment, moreover, may be aggravated by delay or mismanagement, while even a cautious beginning in such haphazard treatment will often become the cue for heedless enterprises of a like kind. It will also be seen that while the tendency of such procedure is to debase the quality of medical advice, its effect must be to augment the already inordinate value which is assigned by many to drugs and other means of cure in themselves.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR TWO WEEKS ENDED OCTOBER 9, 1886.

Peckham, C. T., passed assistant surgeon. Granted leave of absence for thirty days, to take effect when relieved, October 5, 1886.

Kalloch, P. C., passed assistant surgeon. Granted leave of absence for twenty-one days, to take effect when relieved, October 5, 1886.

Pettus, W. J., assistant surgeon. To proceed to Evansville, Indiana, for temporary duty, October 8, 1886.

Kinyoun, J. J., assistant surgeon. Appointed an assistant surgeon, October 4, 1886. Assigned to temporary duty at New York, N. Y., October 5, 1886.

Urquhart, F. M., passed assistant surgeon. Relieved from duty at Cape Charles Quarantine, to proceed to Washington, D. C., with steamer "Woodworth," October 20, 1886.

Wasdin, Eugene, passed assistant surgeon. Promoted and appointed passed assistant surgeon, from October 1, 1886, October 20, 1886.

Williams, L. L., assistant surgeon. Granted leave of absence for three days, October 16, 1886.

The Progress of Homœopathy.

The *Med. Record* says that the homœopaths have been holding an International Congress at Basle, Switzerland. It was the Third Quinquennial Congress, and was attended by only forty delegates, of whom seven were from America. The sessions seem to have been largely occupied with persuading the members that homœopathy is growing. It would take a brave heart, however, to find encouragement in the various reports presented. Thus, by their own figures, we learn that in France there are but 200 homœopaths, in Belgium about 60, in Switzerland 23, in Spain 137, while in Germany and England the reporters do not venture to estimate the number. Judging from the statistics given, it would be a large estimate to suppose that in all Europe there were 1,000 homœopaths.

The real hope of homœopathy appears, therefore, to be in this country. Here, it is stated, there are over ten thousand homœopathic practitioners, with fourteen medical colleges, fifty-one hospitals, forty-eight dispensaries, one hundred and forty-three societies, twenty-two journals, and thirty-three pharmacies. There is no doubt that the United States is infested, beyond any other country, with the silliness of attenuations and potentializations. It appears to be one of the social disorders to which new countries are subjected, but it is one which, dispite the apparent showing of statistics, the United States is surely outgrowing.

A Doctor's Tale of the American Civil War.

Dr. Robert St. George Dryanforth, of Washington, relates a curious experience of his own during the war of the rebellion, and later, while acting as a correspondent in the Franco-German war. While serving in the first great struggle, the doctor was shot through the lungs and was invalided. He subsequently went to Europe for his health, and remained there for some years. When the German war broke out he became cor-

respondent for the *New York Tribune*, and in one of the battles he was shot through the base of the skull. He caught a heavy cold while lying wounded on the battle-field, and his wound in the lungs troubled him so much that his life was despaired of, and he was a victim of rapid consumption. One day during a violent fit of coughing the doctor brought up a piece of his overcoat, which had been shot into his lungs ten years before. The ejection of this cause of irritation so relieved him that he at once became better, and finally completely recovered. He returned to Washington, and has since held the office of Judge of the Court of Appeals. He was also a member of the Board of Examiners, and Assistant Commissioner of Patents.

Doctoring an African King.

The following extract is from the correspondence of the *Scottish Geographical Magazine:*

"It is no joke to be doctor to the King of Uganda, for whenever I took him a new supply of medicine I had always to take a dose myself, and to administer one to seven of the persons who might happen to be present. Should one of the seven unfortunates die within a week, it would be considered that I had attempt to poison the king. If the king had to take a pill, I had always to hold two in my hand; he chose one, and I had to swallow the other, unless I had a friend with me who kindly undertook the office. I soon noticed, however, that Mtesa also chose the smaller, so I arranged accordingly. One day Mtesa played me a nice trick. I had been to the palace to take him a lotion, and had warned him particularly not to drink it. After I had left he sent a page after me with a gourd of mwengi, asking me to taste it, and say if he might have some. I did so, and said, 'Yes.' It being a very hot afternoon, my friend drank the remainder; but it soon became evident that the king had doctored the wine, for my friend became violently sick. It turned out afterward that Mtesa wished to see what effect the lotion would have upon me."

Discovery of Primitive Skulls.

It is announced that MM. Marcel de Puydt and Maximilian Lohest, of Liege, have found in the sandstone in a cave at Spy, a few miles from Namur, known as the Biche aux Roches, two human skulls of extraordinary thickness, resembling the celebrated skull found in the Neanderthal, near Elberfeld. They suggest that these are types of the skulls of the primitive race who dwelt on the Sambre. Other things were discovered in the cave, among them some thousands of flints very carefully dressed on one side; also some specimens of jasper and agate, minerals not found anywhere in the neighborhood, ivory breast pins, several red carpendents, and some necklets of pearls of curious designs. All were found in the sandstone, three layers of which were plainly discernible. The remains of flints, etc., deposited in each layer, indicated different stages of skill in workmanship. The lowest stratum was by far the poorest in the number of the objects found and in the quality of their workmanship. But it was here that the skulls were found.

Antiseptic Treatment in the Bulgarian War.

M. Maydl states that of 3,000 men wounded in this war, who were brought to Belgrade, only 51 died; of these, 22 deaths were the result of tetanus; the surgical mortality was only 0·9 per cent., thanks to the use of antiseptic dressings. This result is the more remarkable as the sanitary condition of the soldiers was very defective. Cases of erysipelas were also very rare, and in spite of the want of care on the field, M. Blum reports that of 136 cases, of which 116 were lance or sword wounds, 12 complicated fractures, and 10 articular wounds, all treated antiseptically, there were no deaths or purulent diseases. The dressings were done with carbolic gauze, at .5 per cent., and the instruments washed with disinfectant fluid at 25 per 1,000. After the first day the wounds were aseptic. This war has, therefore, done much to let us know the value of antiseptic treatment in military surgery.

A Novel Obstetrical Expedient.

Dr. Shustoff writes in *Russkaya Meditsina* of April, 1886, that he was called to see a woman who had been in labor five days. The pains had begun well, but had since ceased. Upon examination he saw something black protruding from the anus, and a little pulling brought to light a sausage over seventeen inches long and fourteen inches in circumference. The pains now began again, and the woman was soon delivered of a dead child. Dr. Shustoff found on inquiry that the sausage had been introduced on the recommendation of an old woman of the

neighborhood, in order to insure the birth of the child by the normal passage. This was probably the old wife's best attempt at supporting the perineum.

He Snatched Her from the Grave.

An old member of the medical profession in Chicago tells the *News* of that city a story, which, he says, Dr. J. Adams Allen told him many years ago. Dr. Allen, as the story goes, was just beginning his practice, when, one winter day, seated in a car, muffled to the ears, he heard the following conversation between two passengers who were sitting where they could not see his face: "Say, George," said one, "what kind of a doctor is this young Allen?" "All I know about him is that he snatched my aunt from the grave last summer; that is, I shall always think he did." "Did he, indeed," said the other, "well, he must be a pretty good doctor, then. What was the matter with your aunt?" "Oh, she was dead and buried, you know."

The Traffic in Rags in Holland and Switzerland.

The Netherlands Government have issued a ministerial notification prohibiting, from August 27, 1886, the importation and the transit of rags, worn clothing, and unwashed underclothing and bedding, coming from Italy and Austria-Hungary. Worn clothing brought by travellers as part of their baggage does not come within the prohibition. The Swiss Federal Council have also prohibited, by an order of August 20, and until the issue of a further order, the importation and transit of rags, old clothes, unwashed linen, etc., coming from Italy, except such as may be included in travellers' baggage.

In the Pharmacy.

Mr. Oppenheimer.—"Rachel, haf ve got mooch of dot gholera migscher aut der sheluf?"

Mrs. O.—"Yaw, Isaac, dere is two grosses of bottles of der migscher."

Mr. O.—"Vell, send Schakey out for a parrel of green apples, und ve vill gif dem avay to der small boys der neighporhoot in. Hast du gesehen? Ve must dot peeziness poom alretty."

Personal.

—Dr. D. Hayes Agnew has purchased the residence of Dr. R. J. Levis, on the northwest corner of Sixteenth and Walnut streets, Philadelphia, and has removed his office to this place. Dr. Levis has gone to Europe for a prolonged stay.

Items.

—A scientific society at Haarlem (Holland) offers a gold medal and 400 florins (about $165) for the best treatise, which may be written in English, on the researches of M. Pasteur, to be sent in before April, 1887.

—Miss Hastings, of England, aged one hundred and five, is the banner girl for recuperative power. At the age of 104 she had a double pneumonia, from which she made a good recovery, according to Professor Humphrey, of Cambridge.

—A successful experiment in distilling ottar of roses grown in Germany is reported. A firm at Steinfurth obtained from 25 kilos of the petals of *Rosa centifolia* 16 grams of ottar. Similar quantities of petals from other roses yielded only 6 grams. The ottar is said to have been superior to the Turkish in aroma.

—To prevent the surreptitious opening of of letters or papers, it is recommeded in the *Bulletin Commercial* to stick together the glued parts with ammoniacal oxide of copper, which reagent superficially dissolves the cellulose. In another way, the same result may be obtained by using silicate of potassium, which, once dried, cannot again be dissolved in water.

—On the 7th of November Harvard University will have completed its 250th year. It is proposed to celebrate the event in a suitable manner from the 6th to the 8th of that month. Harvard University was established by an act of the Colonial Legislature, and was named in honor of John Harvard, who liberally endowed it. With one exception, Harvard is the oldest university in the New World. Nearly one hundred years before, in 1551, the Emperor Charles V. established the University of St. Mark's, at Lima.

QUERIES AND REPLIES.

Wickersheimer's Fluid.

Eds. Med. and Surg. Reporter—

In glancing over an old file of Reporters, I notice in Vol. xliv., January 8, 1881, a formula for Wickersheimer's Fluid. I would like to ask if this is a formula for embalming dead bodies, how originated, and if superior to other embalming fluids. Please answer through columns of Reporter, and oblige W. N. Sherman, M. D.

Winslow, Arizona.

Reply.—We have no further information than that contained in the article referred to. We would be pleased if any of our readers can enlighten our correspondent.

Eds. Med. and Surg. Reporter.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

FURUNCULOSIS.

BY JNO. A. STAMPS, M. D.,

Of Wallaceburg, Ark.

In a seeming obedience to the old saying, "It never rains but it pours," we are frequently visited by diseases in an epidemic form, some of which are enveloped in obscurity when we come to look up their mode of origin and propagation. The latest and seemingly most troublesome epidemic which has made its appearance in our vicinity is that of furunculosis. Quite a number of our inhabitants have for the past few months been the subjects of this, I may say, rather loathsome disease, and when occurring in an individual it has most generally kept him nursing one of its "pets" for from a few weeks to a month or more by successive crops.

It may be defined as an inflammation occupying the entire thickness of the skin and subcutaneous connective tissue, and attended almost always with circumscribed suppuration and the formation of a slough. Boils and carbuncles are considered by some to be a local affection produced by local causes, and like acne mainly an affection of the sebaceous glands; but from the fact that when a person becomes the object of their prey they continue having them for some time, and as they occur in situations that are comparatively free from sebaceous glands, as the palms of the hands; and again, as they do not show any special preference for attacking the scalp and face, where these glands are most numerous, I am inclined to think that this theory is incorrect, and am further of the opinion that it is a constitutional disorder with local manifestations, and while they are common in persons of a broken down constitution, they nevertheless affect those who are of an undoubtedly healthy constitution, and in a manner free from the more prevalent maladies.

The morbid process in some instances begins with the formation of a small vesicle developing into a pustule which contains a drop of thick pus, and others begin without the formation of the vesicle, but present a somewhat nodular appearance. In both varieties there is an infiltration and induration of the deeper structures of the skin, attended with swelling and redness of the surface. This swelling increases more or less rapidly in area till at the end of from a few days to a week or more it has attained its full degree of development, at which time it presents a more or less circular base and a rounded or pointed apex, and varies in size from a filbert to an egg. It is intensely congested, and surrounded with an areola the hue of which varies with the intensity of the inflammation, the amount of tissue involved, and the stage at which it is seen.

If allowed to go on to suppuration, which is the inevitable tendency, it will be discovered upon opening one that a slough has been gradually forming during its progress which has involved the deeper structures of the skin and connective tissue. The slough presents a yellowish or grayish color bearing a faint resemblance to wash leather. The matter is of a mixture between green and gray, and in some instances where they occur in a very vascular area it is of a brick-dust color from the mingling of blood

with it. The slough is generally in an advanced stage of decomposition. Any attempts at removing it, resulting in its separation by piece-meal, and it gradually becomes detached from its base and elsewhere to which it is attached till finally it is discharged through the orifice which has formed, or been made. Generally after its separation and discharge it leaves a healthy granulating surface and the surrounding inflammatory thickening subsides, the parts gradually returning to their normal condition and leaving no other evidence of its former existence than a small scar and diminution in the thickness of the skin. The distinctive features between boils and carbuncles are wholly arbitrary; a boil being rather small, conical in shape, opening by a single orifice, and having a comparatively small slough, while a carbuncle is characterized only by its greater size, flatness, and especially by the formation of more than one orifice, with the formation of a considerable slough or superficial gangrene.

The cause of furuncles, like that of many other diseases, involves a problem that is rather difficult to solve; they frequently attend or follow itching, cutaneous diseases, as prurigo, eczema and scabies; are produced by irritant applications to the skin, or often follow the receipt of an injury, as a bruise; and finally they are undoubtedly produced by the continued breathing of impure air, long residence in moist places, or in a climate subject to sudden meteorological changes.

One of the earliest symptoms is an intense itching, which, if submitted to nature's means of allaying (scratching), results in a burning sensation, accompanied with slight pain and redness; later on, there is great tenderness with swelling and increased redness of surface, pain of a lancinating character, and occurring paroxysmally, with dull pain and a feeling of tension during the intervals; the lymphatic vessels and glands in the immediate vicinity, and in some instances for a considerable distance become red and painful, with more or less swelling of one or more glands.

There is generally some amount of febrile disturbance, which may increase to an alarming extent in the worst forms of the disease. The degree of prominence of the boil seems to depend on its situation and the depth of skin involved.

When superficial and involving the more lax tissues, the swelling is greatest, and when the inflammation sinks deeply in the more tense tissues, the swelling is less, although the mischief may be considerably greater.

The portion of skin destroyed, which constitutes the core, is the heart of the boil, and the object of the suppuration which follows seems to be the separation and expulsion of the core, the removal of which results in a subsidence of all inflammatory symptoms and a gradual return to a normal condition.

Notwithstanding the fact that several years ago the impression was very common that boils were conducive to health, a perusal of the literature on the treatment will readily convince any one that the supporters of this theory, as well as the majority of people, were very anxious to hit upon a means of exemption from their so-called salutary effects.

The treatment may be divided into constitutional and local. The constitutional must have for its object the regulation of any organ or secretion which has departed from the normal performance of its functions. If there is constipation, it should be relieved by a mild but effectual purgative, and nothing suits the purpose in my opinion more admirably than the administration of one-drachm doses of sulph. magnesia twice or thrice daily. This should be followed, if there are any indications of debility, with the mineral and vegetable tonics, as the following, to wit:

℞.	Quininæ sulph.,	gr. ij.
	Strychniæ sulph.,	gr. $\frac{1}{30}$.
	Ferri sulph.,	gr. $\frac{1}{4}$.
	Cupri sulph.,	gr. $\frac{1}{4}$.
	Ac. sulphurici arom.,	gtt. x.
M.	Sig.—Three times daily.	

Regimen and diet necessarily constitute a very important part of the treatment. The meals should be regular and wholesome, diet generous without containing any very stimulating properties, as I am of opinion that stimulants are very rarely, if ever, indicated in this trouble, and, furthermore, believe that in a majority of the cases the inflammatory process would be greatly aggravated by their use.

We all know that in most forms of inflammation unattended with marked symptoms of debility and exhaustion, stimulants oftener do harm than good.

I well remember the experience I had when quite small with an inflammatory ulcer on my leg, by drinking a glass of blackberry wine. The intense pain and resulting aggravation of all the inflammatory symptoms within an hour's time caused me to then and forever eschew the use of stimulants when the subject of any inflammation.

Brewers' yeast in ounce doses three times a day has some popularity as a curative agent. I have never given it a trial, but

from my own and the experience of others I am of the opinion that from four to twelve weeks with careful attention to the hygienic surroundings is the remedy *par excellence*.

The local treatment may be divided into abortive, palliative, and healing.

The abortive consists in the application of medicines calculated to prevent their development, and should be instituted at a very early period, otherwise it is useless. The remedies most relied upon in accomplishing this end are nit. of silver 10 to 20 grs. to the ounce of nitrous ether, carbolic acid from 33⅓ to 100 per cent. strength, compound tr. iodine or tr. camphor applied to the affected parts, stopping short of blistering, or even blistering. If this fails, which it in some instances does, then recourse is made to the palliative form, which consists in soothing the pain and hastening or promoting suppuration, and as poultices fulfil the two properties of heat and moisture, they are almost exclusively used. My objection to them and to the other forms of heat and moisture combined is that they have a tendency, if long continued, to soften and weaken the already debilitated skin, thus causing a larger slough to form, and rendering the parts more liable to the subsequent invasion of boils, a proof of which was clearly demonstrated to me in my own and another case that I closely observed. Having one on my neck, I poulticed it with the various materials in vogue till after the expulsion of the core, which involved a good deal of the skin. After its expulsion, instead of returning to its normal, the surrounding induration remained, and in the course of a few days I discovered that another boil was forming in the same indurated mass, and I afterwards had six situated on different parts of my body, for which I did nothing, with the result of not a single one rising the second time, besides their more speedy termination. The other case is so nearly the same as my own that I will not relate it. Consequently, if I should use the poultice at all, I would try to obviate those deleterious effects as much as possible, by limiting its extent and using some means of preventing the direct contact of any moisture to the skin by means of a layer of oiled lint or silk. If the pain is very great, some form of opium internally or a paste of gum opium locally may be used. The healing treatment consists in the adoption of such principles as will have a tendency to rid the boil of all irritation and assist toward a more speedy cure.

The skin must be kept clean and dry by means of tepid water and any of the medicated soaps, and after thoroughly drying it, if the tension and dryness is great, some of the soothing ointments of vaseline may afford temporary relief.

The broken summit should be dressed in such a manner as to keep a good-sized opening for the exit of pus, etc., and the dressing so applied as to keep the surrounding tissues free from the exudate.

I now come to the part of the treatment upon which there is a diversity of opinion, to wit., the use of the knife. It is my opinion that when a boil or carbuncle can be cured or allowed to go without the use of the knife, it will undoubtedly be an event most satisfactory to patient and physician. During the time that I was subjected to this trouble, I experimented upon myself by using the knife in the various stages on some, and allowing others to go untouched; and from the results obtained, I think I can safely say that the use of the knife at any stage before we are confident of the complete separation of the core by the suppurative process, is not only of no benefit, but has an undoubted tendency to prolong the inflammatory process, to say nothing of the pain attending the cutting. It has been urged by those who use the lancet that its use even before the formation of any pus relieves the congested vessels, yet we have all observed the sluggishness of the blood current and the rapidity with which these bleeding vessels become occluded by the formation of a clot, thus checking the hemorrhage and allowing the same vessels to very shortly become surcharged with blood and producing the same degree of congestion that formerly existed; and besides, we will all agree that the suppurative process is for the sole purpose of separating the core from the surrounding tissue, and thus aiding in its removal, and if we resort to the early use of the knife, we postpone this very important procedure, and if we use the lancet before a sufficient amount of pus has accumulated to accomplish its desired effect, we needlessly prolong nature's method (which in this instance is a good one) of effecting a cure by relieving the boil of its offending member.

CHLOROFORM vs. PARTURITION.

BY C. T. MELSHEIMER, M. D.,

of [illegible], Ind.

Since the discovery of chloroform in 1831 it has been utilized by the medical profession for the relief of the numerous ills that

assail frail humanity. In 1847, Drs. Simpson and Smith first administered it to mitigate the pangs of maternity, and, for the time being, its use became general, save with the exceptions of a few of the older obstetricians, who discarded its use. Since then, its administration has been greatly curtailed, not only in obstetrical, but also in surgical practice. The reason for this limitation in its use seems to be well founded on the fact that in parturition it weakens uterine efforts, prolongs labor in consequence, and thus lays the foundation for hemorrhage and other evils that threaten life. Its uncertain effects, which cannot be anticipated, must create some doubts in the mind of the surgeon whether its administration may not produce a paralysis of the heart, or some other evil, that might defeat the object of his operation.

Some time since Dr. B. W. Richardson made careful inquiries at the principal provincial hospitals of England for the purpose of determining the percentage of mortality by its use. He found 17,000 cases in which it had been administered without a single death. Yet subsequent experience in the same institutions presented a mortality of one death in 1250 cases. But he concluded that one death in 2000 or 2500 administrations would be nearer the truth, and says: "Even at this rate we have no remedial agent which approaches chloroform in point of danger." If it were not then for the danger that can not be determined, chloroform would be the anæsthetic par excellence in all traumatisms and all other afflictions requiring anæsthesia. Its warm sweetish taste, fragrant odor, prompt action, together with its almost freeness from creating gastric trouble, are so many advantages over its far less dangerous rival, ether. These seductive qualities are a great temptation for its use by dentists and surgeons in their minor operations, and no doubt with many fatal results if they were all reported. Every few days we have a death reported from its administration in some trivial operation in which its use was by no means justifiable, and yet are told by its advocates that there is but very little danger, if any, from its use in obstetrical practice when properly managed. How any special interference with the physiological law governing parturition offers a greater immunity from the evil results than other infringements, is a question I am not prepared to endorse. All philosophy teaches the contrary—a violation is followed by a certain effect; "there is no shuffling" in this matter, "the action lies in its true nature, and the penalty follows with unerring certainty."

The experience of many eminent physicians who are as well acquainted with its therapeutic effects and as competent to administer it in obstetrical practice as those who favor its use, denounce it entirely on account of its danger. Dr. Robert Lee says, that "it very manifestly slackens the uterine contractions, and in some cases puts a stop to them altogether." Dr. Rigby admits the fact, but claims it is of rare occurrence. "Spiegelberg asserts that no one has seen such effects when properly administered." Dr. Snow's observation in some cases led him to think that the very moderate use of chloroform diminished the strength of uterine contractions and their duration, and also prolonged the interval between them. Dr. McClintock, of Dublin, says it is "a most dangerous fallacy, and one that would invariably lead to disastrous consequences if generally acted upon." Dr. Robert Lee claims that its use is productive of exhaustion, hemorrhage, fever, inflammation, and cerebral disturbance. He published some seventeen cases of fatality in full up to 1854, and remarks: "Much reflection on the physiological effects and observation of the pathological mischief of chloroform leave no doubt on my mind that it ought to be altogether expelled from the practice of midwifery. There are no circumstances in which it can be with utility, none in which it can be with safety employed." Mr. Robert Johns, of Dublin, sustains Dr. Lee's opinion on this subject, and says: "I am firmly convinced that chloroform when inhaled during labor very fruitfully predisposes to hemorrhage, puerperal inflammation, chest affections, and other diseases detrimental to health and life, which it aggravates if given during their presence. It also lays the foundation of disease to arise at a more distant period, and thus increases the mortality in childbed and subsequent thereto."

Since then, multiplied arraignments could be adduced against its use, which are based upon solid facts derived from sad experience and not from speculative theories, that thus far have been not only a bane, but an obstacle in the way of medical progress.

As another victim of its proper or improper management, I report the following case that occurred here a short time since under its administration:

Mrs. B. S———, married, aged twenty-one years, primipara, stout and hearty—a picture of health—without a taint to mar a good history, felt symptoms of incipient labor between one and two o'clock a. m., September 5, 1886. Some nine hours afterward

chloroform was administered by the attending physician, and its action continued up to within a few hours of the completion of the second stage, which took place between eleven and twelve o'clock a. m., September 7. In consequence of placental retention it was again resorted to for the purpose of its removal; the result was a hemorrhage that proved fatal some nine hours afterwards.

In my criticisms of this case I am led to the conclusion that there was not the shadow of a pretext whatever for its administration, outside of a promise to mitigate the pangs of labor. As stated, she was in the enjoyment of good health; her antecedents together with her condition during the parturient stage, were as favorable as could be desired, and no doubt but her delivery would have been accomplished in safety and within a reasonable time had labor not been interfered with. I draw the following conclusions:

1. That the administration of chloroform in this case prolonged labor by decreasing uterine contractions and suspending the action of the abdominal muscles, which are great aids.

2. That its use had to be withdrawn a few hours before, to enable exhausted nature to recover a sufficient amount of strength for the completion of the delivery.

3. That the nervous system was so much affected by its prolonged use that it failed to meet the demand which safety required, and the result showed an inert condition of the womb wholly incapable of expelling the placenta.

4. That its administration in this most critical period for the alleged purpose of its removal was, in my opinion, without reason or judgment.

There is a certainty in this case, as well as in all others, that any infringement of a physical law is attended with some penalty instituted by Providence for a wise purpose. As a matter of admonition, pain forms a very prominent factor as a punishment, and it matters not how deeply we deplore its presence, or how anxious we are to be freed from its tortures, it is, in every sense, a symptom of mercy. In a pathological sense, it looms up out of the human wreck like a beacon to warn the patient, as well as the physician, of the gravity and locality of a disease that in its absence might prove fatal. So, too, in an obstetrical sense, it is the prime mover in nature's effort to accomplish a certain object, and when that is effected, its mission ceases.

Whatever mistakes, if any, Moses may have made in the genesis of mankind, there was none in recording the edict of Providence to Mother Eve that "in sorrow thou shalt bring forth children." Since then this ordinance has passed down the long line of generations, affecting, without any exception whatever, every mother. Why it should be so we cannot comprehend, and we should be willing, therefore, to leave this matter in the hands of Him who doeth all things well.

In this age of medical progress we are apt to ignore the efforts of nature by substituting some manipulative measures of our own, and the result has been greatly against us. In the use of the forceps alone, which was originally intended as an aid to nature under some very rare circumstances, we have extended the area of traumatic diseases of females by their untimely application. So much so, indeed, is this the case, that every important medical college in the world must have its chair on gynecology.

In looking over the fifth annual announcement of the College of Physicians and Surgeons of Chicago, I find the total clinical work for the year ending June 1, 1886, to be 23,430 cases treated. Of this number, there were 2,750 gynecological cases, making an average of one case to every eight and one-half cases of all others. Prof. Wm. S. Forbes, in his introductory lecture before the students of the Jefferson Medical College a short time since, reports 41 cases out of a total of 296 which were treated in one day by the twenty-six physicians who are daily employed in its charity. Here we have one case in a trifle over seven as the result of one day's labor by the professors of that famous institution. Of course, it is not presumable that this large number of cases are all due to our improved system of manipulation, but there is a strong presumption that a vast majority of them have their origin in meddlesome officiousness. In my younger professional life, some forty-three years past, wives brought forth stalwart sons and daughters with little or no aid from the physician or midwife. I can recall hundreds of instances in which the patient wife passed the ordeal of parturition without a murmur of complaint. What with perspiring and flushed face, a congested condition of the cephalic arteries, freighted with rich blood for the support of the nerve-cells while engaged in this additional duty, a long-smothered inspiration, with a push of the feet, and a pull of the hands, in fact nearly every voluntary muscle in the system was brought in harmony with the uterine efforts, a sharp and quick contest in favor

of the mother was mainly the result that left no evils in its wake to torture her future life as we so frequently see it now. We had but few procidentias, flexions, fistulæ, ruptures, and a host of other evils with which the logic of events is at present freighted. I will venture the assertion that the entire State of Indiana would not furnish a comfortable support to a professor of gynecology at that time. In our efforts to discover some specific for the cure of our multiplied ills, we have succeded in encumbering our materia medica with a lot of trash whose therapeutic effect in the main do not amount to so much straw. Occasionally, at long and rare intervals, a meritorious article is discovered that is of vast benefit, but the large majority is fit for nothing but to disappoint the hopes of the prescriber. What we need more than anything else at the present time is the conservatism of a Gross in surgery and that of a Flint in practice. If we have these acquirements, we need but few remedies to combat all the ills that are to be cured by medicine.

In our contest with disease we lose sight of the fact that the recuperative powers of nature are amply sufficient with a little aid to effect a restoration to health, and if this is tendered, she will respond kindly and be thankful for our services.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Service of Dr. Longstreth.

Idiopathic Abscess of the Brain with Subnormal Temperature. Post-mortem Examination.

The patient was a girl, 13 years of age, admitted to the hospital only one week previous to her death. From what could be obtained of the family history, I will briefly state that she was one of three or four children, all of whom died in early infancy after brief illness, one in convulsions, another of marasmus, and so on. The patient herself as an infant was delicate, poorly nourished, and miserable, but seems to have done fairly well as she advanced in years. She had her hair cut off a short time since because of its dense thickness, and was supposed, as a consequence, to have taken cold. However, she complained of much and severe headache and loss of energy. She was described as extremely listless. Lost appetite and flesh. Her mother says she had a fit, which continued 2½ hours and left her in the same condition, but if anything the pain in head became more severe. We have, however, no good history of epilepsy.

She had no cough, no albumen, was constipated, her face was flushed and eyes red and injected, continued sleepy, but could be easily aroused, and would answer questions. The temperature was 100° F. on the morning of her admission. It fell toward evening, but rose the next day to same for a few hours, and then fell slightly below normal, and remained so till the morning of her death, when it rose to 100⅘°.

It looked somewhat like tubercular meningitis, but the history counteracted this supposition. Young children have this disease, but older ones do not, unless other organs show evidence of tubercular disease. And again, in inflammation of the brain there is always high temperature. The child could tell us little of herself, but we were certain there was pain throughout her illness.

I forgot to mention earlier that there was some protrusion of the eyeballs, which symptom, together with the constant pain, was evidence of pressure within the brain. There was also noticed some dilatation of the pupils; however they feebly responded to light, but failed if light continued any length of time. Later the left pupil became less responsive to the stimulus.

Ophthalmoscopic examination was made with great difficulty, and showed the arteries small, the veins large, and the retina pale, but no evidence of choked disk. More likely the trouble was seated upon the left side from the condition of the pupil, but there was no other evidence upon which to base diagnosis. Yesterday she died suddenly, and the autopsy explains the cause of her symptoms and sudden death.

A large abscess occupied the left post-cerebral hemisphere, causing the pressure and pain. Finally the pus penetrated the third, then the fourth ventricle, and of course the scene was suddenly brought to a close.

In all post-mortem examinations of the brain, the chief object is to see what is contained within the ventricles; the specimen should be handled with great care and skillfully dissected in order to avoid error. Here I will state that it is often of great value to bring to your aid the sense of smell in these examinations, *i. e.*, idiopathic brain abscess is quite odorless, while on the contrary traumatic abscess is very offensive.

In this case the abscess cavity extends over the greater portion of the left posterior lobe. Idiopathic abscess of the brain usu-

ally arises from thrombus; there is no evidence of this here. The point of special interest is how we have abscess of brain, extensive in area, and destroying much tissue, with a subnormal temperature.

Two Cases of Muscular Atrophy; Case 1 of Peripheral, Case 2 of Central Origin.

Case 1 is a hard-working woman of 45 years, who entered the hospital complaining of pain and stiffness in the left arm and neck, so severe she could scarcely move about, and only with increased suffering. Some two weeks before admission she was engaged in cleaning an out-house and took a heavy cold. This results in a rheumatic neuritis indicated by exquisitely painful points along the lines of nerves. Undoubtedly the sheaths of thick nerves are inflamed and injured, and the pain experienced by the patient is considerable. Here the indications for the internal administration of potass. iodid. were very clear, and the patient was placed upon it without delay. We also resorted to free blistering with some benefit. Pain in the brow developed later, in the region of the supra-orbital nerve. Iodine was at first used with but temporary good result. Potassium iodide is the most reliable aid we have at our command in these cases, and the results are generally satisfactory. This patient has been in the hospital two months, and altogether ill five months. There is therefore some atrophy of the muscles and contraction. The lesion in this case is *peripheral*, and if not promptly cured would result in permanent contraction. Hence we advise the daily application of the faradic current. This, in addition to the continued use of potass. iodid. in increased doses, will, in all probability, restore the patient to her original good health.

Case 2. Kate B., aged 32 years, has been in the hospital two months. I bring her before you to illustrate the marked degree of emaciation and loss of muscular power in this case of central trouble. Her family history is briefly as follows: Father died of apoplexy; mother died when patient was very young, cause of death not known. The patient had five children, all of whom died of convulsions in early infancy.

Eleven years ago patient had a fall, breaking a rib, which resulted in pleurisy. She had one continued fever. She states that she was never strong, but her general health was good, and she always worked very hard, was poor, and often underfed, and had but indifferent living throughout. She is absolutely without specific taint of any kind.

Four months ago she found herself rapidly losing strength, and was in a generally weak condition, and complains of rheumatism in shoulder and arm. The use of the arm in sewing produced sharp pains, shooting down to the fingers, and in two months it affected the left arm and neck. All this time she felt so weak that she inclined to lie down most of the time, was constantly losing flesh, and was pallid in the face. Following closely upon this, she began to suffer pain in the region of the heart, and shortness of breath. With this combination of ills, she was rendered helpless, and applied for admission to the hospital, in greatly emaciated condition. Physical examination revealed a distinct mitral murmur; also a soft irregular murmur at the aortic orifice, which however cannot be heard at the present time. Kidneys and lungs are in normal condition. Bowels are constipated, appetite poor. On admission she could not raise her right arm, and as her disease is advancing, she is now unable to lift either hand or raise her head from the pillow. She requires to be fed with a spoon like an infant. The pectoral muscles are included in the paralysis, which adds considerable to the poor woman's discomfort.

The slow progress of the disease and the fact that the patient was so abused by overwork, would incline me to think it a case of peripheral trouble; but close study, observation, and use of electricity disproves this supposition.

In cases of peripheral trouble so far advanced that "tapping" of the surface for macroscopical examination showed absolutely no muscular structure, the use of the battery recultivated the muscle fibre, so that the patient finally walked, and again "tapping" the surface showed a new growth of muscle.

This is a case of progressive muscular atrophy of central origin, and especially localized in a rare group. The prognosis is fatal, as respiration (owing to the atrophy of pectoral muscles) is becoming more and more difficult, and will finally cease.

CHARITY HOSPITAL, NEW YORK.

SERVICE OF JOHN J. REED, M. D.

Stricture of Œsophagus.

It sometimes happens that seemingly an easy case turns out to be anything but easy before the treatment terminates. Such a result is very liable to upset that confidence

which comes to a man who meets cases which happily yield to manipulation.

A man of 45 was seen in the ward suffering from difficulty in swallowing. He endeavored to sustain himself by carrying about with him a pocket full of bread crumbs, which he tried hard to swallow. He said that after a time they did go down, but it was neither a pleasant nor a profitable task to indulge in.

A bougie was introduced and met and overcame a stricture—a little below the pharynx—with that skill which has been referred to earlier in the article. The stricture was completely dilated, but strange to say there was little improvement.

A happy thought suggested another stricture several inches lower down. This also was met and overcome with marked benefit to the patient, and the usual amount of satisfaction to the medical attendant. It was thought best to continue the bougies, partly for the benefit of the patient, and partly for the benefit of those who wished to become familiar with the instrument.

After a week a powerfully disagreeable feature asserted itself, and that was that the bougie could not be prevailed upon to enter the lower stricture. Different sizes and different shapes were tried in vain. The man was still able to swallow a little, and it was thought that he might, if he took long enough time, swallow a small bougie, and thus relieve the surgeon of an irksome and depressing duty. He tried the suggestion but failed, and later on left the hospital, to the relief of those who had charge of him.

Apropos of the subject, a few remarks may be tacked on for the benefit of those who do not know much about stricture of the œsophagus. In the first place, the extent to which dilatation can be carried is from 18 to 20 millimetres, or about the size of a five-cent nickel.

Second, when you cannot get the sound to to engage or pass the stricture, shall you use force? Every man must settle that question for himself, keeping in mind some of the accidents which have happened. I may suggest two. One in the practice of a distinguished surgeon who during the manipulation caused the sound to rupture the œsophagus and enter the tissue of the lung. The case was unfortunate, as it resulted in death and an autopsy. Another case, a hospital one, when the sound entered an aortic aneurism. In the latter case an autopsy was not absolutely needed.

—Measure yourself with your equals.

Medical Societies.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, October 7, 1886. The President, B. F. Baer, M. D., in the chair.

Ruptured Fallopian Pregnancy: Left Side.

Dr. Joseph Price exhibited the ovary and distended tube which had burst spontaneously. No fœtus was discovered; a very free hemorrhage into the peritoneal cavity had occurred. In the vast majority of cases the rupture is fatal. The cause of death is invariably hemorrhage.

Dr. Price also exhibited specimens from a case of

Double Pyo-salpinx, with Cyst of the Right Broad Ligament and Abscess of the Ovary of the Same Side.

The specimen consisted of both fallopian tubes and ovaries, and was a good example of pyo-salpinx, both tubes being closed at the ends and distended with pus. The right tube was long and very much distended, and with a large abscess of the ovary and a cyst of the ovary as large as a base ball, occupied the whole of the right side of the pelvic cavity, where the entire mass was firmly bound down and gave rise to great suffering.

The diagnosis in this class of cases is either made, or it is not made. He is quite sure Mr. Tait, before proceeding to an operation, is fairly certain of his diagnosis, and this generally presents but little difficulty. It is true that he operates early—as soon as he recognizes dangerous trouble. Dr. Price feels certain that delay with us is accountable for the large death-rate. Dr. Mundè says of Mr. Tait: "Now his wonderful dexterity and tactile sense come into play, for with these fingers he at once makes the diagnosis which he appears to pride himself on not attempting to make with accuracy in those cases demanding removal of the uterine appendages, the so-called 'Tait's operation,' except through the abdominal incision."

While at Birmingham, recently, he visited regularly his large public clinic, and watched carefully his rapid examination. He cited one case to illustratate the fact that Mr. Tait made his diagnosis through the vagina. After passing a number of cases, displacements, etc., which he did not think of sufficient importance to ask us to examine, he came to one, and kindly asked us to examine and express an opinion. Dr. Price examined and found the physical characterics of pus. Mr. T.'s reply was, "Quite right." The pa-

tient was at once sent to Spark Hill for operation. One tube was found full of pus, the other partially filled, and the ovaries cystic. This case illustrates that Tait does not guess at conditions and resort to abdominal section for diagnostic purposes. A world of mischief has already come of such statements. Of course there are exceptional cases demanding exploratory incision. Tait says, "save when the seat of such organic disease as will explain genuine suffering, the uterine appendages ought not to be removed," and that "those who attribute all the pelvic aches and ails of women to the ovaries and tubes and rush in to remove them, are dangerous people."

Dr. Longaker considered case 1 one of tubal pregnancy. Recurring attacks of peritonitis should direct attention to the probability of pyo-salpinx. The condition should be easily recognized, but is sometimes overlooked.

Dr. Howard H. Kelly remarked that in view of the increasing number of cases of hæmato-salpinx which we were now meeting, it was of the utmost importance that all those which came under our immediate notice should receive a more rigid examination, and elaborate attention should be paid to the clinical history. He believed positive diagnostic signs would be discovered which will make our interference more a matter of scientific certainty. Dr. Kelly was not speaking of those cases of a minor degree of tubal apoplexy or hemorrhage, symptomatic of a grave dyscrasia, but of those in which, owing either to the closure of an outlet or to disease of the mucous membrane of the tubes or grave local circulatory disturbance, a mass collected, forming a sausage-like tumor, producing various symptoms, some of which are common to pyo-salpinx. There is always great local tenderness, and often masses of exudate imbedding and obscuring the original tumor, and in cases of rupture often a peritonitis as rapidly fatal as in pus cases.

The suspicion that a tubal pregnancy lies at the bottom of the explanation in all these cases is negatived by the fact that a majority of the cases are hæmato-salpinx of both tubes.

A very important symptom which I learn was present in Dr. Price's case was also prominent in my own case; that is, a stillicidium of bloody grumous matter per uterus and vaginam, which is regarded by the patient as a prolonged menstrual period. This undoubtedly flows from the tube, and is altogether analogous to the free purulent discharge from the tubes of pyo-salpinx which he had seen. He intends in his next case of this kind to catheterize the tube and dilate and endeavor to relieve his case of hæmato- or pyo-salpinx in this way, if the discharge exists in sufficient quantity to lead him to suspect a patulous uterine orifice.

Cases of hæmato-salpinx resulting in rupture and death have been reported; one is figured by Winckel.

There are several facts in connection with the life history of pyo-salpinx which he would like to emphasize. In the first place, he has seen no case which was not the product of a gonorrhœal infection; and while not prepared to deny the possibility of a purulent change in the contents of a hydro-salpinx, for which Bandl contends, these cases so ably worked up by Dr. Price and his own observations elsewhere all point to *gonorrhœa*.

Again, *these cases, with a history of such acute onset*, constant agonizing pain and constant high temperature and often typhoid condition, are the advance stages of florid gonorrhœa, and are found almost exclusively among the unmarried, and result from contact with a similar active gonorrhœa in the male. They form a picture utterly different from that developing from the exposure of a wife to the discharges of a husband who has been told that a trifling gleety discharge amounts to nothing, or who has long appeared well, only noticing the discharge after occasional debauches or unusual sexual indulgence. *Here the disease assumes the insidious sneaking type*, commencing with the little periodical pains scarcely noticed at first, a slight excess of menstrual flow with more pain after, and so on for months, until perhaps an abortion or a pregnancy completed seems to open up channels for a more serious and general infection. I have had typical cases of this in my own practice. It will be often noticeable here that in view of the much greater suffering experienced after the puerperal period, the patient will forget what has gone before, and blames her subsequent trouble on the mismanagement of the doctor.

The extreme importance of this whole question, second to none in the whole range of gynecological investigation, suggests to the mind many pertinent inquiries. What parts of the female genital tract are the favorite seats of the disease? In what order are the structures attacked? May it linger long in one part, and then under some change of condition attack another part? What is the resisting power of the virus to our various therapeutic agents?

The third question, he believes he can

answer satisfactorily. In addition to the well-known cases in which the disease lingers indefinitely in the urethral tubules and the vulvo-vaginal glands, *he believes that in many of our cases of pyo salpinx the disease has already lingered for a long time in the uterine mucosa, and has shown itself in the form of a uterine catarrh.* Since formulating this doctrine for himself, it has necessarily carried him back to the treatment of many of his cases by topical intra-uterine remedies, a form of treatment which he had some time since abandoned as irrational.

A patient is now coming to his office from whose pelvis he literally quarried out a large stinking tubo-ovarian pus sac. The left tube and ovary were unaffected, and he left them. She has a free purulent discharge from the uterus, for which the only rational treatment is active local measures.

It is important to recognize the fact that apart from a slight irritation of the outlets of the glands at the vulvar orifice, there may be no other signs of gonorrhœal disease than such discharge as issues from the uterus. The vagina may be perfectly sound. Braun and Schwartz lay especial emphasis on the fact that the flat epithelium of the vagina has great powers of resistance against the poison, while delicate epithelial structures, particularly the ciliated, are its favorite resting places.

We will apply our remedies with some success if we bear in mind the fact that the disease does not merely lie on the surface waiting to be wiped off to effect a cure, nor does it merely penetrate the tubular glands, but it invades the interior of the individual cells and attacks the nuclei; it penetrates the strata of connective tissue below, penetrates blood-vessels and lymph spaces, and forms thrombi. Relapses, then, even after the most energetic treatment, need not surprise us.

We find here, as in many other points, our forefathers did wiser than they knew; their therapeutic resources reached far beyond their knowledge of etiology. No wonder they used the most powerful acids and loved to leave a stick of solid nitrate of silver in the uterus to cure this most obstinate catarrh. If he cannot succeed in catheterizing some of these case, he knows of no other way in which a perceptible deposit of pus once formed in a tube can be removed but by the radical operation. And let there be no delay here. Cases have been lost simply from the secondary consequences of carrying around this bag of pus in the abdomen. Dr. Veit alone lost two cases from brown atrophy of the heart.

Dr. M. Price remarked that the good results in his brother's operations were due to free irrigation; from three to five gallons of warm water were used to cleanse the peritoneal cavity and to stream through it for ten or fifteen minutes.

Dr. Baer made some remarks upon the value of intra-uterine medication. Although high authorities had denounced it as unnecessary and dangerous, he had continued to use it; he has never given it up, as he has always found cases where it was needed; the method has been productive of good results in his hands, and he never expects to give it up. It will not cure pyo-salpinx, but may prevent it. It will be ludicrous to see the ultra-scientific return to intra-uterine medication after the denunciation to which it has been subjected. Dr. Baer prefers the injection of tincture of iodine, carbolic acid, nitric acid, or whatever application may be preferred, say about twenty minims, by means of a hard rubber syringe, to any of the cotton wrappers, or other forms of application. No case of inflammation has followed this method of treatment in his hands, and he has less uterine colic than with the application, perhaps because less force is required and no tenaculum or counter-pressure is necessary.

Dr. J. Price, in closing the discussion, remarked that in the first case there had been a missed period, and two or three weeks later a flow of blood commenced, and was continuous for weeks, with tenderness of the abdomen. By the microscope only can an exact diagnosis be made between hematosalpinx and tubal pregnancy, and he had had no opportunity to make an accurate one. Rupture may occur early in tubal pregnancy.

An unhealthy condition of the endometrium is very rare. The abortive treatment of gonorrhœa as applied to the male urethra has resulted in orchitis and stricture. The case of pyo-salpinx was operated upon four weeks after an abortion.

Dr. Drysdale, in view of recent strictures upon intra-uterine medication, would like to mention a case seen by him under Mr. Tait's treatment in 1883. The condition was endometritis, and Mr. Tait etherized the patient, dilated the uterus, and applied the Paquelin thermo-cautery thoroughly to the endometrium.

Dr. B. F. Baer presented the specimen, and related the following history of

A Case of Fibro-sarcomatous Tumor of the Ovary.

Mrs. ——, aged 36 years, married, two

children, youngest 15 years of age. About July, 1885, she first noticed that the lower portion of her abdomen was increasing in size, especially in the left iliac region, and she was troubled greatly with flatulent dyspepsia. She had suffered for many months before with pain in the left iliac region, and on November 29 she was seized with what she characterized as terrible pains in that region. She was compelled to take to her bed, and her physician said she had pelvic peritonitis. She remained in bed three weeks, when she became able to be up, still suffering considerable pain, however, with diarrhœa and an occasional discharge of blood from the rectum. She now noticed a hardness in the lower left iliac region. This continued to increase in size, while she grew weaker and began to lose flesh. At this time she passed into the care of another physician, who ordered her back to bed and blistered the surface of the abdomen. She remained in bed four weeks, but the growth failed to diminish in size; on the contrary, it continued to increase. On February 10 she was able to get up and began to feel stronger, but suffered from excessive tympany together with nausea, loss of appetite, and great pressure upon the rectum and bladder. She also suffered from severe dyspnœa.

On March 20, she was suddenly seized with cramp-like pains in the region of the tumor. These continued for a few days with almost entire absence of sleep and continuous nausea. The pain gradually subsided, but she was losing flesh and strength. She had another attack of pain, with such dyspnœa as to make her recovery a matter of doubt. Ten days later she first consulted me. On examination I found the abdomen greatly distended and tympanitic, except in the left hypogastric region, which was dull on percussion. Palpation revealed an irregular lobulated mass, apparently having pelvic connections. The uterus occupied the right anterior portion of the pelvis, crowded over by the mass in the left pelvic region. This mass was hard and firm and nodulated, extended into the hypogastric region, and was apparently closely connected with the uterus as well as with the other organs of the pelvis.

The previous history of the case, together with the physical signs now present, led me to suspect the presence of pus, possibly suppuration, in a thick-walled ovarian cyst. The uterus measured two and a half inches in depth. Its connection with the tumor did not seem more than ligamentous, and the apparent rapid development weighed against fibroid tumor of that organ.

The indications were plain. The patient entered my private hospital about April 29; ether was administered, and an exploratory incision was made. This revealed a nodulated mass having the color and appearance of a thick-walled ovarian cyst; but it seemed to be solid throughout, and was firmly fixed in the pelvis. Its size could not be reduced, and the incision was increased to six inches, the tumor separated from its adhesions, and lifted from its nest. I was much gratified to find that it had a very small pedicle, which was tied and the tumor was removed.

The patient bore the operation badly, and it was thought that she would succumb on the table. It was hours before the pulse could be felt at the wrist, but she rallied, and the next morning she seemed to be doing quite well. A free discharge of bloody serum had taken place through the drainage-tube. After alternate sinkings and rallyings, she died on the evening of the second day from shock, from which she had not entirely recovered since the operation. There was not the slightest evidence of inflammatory action. The discharge from the drainage-tube had ceased, and the wound was healing nicely.

This case is interesting on account of the character of the tumor. "A true fibrous tumor of the ovary is a thing of very rare occurrence," says Wells, and he goes on to say: "It will be found that many cases reported as ovarian fibroids are in reality tumors beginning in the uterus, which overgrow and involve the ovary so as to disguise its natural appearance or conceal it altogether." Doran says: "I have never found a solid ovarian tumor to be formed of pure fibrous tissue, and strongly suspect that fibroids of the ovary are identical pathologically with fibroids of the uterus. All the solid tumors that I have seen removed at operations have proved to be sarcomatous or cancerous."

Dr. Formad, who kindly examined this specimen for me, sent me the following report: "The solid tumor of the ovary showed, upon microscopical examination, to be a fibroma, with decided sarcomatous change—a fibro-sarcoma." A peculiarity of this tumor is its nodular character.

Dr. Kelly remarked that true fibroid of the ovary is very rare, and the specimen here presented is not, in his opinion, fibroid, but sarcoma. The only fibroid he has seen was one which he examined last spring. That tumor was about one centimeter in diameter, and although attached to the ovary, lay in the grasp of an adherent fimbriated extremity which cast some doubt upon the

origin of the small growth. The so-called fibroid appears to be in every way analogous to the "fibroids" of the uterus and broad ligaments, and a useful diagnostic expedient is the appearance of bundles of "sympathetically" enlarged fibres coursing from the hilum into the broad ligament.

Dr. Baer also presented the specimen and related the history of

A Mono-cyst of the Ovary.

Mrs. J., aged twenty-nine; married four years; sterile. Puberty at fourteen years of age, and menses always normal. Seven years ago she first discovered that the lower portion of her abdomen was increasing in size. This continued very slowly during the next three years, and at the time of her marriage it was large enough to be perceptible to her friends. It ceased growing until six months previous to the date at which she first consulted me, April 14, 1886, when she seemed to be in excellent health, no loss of flesh, no pain, complexion ruddy, and appetite good. Menstrual flow increased and accompanied with uterine tenesmus during the last two months, and she had begun to complain of pressure and over-distension. When the patient was in the dorsal position the abdomen did not flatten out, and it was symmetrical and smooth. Dullness on percussion over the anterior and lateral surfaces of the projecting portions of the abdomen, with resonance in the line of the colon. There was marked fluctuation in the dull region. Vaginal examination showed the uterus anteverted, of normal size, not freely movable, yet not closely adherent to the tumor.

Diagnosis.—Probably cyst of the broad ligament, from the long existence of the tumor, its slow growth, symmetrical development, together with the fact that it had not influenced the patient's health during its growth until it had attained such size as to interfere with respiration. Its removal was advised, and the operation was performed at my private hospital, April 27. An incision three inches in length was made. The tumor was rather darker in appearance than is usual in cysts of the broad ligament. It was now tapped, and a dark grumous fluid drained away. The tumor collapsed and was easily drawn through the incision, when its pedicle was found to consist of the entire broad ligament and to be very short, holding the base of the tumor deep in the pelvis. I was compelled to enucleate the cyst, leaving a broad open pedicle or surface, which I ligated *en masse*.

An accident now occurred from which the patient almost lost her life from hemorrhage, viz., slipping of the pedicle ligature. The mistake was in endeavoring to make a pedicle of the broad ligament, which had been laid widely open by the enucleation of the tumor, and which was not a proper pedicle. The mass was too great to be held by ligature, and was treated by bringing the edges together by interrupted sutures, of which ten were required. The hemorrhage was checked by grasping the vessels in clamp forceps until the sutures were placed. There were no after-symptoms. The patient is now entirely well.

I call attention to the monocystic character bf this tumor, its location in the broad ligament, and to the character of the contained fluid—dark-colored and thick, not clear and limpid as is usual in cyst of the broad ligament proper.

The report of Dr. Formad is: "The cyst is a monolocular one, developed from the ovary undoubtedly. Its lining is characteristic of ovarian cysts—epithelial; and whatever scrapings from the wall could be obtained showed the ovarian cells of Drysdale. The fluid was dark, grumous, and turbid, which excludes cysts of the broad ligament or parovarian, as the latter kind of cysts have always a limpid, clear liquid."

Dr. B. F. Baer also presented the specimen and read the history of

A Case of "Bursting Cyst of the Ovary."

Mrs. E. G. was sent to me by her physician, Dr. James Simpson. She was 47 years of age, and had been married 27 years, but had never been pregnant. Puberty at 14 years, menstruation always painful. She stated that twelve years ago she had felt a "lump" in the left iliac region. This was painful, especially during the menstrual period. In the fall of 1885 the lower portion of her abdomen began to enlarge, and within a few months it had so increased in size as to render locomotion and respiration difficult. On January 1, 1886, while riding in a street car, she was jolted in crossing a railroad track. She was at once seized with great pain in the abdomen, accompanied with pallor and faintness. She was taken home and placed in bed. A short time afterwards she began to vomit a fetid fluid, which came up in large quantity and at regular intervals, and at the same time she passed fluid of the same character from the bowels. The next day she had in addition attacks of profuse perspiration. She also had a slight metrorrhagia, the first evidence of menstrual flow since January, 1884. The abdomen rapidly diminished in size, and within a week had regained its normal dimensions. It was

three weeks before her strength had returned sufficiently to permit her to go about. She soon noticed that her abdomen was filling up again, and within a month it had become as large as it had been on January 1st. During the first week in March she was again seized with pain of the same character, and followed as before by vomiting, purging, diuresis and diaphoresis, and reduction of the abdominal distension. All of the symptoms were more marked in the second attack. Six weeks afterwards she was as large as ever, and she then came into my care.

She presented an appearance of great pallor and commencing emaciation, the "facies ovarian" becoming plainly perceptible. She was very nervous and excited for fear of a repetition of the phenomena that had occurred before.

On examination in the dorsal position the abdomen was rather projecting—not flat—and was larger on the right than on the left side. It was smooth throughout, and gave a dull sound on percussion over the whole anterior surface, resonance existing in the line of the colon. There was marked fluctuation throughout the dull portion. Vaginal touch showed the uterus to be situated high, as if it were drawn upward. It was not freely movable, and the external os too small to admit the sound.

Diagnosis. — Ovarian cystic disease; immediate operation advised.

On July 22d the operation was performed at my private hospital. Incision three inches, in median line; wall of the tumor thin and dark-colored. The trocar was passed and the contained fluid, dark in color, drained away. The cyst collapsed, and was easily drawn through the incision. The pedicle was short and broad, consisting of the broad ligament, and requiring enucleation of the tumor before its ligation could be accomplished. It was now found that another tumor existed on the left side. This had a peculiar shape, being elongated and deeply seated in the pelvis, as though it were entirely sub-peritoneal. The peritoneum extended out from the uterus, spreading over the tumor and approaching the abdominal wall, as is sometimes seen in a fibroid tumor of the uterus which has pushed that membrane upward in its growth. The cyst extended along the line of the colon, and at first I was not sure that it was not that organ greatly distended by gas. I soon determined that it contained fluid, and that its general appearance, color, etc., were similar to those of that just removed. It was emptied by means of the trocar, of a fluid similar to that of the first tumor, and the tumor collapsed. I hesitated as to the proper course now, because of the large and broad base of this cyst, and its close adhesion to the descending colon. I first thought of stitching it to the abdominal incision and inserting a drainage tube into it, and was soon afterwards sorry that I did not follow out my first idea. I began an attempt at enucleation, and this was attended by so much hemorrhage from the large surface which it was necessary to dissect that I was compelled to desist. I had separated at least six inches of the descending colon from the cyst, when I found that the latter dipped down so deeply into the pelvic excavation that I concluded it would be hazardous to finish the enucleation. I was in a quandary, for I had only two-thirds of the lining membrane of the cyst in my control, and I finally did what I was never compelled to do before, and what I may be criticised for doing in this case: I drew up as much of the cyst as was possible, threw a ligature around the mass, tied it as a bag, and cut away the external portion; thus leaving a large quantity of the lining membrane still within the pelvis. The oozing of blood from the large open surface was checked by ligatures and compression forceps until all bleeding had ceased. The toilette of the peritoneum was then made, a drainage tube inserted, and the incision closed. During the next few hours there was a free discharge of bloody serum through the tube, but by the next morning it had ceased. On the third day the tube was removed. The patient made an excellent recovery, and went home on the 23d day.

The points of interest in the case are: 1st, The bursting character of both of the cysts. 2d, Their monocystic character and probable ovarian origin. 3d, The deep attachment of the one on the left side, and its partial removal only.

"Bursting Cysts of the Abdominal Cavity" is the title of a very instructive paper which was read before the Gynecological Society in 1881, by Dr. Wm. Goodell, and in the paper and the discussion which followed, it was shown that this character of tumor is not so rare as the experience of a single individual might indicate. In addition to the cases which Dr. Goodell himself reported, three in number, there were no less than ten of the members present who had met with cases of similar character, some of the gentlemen as many as six or seven. Only two or three of the cases reported died as the result of the discharge of the fluid into the abdominal cavity. This appeared to prove that the

fluid of an ovarian cyst was not so irritating to the peritoneum as had been supposed. Dr. Goodell took the position that these cysts were of the broad ligament or parovarian, and not true ovarian cysts, and as a consequence the fluid was bland and unirritating, being readily absorbed and discharged through the emunctories. This view is probably correct for the majority of cases, but there are others where the evidence furnished by operation has proved the origin of the bursting cyst to have been in the ovary. The monocystic character of the tumors in this case, and their location beneath the peritoneum, within the folds of the broad ligament, would seem to indicate that they originated in the parovarium and not in the ovary; but the character of the fluid and its rapid secretion are in favor of an ovarian origin. An interesting feature in this case is the fact that the fluid was discharged by vomiting and purging, as well as through the bladder and skin, showing that it must have been emptied into the abdominal cavity as well as into the intestinal tract. From the close attachment of the tumor on the left side to the colon, it is probable that this cyst discharged itself into that organ, and was thus thrown off by vomiting and purging—while the fact that diuresis and diaphoresis took place at the same time in such quantity, and that the abdominal distension entirely disappeared, would lead to the conclusion that both cysts must have burst simultaneously, the one discharging into the bowel, the other into the peritoneal cavity. This is interesting if true, and probably unique; at least I have not been able to find a record of a similar case. I examined this patient recently, and found only a slight induration on the left side. She has been quite well.

Dr. Harris mentioned a case of bursting cyst that had been sent to Dr. Atlee for operation after the cyst had burst once and refilled. The day had been fixed for operation, but menstruation coming on a postponement was made, and the cyst again burst and the woman died in collapse. Ovarian tumor had been diagnosticated.

Dr. Parish reported a case of rupture of an ovarian cyst which occurred in the "old women's ward" at the Philadelphia Hospital. The rupture was spontaneous while the woman was in bed; she died in a few minutes from shock. In another instance in which rupture had not been suspected, one cyst, the contents of which were colloid, had burst, another ovarian cyst was found and removed. There was no evidence of acute inflammatory action.

Dr. Baer exhibited a

Fibroid Polypus of the Uterus.

The patient had suffered from metrorrhagia for two or three years. Labor-like pains were followed by spontaneous expulsion of the tumor, which was supposed by three physicians to be an inverted uterus; it was replaced in vagina and tamponed. Dr Baer found the uterus in normal position, and removed the tumor by means of the spoon-saw. W. H. H. Githens, M. D., *Sec'y.*

Editorial Department.

Periscope.

Castration in Mental and Nervous Diseases.

The October number of *The American Journal of the Medical Sciences* contains a symposium by the leading authorities on this subject in the United States, Great Britain, and on the Continent.

Sir Spencer Wells maintains that the operation of oöphorectomy, or the removal of normal ovaries, is one which may be advised in some cases of uterine fibroids, and in uncontrollable uterine hemorrhages. That it is to be resorted to in certain malformations of the genital organs, deformities of the pelvis, and accidental obstructions of the vagina. That the right to use it is very limited in cases of ovarian dysmenorrhœa or neuralgia, and only when they have resisted all treatment, and life or reason is endangered. That in nearly all cases of nervous excitement and madness it is inadmissible. That it should never be done without the consent of a sane patient, to whom its consequences have been explained. That the excision of morbid ovaries and appendages should be distinguished from oöphorectomy, and ought not to be done without the authority of consultation, as in most other cases of abdominal section. That in nymphomania and mental diseases it is, to say the least, unjustifiable.

Prof. Hegar holds that castration is indicated in a psychosis evoked or maintained by pathological alteration of the sexual organs, and in a neurosis originating from the same source, as soon as this imperils life or hinders all occupation and all enjoyment of life. The indication is also present when that disease represents only one casual factor in the genesis of the affection, without the removal of which a cure is not to be thought of. The remaining causes of suffering must be in this case accessible to treatment. Other milder methods of treatment must have been tried previously without success, or, as in the case of many small tumors of the ovaries and tubes, must from the outset give no promise of success. Castration must actually affect the cause which occasions or keeps up nervous irritation. The operation will thus be of use when a degenerated or dislocated ovary represents the irritative focus, or as soon as a greatly swollen and retroflexed uterus presses on the sexual plexus and the organ is brought into a state of atrophy. Castration promises success when the bleeding and anæmia occasioned by a fibroma play an important part in the maintenance of a psychosis, so that a cure does not appear possible without getting rid of that evil; but castration is absolutely no universal remedy for any neurosis originating from a genital-organ disorder, or kept up by the same. The cessation of ovulation will avail nothing if the irritation starts from the nerves which are compressed in a shrunken cicatrix of the broad ligament, or elsewhere in a cicatrix of the pelvic connective tissue.

Dr. Battey writes that he has performed castration for the relief of mental and nervous disorders, which may be divided into three classes: Oöphoro-mania, oöphoro-epilepsy, oöphoralgia. He uses the terms oöphoro-mania and oöphoro-epilepsy instead of hystero-mania and hystero-epilepsy, because clinical experience teaches him that these disorders are dependent upon a nervous irritation proceeding from the ovaries, and not from the uterus. He finds the disorders existing (*a*) in cases in which he recognizes organic disease of the ovaries, and is not able to recognize any organic disease of the uterus; (*b*) in cases of uterine as well as ovarian disease, when the diseased ovaries are removed, the nervous disturbance disappears notwithstanding the fact that a displaced or diseased uterus may remain. In his experience the time required for the disappearance of nervous disorders, after removal of the ovaries, has been quite variable. In general, epileptiform manifestations have ceased at once. Some of the cases have required for a time the tranquillizing effects of the bromides to ward off threatening symptoms, whilst others have needed nothing. His cases of mania have all been quite chronic, and the improvement has been slow. In oöphoralgia, in a few instances, the cure has been immediate and permanent. In the majority it has been slow and gradual; and in others nothing has been gained for even two years after the operation. In a few the long-established opium habit has proved a complete bar to recovery.

In his cases, which have had two years or more to test them, seven have been cases of oöphoro-mania—of them one was cured, and four improved; nine were cases of oöphoro-epilepsy, all cured; twenty were cases of oöphoralgia, and thirteen were cured and three improved.

Concerning Some Hypnotics.

Dr. S. G. Webber thus writes in the *Boston M. & S. Jour.*, October 14:

Several drugs have been lately given to the profession with the claim that they are valuable hypnotics. I have had an opportunity of testing these in the cases of many patients in the Adams' Nervine Asylum.

Paraldehyde has been some years in use. It has advantages over chloral. The immediate subsequent effects are less unpleasant. It vary rarely causes headache on the next day; sometimes patients have a sensation of fullness or pressure in the head for a few hours after waking. I gave it in one case where the patient had been taking chloral in large doses, not measuring the dose, and had been injuriously affected by the drug. The paraldehyde gave, in this instance, better and more prolonged rest; the patient partially recovered his mental powers and some measure of strength. The paraldehyde was continued several weeks in nightly doses of forty minims. In this patient there was probably disseminated sclerosis, and it did not seem possible to do without some agent to produce sleep, at least so long as he was at home.

The chief objection to paraldehyde is its disagreeable odor and taste, and also the odor it imparts to the breath. I do not remember to have met any unpleasant symptoms arising from its use; but had never seen a case in which it has been used habitually for a long time. The dose is from forty-eight to eighty or ninety minims; sixty minims is the average dose. Occasionally a dose of eighty minims has failed to give the sleep which I have desired to obtain.

Urethran came into notice later than paraldehyde; it is much more pleasant to administer, having scarcely any taste or odor.

When I first gave it the dose was too small, but by increasing it to thirty grains good results were generally obtained. Sometimes much larger doses are necessary. It is quite soluble; fifteen grains will dissolve in a drachm of water.

The after effects are generally unimportant. It has seemed once or twice to give rise to nausea the day after; but often the patient says the sleep has been very natural and refreshing. It is not so sure to produce sleep as paraldehyde.

Hydrobromate of hyoscin has the advantage of being almost tasteless; and the dose is small. I began with a dose of one hundred and twentieth of a grain, as recommended by the articles I had read; but soon found this too small, and increased to a sixtieth of a grain, using the following formula, giving twenty minims:

℞. Hydrobromate hyoscin,	gr. j.	
Alcohol,	ʒ iss.	
Aquæ q. s. ut ft.	ʒ xx.	M.

In a few instances I have given twenty-five minims of this mixture.

There is so little taste to this that it can be given in some simple drink, as gruel or beef tea, without the knowledge of the patient.

In one patient it produced discomfort in the head the next day, so that after two trials it was given up and urethan given instead. In other cases the sixtieth of a grain given for a week or more has produced no bad effects. In a few cases it has failed to produce sleep, and the sleep secured in other cases has not been of so long duration as that usually produced by paraldehyde, but subsequently in these same cases the latter drug has not proved more efficacious. On the whole, my experience with this drug is that it will act favorably with a large number of patients, that it is acceptable on account of its lack of taste and odor, and because of its small dose; the sleep obtained is very refreshing and natural; it is, however, rather more likely to leave unpleasant effects, and seems to lose its power by repetition sooner than either urethan or paraldehyde.

Hypnone has a strong odor of bitter almonds. One patient spoke of its having "All the odors of Araby the blest." I have given it in capsules in dose of five to eight drops (.07 to .13) or even more; the former dose is rather small for good results. It will produce very natural sleep, and the patient awakes refreshed. It is of much less value than the drugs already considered, and fails more frequently than the others in producing sleep. It may be conveniently substituted for the others when they have been taken some time consecutively.

Dry Chloride of Sodium in the Treatment of Subinvolution of the Uterus.

Dr. Hal C. Wyman thus writes in the *Med. Age:*

That peculiar enlargement of the uterus, with its accompanying train of distressing symptoms, known as subinvolution of the uterus, is a matter of such common occurrence and is so often difficult to cure, that any one who has anything promising to offer, in the way of treatment, may be excused for enlarging existing literature on the subject. The writer desires here to commend most highly the surgical treatment of the disease.

The various plastic operations upon the uterine cervix which have been recommended by authorities he has found sufficient to compass a cure in the large majority of cases; but in those cases where for any reason operative surgical measures are withdrawn advisably, he has found the treatment by dry applications of sodium chloride to the swollen cervix most satisfactory. It has been in use in my practice for more than two years, and the success which has attended its use where I have applied it myself, or directed its use in consultation, has been most pleasing.

The formula I use is this:

℞. Chloride of sodium,	℥ j.
Powd. slippery elm bark,	℥ iij.
Powd. hyoscyamus leaves,	℥ j.

Mix and rub in a hot and dry mortar until thoroughly desiccated.

This is applied to a diseased cervix uteri in quantities equal to an ordinary teaspoonful once every other day, and sometimes oftener.

My common plan is to take a piece of absorbent cotton, circular, and three inches in diameter, just thick enough to hold the powder placed inside. The edges of the cotton are then folded over the powder and tied with a string, which is left of a length suitable to facilitate the withdrawal of the tampon thus made from the vagina. This insures the contact of the dry salt with the diseased uterus pretty nearly, although a thin layer of absorbent cotton intervenes between the salt to be dissolved and the uterus, to provide the fluid for dissolving it. In case the application proves painful, the tampon is withdrawn and another replaced containing a larger quantity of hyoscyamus or

opium, or morphine, as I may think best adapted to the case. To apply the chloride of sodium prepared in the manner just described, a speculum is first introduced and the swollen cervix brought into view and proper position, then that end of the cotton tampon which contains the chloride of sodium, etc., is passed through the speculum and placed against the cervix. It is held in position with dressing forceps, while the speculum is withdrawn. The tufted end of the tampon insures its contact with the cervix after the forceps are released.

The principle on which the influence of this remedy depends is found in:

(*a*) The depletion of the uterus of its fluid to liquefy the chloride of sodium.

(*b*) The antiseptic properties of the salt checking and preventing putrefactive and fermentative changes in the vagina and uterus.

(*c*) The presence of a mechanical support for the enlarged and malposed uterus favoring better circulation of blood through that organ.

In occasional cases I have observed that the patient did poorly when cotton was used to hold the powder in position—it appearing that the mere presence of the cotton adding to the bulk of the foreign body in the vagina was cause sufficient to make the patient listless and decline in health. In such cases I have introduced a small Ferguson speculum, brought the uterus into position, and thrown a teaspoonful of the powder directly upon the diseased organ. To relieve pain, I have added opium powder, hyoscyamus powder, or belladonna powder, to the salt and slippery elm.

The Indications of Resection in Gun-shot Wounds of Joints.

The following conclusions are given at the end of a paper by Dr. Schuchardt, of Metz, on "Indications at the Present Day on Articular Resections, both Primary and Secondary, after Gun-shot Injury" (*Deutsche Zeitschrift für Chirurgie*, Band xxiii., Heft 5 and 6):

1. The resections of joints that were performed for gun-shot injury before the era of antiseptic treatment gave very unsatisfactory results, with regard both to mortality and to the subsequent functional capacity of the limb.

2. Formerly primary resection gave better results than secondary resection with regard both to the recovery of the patient and to the restoration of the function of the injured limb.

3. In consequence of the bad results of articular resection in military practice, the most experienced army surgeons of former times were led to prefer an expectant or strictly conservative plan of treatment.

4. Since the introduction of the antiseptic method of dealing with open wounds, the indications for resection have become reduced, and the prospects of expectant treatment considerably improved.

5. Even when operative treatment is necessary, total resection of a joint is not indicated except when both articular surfaces have been injured over a considerable extent. In most cases of articular gun-shot injury, simple arthrotomy will suffice, the bullet and any osseous fragments being extracted, and joint washed out and drained.

6. Free exposure of the interior of the wound is not indicated, except in cases of very extensive injury of the soft parts and when the wound is dirty. The presence of a bullet or of any other foreign body in the joint does not necessitate a free primary incision into the articular cavity, when the wound is small and the external conditions are favorable. In most cases cure will be attained without any serious impairment of the function of the limb, by simple antiseptic occlusion.

7. Secondary resection is indicated when expectant treatment has not had the desired result, and should be practiced without delay whenever the wound presents an abnormal appearance, and the healing process has been interrupted.

8. The duration of treatment in aseptic cases is a little shorter after primary than after secondary resection; but the difference is not of such a degree as to justify rejection of conservative or expectant treatment on the field of battle.

9. Theoretically the dangers of a fatal result are less in the primary than in the secondary operation. A comparison in this respect, however, is not quite fair, as the secondary resection is performed only when expectant treatment has failed; and to every single case of secondary resection there are many cases that have been treated successfully by antiseptic occlusion.

10. The functional results depend in the first place on the amount of bone that has been removed, and, in the second place, on the kind of after-treatment.

11. In the knee and ankle, ankylosis, or even a stump after amputation, is to be preferred to a movable joint.

12. Transportation is more unfavorable to the patient after resection than after expectant

treatment. For this reason and that of the large number of wounded after any important engagement, and also of the difficulty of performing under such conditions an aseptic subperiosteal resection, it is necessary to avoid, if possible, any recourse on the field to operations of this kind.

The Blue Discoloration of the Vaginal Entrance as a Diagnostic Sign of Pregnancy.

Before the American Gynecological Society Dr. James R. Chadwick, of Boston, said that he had made it a point in all cases of early pregnancy to make a note of how much discoloration he could detect; he had tables of four hundred and forty cases examined. He had divided the discolorations into four groups: First, doubtful, where it was so faint that he could not be certain of its presence; Second, suggestive, where it was more marked; Third, characteristic, where the discoloration, though faint, is confined to the anterior wall of the vagina and more particularly to the urethra, just below the meatus and on either side of the meatus. In every instance where this was present the woman was pregnant, with one exception; and Fourth, marked, where the congestion has become deep and exhibits the appearance constantly seen during pregnancy.

He did not claim that the characteristic discoloration is seen in every case, but if carefully looked for, it would be found quite pronounced in the majority of cases. The color varies from a violet to a dark, dusky, almost black color. He claimed that this sign was of especial value in cases of retroversion where the size of the uterus could not be determined, and in extra-uterine pregnancy. He had obtained much assistance from it in a few cases of pregnancy accompanied by fibroid tumors, and also where there was a large accumulation of abdominal fat. When present, this sign is of decided value in the early months of pregnancy, but its absence should not be accepted as a positive proof against pregnancy. Cases were cited in which the discoloration had been observed in the seventh or eighth week of pregnancy.

DISCUSSION.

Dr. H. P. C. Wilson, of Baltimore: "I consider this one of the most valuable means of diagnosticating pregnancy in the early stages. It is invaluable in cases where women wish to deceive you."

Dr. A. J. C. Skene, of Brooklyn: "This has seemed to me to be a most reliable sign in the early months of pregnancy. I believe that it is an illustration of the physiological hyperæmia of the formative stage of development."

Dr. Joseph Taber Johnson, of Washington: "Some years ago I referred to this point, and the discussion which followed seemed to indicate that the discoloration was a congestion produced by interference with the return of the venous circulation by the pressure of the enlarged uterus. It was held that the same discoloration could be produced by any other tumor which would have the same effect as the pregnant uterus."

Dr. William H. Parrish, of Philadelphia: "In regard to the continuance of the discoloration after labor, I have noted that in primiparæ where involution of the vagina takes place completely, the discoloration disappears with corresponding rapidity. Where there is sub-involution, the blueness may continue for a longer time. In multiparous women where the blueness was marked, I have associated it with a condition of sub-involution of the vagina."

Dr. James R. Chadwick, of Boston: "I have failed to notice any persistence in the discoloration described. The general discoloration may persist, but this characteristic blueness will, I think, be found to disappear. I have looked for this sign in forty or fifty cases of fibroid tumor, and have not found it in a single instance."

On a Case of Purpura Hemorrhagica.

Dr. John Madden thus writes in the *Physician and Surgeon:*

A. J. H., aged twenty-seven, American, unmarried, and a carpenter by trade.

First saw patient August 4. He is a strong muscular man, has always been in excellent health: parents, brothers, and sisters all alive, and free from any trace of hereditary disease. About a week before consulting me, patient noticed a small "blood-blister" upon his lower lip. Thinking that it was caused by smoking, he abandoned his customary indulgence. Successively there appeared ecchymoses and blisters upon the hands, arms, and mucous membrane of the mouth. An examination of the oral cavity disclosed the presence of numerous pin-head to split-pea sized blood-blisters upon the inside of the lips, the buccal mucous membrane, the tongue, tonsils, and posterior wall of the pharynx. The extravasations upon the extremities took the form of ecchymoses, varying in size from minute specks to that of a silver half dollar, many of which were characteristically colored by age.

The urine was large in quantity and bloody. Amount secreted from 10 p. m. to 10 a. m. ten ounces, fifteen or twenty per cent. of which was blood. A microscopical examination showed a large number of unaltered blood corpuscles, but no free hæmoglobin casts nor epithelium debris. The following prescription was given:

R.	Ergotine,	ʒjss.
	Sulphate of iron, exc.,	grs. xlv.
	Sulphate of quinine.	grs. xxx.

Misce et ft. pil. number thirty.
Sig.—One t. i. d.

August 6. Amount of blood in urine much less.

August 7. Amount of blood diminished to a trace.

August 8. Blood in urine entirely gone.

Patient is now apparently in perfect health. During the whole course of the disease the patient complained only of feeling "a little weak," and having some slight pains in the region of the kidneys. There was no temperature changes and the digestive functions were unimpaired.

Syzygium Jambolanum in Glycosuria.

Dr. C. C. Kingsbury thus writes in the *Med. Age:*

During the month of June last, I was called to see Mrs. McF——, multipara, æt. 54. Her case was somewhat obscure, owing to her reticence, and being a very energetic business woman, she had kept going as long as possible.

In examining her urine I was interested in its peculiar color and odor, and proceeded to test for sugar. On inquiry I found that for some two years she had been treated for "kidney trouble," and had taken a good many kinds of medicine. Taking an ounce of recently voided urine, I found it contained between thirty-five and forty grains of sugar. I treated her to the best of my ability with such remedies as are usually laid down in our books as indicated in diabetes, until August 24. On that day I succeeded in getting and preparing for her an infusion of syzygium jambolanum, one-fourth ounce to the pint of water. Dose, one teaspoonful three times per day, gradually increased to two tablespoonfuls four times per day.

On the 27th of August her urine showed fifteen grains of sugar. I have not had an opportunity of making a test since, but am to-day (September 6) in receipt of a letter from the lady's daughter in which she reports continued and rapid improvement in her mother's condition.

During a practice of thirty-five years I have seen many such cases go down to the grave under the treatment of skillful, honest, and earnest men, and was thus led to try a new method in this case. I did not follow any of the prescribed rules as to diet, but told my patient to eat any kinds of food that she relished and that agreed with her.

The improvement which so promptly followed will, I am sure, convince any one of the wisdom of giving the new treatment a trial in this class of cases.

The Danger of Syncope in Hot Baths.

It is surprising, says the *Lancet* (July 3), that deaths by syncope during the use of hot baths are not more common than the coroner's court returns would show them to be. The peril of faintness by the mere determination of blood to the surface of the body, thus quickly depriving the heart of its usual normal support and stimulus, is very great. In cases of muscular weakness of the heart this danger must be imminent whenever the "hot" or even the "warm" bath is used. Apart from this obvious risk, however, there is always the possibility that in weakly or too impressionable states of the nervous system the peripheral stimulation produced by the application of heat to the whole of the cutaneous extremities of the afferent nerves may so act on the centres as to arrest the evolution of energy by an inhibitory influence. It is doubtful whether we lay enough stress on this consideration when prescribing the use of such external agents as act on large areas of surface and strongly impress the nerves there commencing. We know how burns of even moderate severity may kill by the impression they produce on the centres of vitality from the periphery. There is much to learn in regard to the nature and extent of the central effects which may be thus caused. Whether for good or evil, the application of heat or cold to the whole surface is a potent measure, and one that ought not to be recklessly resorted to, more especially in cases of great susceptibility, involving such excitability of the nervous centres as often co-exists with fairly good health in a weakly body.

Balsam of Copaiba in Gonorrhœal Ophthalmia.

Dr. S. Haynes, of Saranac, N. Y., writes to the *Medical Record* that he was called to see an infant, four days old, who was suffering from conjunctivitis, contracted from the mother, who had gonorrhœa at the time.

The inflammation had existed two days, and the cornea was found covered with thick pus, and the eyelids were so swollen that they could be separated with difficulty even when the child was under the influence of chloroform. For several days the remedies used seemed only to hold the disease in check, and the infant meanwhile was rapidly losing flesh. Severe stomatitis was also developed. Applications were now made of balsam of copaiba to the temples, the external surface of the lids, and above the eyebrows, three times a day, a little being occasionally inserted between the lids. The pus was carefully removed every hour by pledgets of cotton, wet with solutions of alum or sulphate of zinc, and fresh butter was applied to the edges of the lids every night. From the commencement of the use of the balsam a marked improvement was noticed, and in three or four weeks the cornea was perfectly clear and free from disease, and the child had gained in flesh. The case had everything against it, as the parents lived six miles away and could be visited only occasionally, the mother was confined to bed for a great part of the time, and the family were ignorant and suffered from the want of many of the necessaries of life.

Reviews and Book Notices.

BOOK NOTICES.

A Manual of Obstetrics. By A. F. A. King, M. D. Third edition. Pp. 178. Philadelphia: Lea Brothers.

This convenient little volume has received a careful revision at the hands of its author, and now appears with succinct notices of all that is new in its branch, added to that which has received the stamp of long experience. In its present shape we know of no compendium of the art of midwifery which is superior to it.

House-Plants as Sanitary Agents; or the Relation of Growing Vegetation to Health and Disease. By J. M. Anders, M. D. Pp. 335. J. B. Lippincott & Co. 1886.

The thesis which the author has at heart to prove is that the presence of growing plants in a house is beneficial to its human inhabitants; and that forests and vegetation in general should be considered as active depurative and sanitary agents. This he shows by a chemical discussion of the processes of vegetable life, by examples of the prophylactic character of plants, and by maintaining that sufferers from some diseases, notably pulmonary consumption, have been benefited by this means.

This essay shows a wide range of reading, and presents a number of striking facts which will not be found collected elsewhere. It eminently deserves the careful perusal both of physicians and of that large class of the intelligent public who are beginning to think and act for themselves on the all-important questions of personal and national hygiene.

How to Strengthen the Memory; or, Natural and Scientific Methods of Never Forgetting. By M. L. Holbrook, M. D. Price $1.00. New York: M. L. Holbrook & Co. For sale by Lippincott & Co.

The faculty of memory is so indispensable to be retained unimpaired and as strong as possible, that the purpose of this volume must be lauded as a worthy one. There is not in it much that is new; but it reiterates and repeats with good tact of selection much that has been suggested in this direction.

The secret of the whole matter is *association*, intelligently carried out and persistently applied. How its details are to be managed are well told, and any reader who is dissatisfied with his retentive powers, and is willing to work real hard to improve them, can do so by following the plans here laid down.

The Curability of Insanity. A Series of Studies. By Pliny Earle, A. M., M. D., etc. Pp. 284. Philadelphia, J. B. Lippincott & Co., 1886.

The title of this book would have been more correct to have read, "The Incurability of Insanity." At least the net result of the author's "Studies" is to persuade him, and, we think, on very good grounds, that the percentage of recoveries reported from asylums, especially American asylums, is delusive, and that as we obtain more trustworthy figures we learn that fewer and fewer cases really get well.

The author's analysis of statistics and his criticisms on asylum reports are keen and convincing, and his volume should be carefully conned by every alienist.

—The Board of Health of Buffalo is about to enforce the law recently made, requiring the licensing of "baby farms." This industry will in the future be placed under the auspices of the sanitary police, and it is to be hoped infanticide from want of care and starvation, now so common in "baby farms," will be suppressed.

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PHYSICIANS AS EXPERTS IN CASES OF ASSAULT.

Several cases have recently occurred in our immediate vicinity where the ordinary practicing physician has been called upon to give testimony as to whether an assault had been perpetrated upon a woman immediately antecedent to her murder. In one case, at least, the physician's affirmative evidence caused the jury to convict a human being of murder in the first degree. Upon what this physician based his evidence, the papers did not say; but we feel that the question is such a grave one that a few words of warning are necessary.

Ordinarily, the condition of the hymen is accepted as evidence of the virginity, or otherwise, of the woman. But this is an antiquated and exploded idea that is of no earthly use. It has been demonstrated by careful physicians that a complete uterine examination can be made without the slightest laceration of the hymen, and as it might happen that the male organ was small or the hymen scanty and tough and resistant, we must conclude that its presence is not conclusive proof of virginity. So much for one side of the question. But suppose we find the hymen ruptured; is this conclusive proof that intercourse has taken place? By no means: for masturbation would be just as likely to produce this result as would intercourse.

Let us suppose that a woman is found dead, and it is supposed that she was murdered. It is also supposed that she was assaulted just prior to her death. A physician is called, he makes an examination, finds a *fresh* rent in the hymen, and on this evidence gives it as his opinion that intercourse has recently taken place. From what we have said, it will be readily seen upon what an unstable foundation such an opinion must rest.

But have we any sure means of concluding whether an assault has been made? Yes; if the act has been completed. Let the physician who is called to such a case as we have supposed, at once procure some of the vaginal fluid and subject it to microscopical examination. If he finds spermatozoa, he can swear that an assult has been made; if he does not, he cannot. The only instances where this crucial test could fail would be in those exceptional cases (mentioned by Goodell) where the semen is devoid of spermatozoa. If suspicion of assault is strong and if it strongly points to a particular man, additional evidence of very great value may be derived by a microscopi-

cal examination of the semen of the suspected man, that is to say in those cases where spermatozoa are not found in the vaginal secretion.

The burden of what we have to say is that the physician who swears that an assault has been made in any case where he has not found spermatozoa in the vaginal fluid, swears to an uncertainty, and he may thus be the means of condemning an innocent man to the gallows.

CANCER OF THE SPLEEN.

Dr. Notta (*Arch. gén de Méd.*, 1886, p. 166) reports the following rare case: A boy, æt. 7, thus far in good health, was suddenly taken sick without any detectable cause with hæmaturia, which continued without interruption for about three days. Notwithstanding a good appetite, the boy remained pale and weak after the accident. A few weeks later he began to complain of lancinating pains in the left abdominal region. On examination, the existence of a splenic tumor was demonstrated, which occupied the whole left side of the abdomen and reached below to the iliac fossa and extended over the papillary line. The tumor was hard, smooth, not painful. Liver was enlarged; lymphatics not swollen, no fluid in the abdomen. Notwithstanding proper medication (sojourn in the country, quinine, cold water-affusions), the emaciation progressed more and more rapidly, mild fever set in, the liver became larger and irregular in outline, nausea and vomiting occurred, and two months after the hæmaturia the boy died.

The post-mortem examination showed cancer of the spleen as primary cause; later the liver became co-affected. The disease always seems to begin with pain in the splenic region, which, however, radiates towards the left shoulder or over the whole left side. The organ is not sensitive at the beginning, but later becomes so. The other symptoms depend upon the rapidly increasing enlargement of the spleen, the co-affection of other organs, especially the liver, and upon the general cachexia, not due to malaria, syphilis or leucocythæmia.

ACUTE RHEUMATISM WITH PECULIAR COMPLICATIONS.

That we are not yet acquainted with all the varied complications which may accompany inflammatory articular rheumatism, the following cases, reported by Dr. Grimm, *Deutsche Milit. Ärzt. Ztsch.*, '86, H. 12, proves.

A sergeant, æt. 28, was taken sick with an acute rheumatic polyarthritis, which twice relapsed and slowly progressed. When it had disappeared without fever or heart-complication, the most peculiar choreic movements set in, so severe that patient could scarcely remain in bed and protect himself against accidents. At the same time psychical disturbances were noted, as: laziness in thinking, pseudo-idiotism, then hallucinations of hearing and sight and stupor. Under treatment with bromide of potash the patient completely recovered four weeks later. G. ascribes the trouble to inanition and the formation of emboli, caused by the micro-organisms of acute rheumatism.

In a second case, also that of a sergeant, æt. 27, in the second week while the rheumatic symptoms suddenly vanished, the following pernicious phenomena set in: furibund delirium, collapse, coma, hyperpyretic temperature (112° F. during the last fifteen minutes before death and increasing one degree after death).

According to Grimm the rheumatic microbes suddenly greatly multiplied and emigrated into the blood-vessels of the brain, a view which seems the more probable, as we have similar occurrences, for instance in lobar pneumonia, when complicated with brain-symptoms.

KŒNIG'S FLEXION-CONTRACTURE.

Not long since Kœnig discovered a flexion-contracture, which he observed in certain organic lesions of the brain. E. Bull (*Berl. Kl. Woch.*, 1886, 47,) now reports two cases in whom the phenomenon was observed in the knee-joints; when the thighs of the patients were flexed the knees could not be extended, while the contracture of the latter at once ceased, as soon as the hip-joints were extended. In the one case the patient suffered with a tumor cerebelli, while in the second a thrombus, due to caries of the petrous portion, had formed in the transverse sinus.

While Kœnig seemed to consider the symptoms in question as characteristic of lesions of the pia, Bull believes it to be present in every case of augmented intra-cranial pressure, therefore also in compression of the brain. It is certain that it always indicates a lesion of the brain, but of diagnostic value it would probably be only when appearing earlier than other symptoms.

For the purpose of avoiding mistakes, Bull also directs our attention to the fact that even under normal conditions a perfect

extension of the knee is only possible when the angle between abdomen and thigh is greater than 90°.

Notes and Comments.

Rupture of the Appendix Vermiformis.

S. E. Bryant, male, 45 years of age, came under the observation of Dr. T. H. Briggs (*Med. Age*) on the evening of the 10th of September last. He found him suffering great pain, and had been for the thirty-six preceding hours. A diagnosis of biliary calculus had been made. On the morning of the 11th he found him free from pain. Temperature 96°; pulse 100; hands and feet cold. On the 13th death occurred from what he concluded to be shock, resulting from rupture of the gall-bladder or ductus communis choledochus. The temperature did not rise above 96° after he was called. During the last fifteen years he had suffered more or less each year from very acute pain, which usually left him in a few days.

Autopsy thirty hours after death. On exposing the liver, its bladder and ducts were found perfect in every respect, with no evidence that there had ever been any trouble with them. Quite an extreme effusion of the liquid contents of the bowels was found in the peritoneal cavity. The appendix vermiformis may be a cause of extreme pain during a period of years. Can such a condition be determined during life, and would we not be warranted in surgical interference?

Parenchymatous Injections of Quinine in Ague Cake.

Professor F. Fazio relates in the *Rivista Clinica e Therapeutica* for July, 1886, the case of a woman, thirty years of age, who had suffered from malarial fever, and who had also marked hypertrophy of the spleen. The tumor extended from behind the margin of the ribs to a line drawn on a level with the anterior superior spine of the ilium. It was determined to attempt a reduction in the size of the spleen by means of parenchymatous injections of quinine. The instrument used was the ordinary hypodermic syringe provided with a longer and thicker needle than usual. The bisulphate of quinine was employed, and thirty-two injections of each 4½ grains were made, care being taken to make the successive punctures at some distance from each other. The result of treatment was a reduction of over one inch in the length of the tumor. The injections were not followed by pain, or by any other unpleasant symptoms. The experiment was interrupted by the departure of the patient from the hospital, but Dr. Fazio believed that the results obtained were sufficiently encouraging to warrant further trials of the method.

The Diagnosis of Ascites.

Dr. Tripier, of Lyons, publishes an article in the *Lyons Medical* on the means of diagnosing ascites by the vagina. He was led to try this method accidentally. He was attending a young woman for tubercuious pleurisy, and had occasion to examine the uterus. The situation of the os was normal, but when the fingers touched it, it seemed to fly from it by reason of an abnormal mobility. A certain amount of liquid was supposed to be present in the cavity of the pelvis, and thus caused the phenomenon. The patient died, and the autopsy confirmed the suspicion entertained during life. Several times subsequently he had recourse to this method, and found it of great utility. He was able to diagnose the presence of liquid at the very commencement of peritonitis or of cirrhosis, in heart disease, at an early date. Besides, he recognized that every time there was œdema over the sacrum and the lower part of the body, there was water in the abdomen, and when the inside of the thighs was the seat of the œdema. The importance, as regards the treatment, of this method is obvious.

Imperfectly and Ill-Shapen Jaws.

In *Items of Interest*, Dr. M. H. Cryer says:

Diseases of the soft parts often change the shape of bones, particularly in the young. Aggravated tonsillitis in childhood will, if chronic and accompanied by hypertrophy, cause the roof of the mouth to take an inverted V-form. If the patient has suffered from the disease on one side only, that side will be pulled down. This is caused by the extra tension of the palato-glossus and palato-pharyngeus muscles. Then the palatal process of the upper maxilla and palate bones are prevented from forming the normal dome-shaped roof of the mouth, and the vomer is directed or pushed from its proper position, becoming crooked or lacking space to occupy its normal position, it is deflected or pushed forward, thus forming an abnormally large nose. By proper treatment at an early period many such deformities can be avoided.

Tumors of the maxillary sinus may change the shape of one or more of the surfaces of the upper maxilla; and aneurism or other soft tumor constantly pressing against a bone will cause its absorption.

Method of Inducing Labor.

Prof. Tibone (*L'Union Medicale*) suggests a modification of the method of Krause, which is, as is known, the introduction of an ordinary sound into the uterus, leaving it there until labor is established. Tibone's method is as follows: After taking all antiseptic precautions, the cervix is brought into view by means of a speculum and then a special kind of sound is introduced. The author prefers the plain English bougie, No. 10 or 12. The bougie is held a moment in a warm mercurial solution and is gradually softened: it is then introduced into the cervix, and slowly and gradually pushed up until it has entirely disappeared inside the womb. There is then placed upon the mouth of the womb a large tampon of cotton soaked in an antiseptic solution; the patient may then get up and keep about until the appearance of labor. This method is perhaps a trifle slow, but is sure, and on account of the softness of the instrument used there is no exposure to violent rupture of the membranes or to serious injury to the placenta. The author has used this method repeatedly, and always with satisfaction.

A Case of Voluntary Starvation.

Dr. A. Voelkel, in the *Deutsche Medicinische Wochenschrift*, No. 31, 1886, reports the case of an old toper, of a very obstinate disposition, to whom the landlords finally refused to supply any more liquor. The man said then that he would live no longer, went to bed, and refused to take any food. He lived for twenty-four days, taking nothing but a little water and brandy. He died in a deep stupor, without convulsions. At the autopsy the body was found not to be greatly emaciated, a considerable layer of fat still remaining on the chest and abdomen. The stomach and intestines were filled with gas, but the intestines were otherwise entirely empty, and the stomach contained only about three ounces of a brownish fluid, the walls of both stomach and intestines being very thin and pale. The kidneys were normal, but rather soft; the bladder was empty. The spleen was very small, the liver fatty, and the gall-bladder was filled with about an ounce of thick brown bile. The heart was small, fatty, degenerated, and empty; the lungs contained air, but were dry on section. All the organs were very anæmic.

What Is It?

Under the above heading a correspondent, M. C., sends to the *Medical Record* the report of the case of "a gentleman forty years of age, who, for the last six years, has practically been disabled from walking by a sensation of 'throbbing' accompanied by a peculiar and intense feeling of weakness in both insteps—greatly aggravated by exercise, and virtually prohibiting locomotion. No swelling or change of external appearance has ever been noticed. The condition of hyperæsthesia or tenderness exists over a surface of about one inch and a half by one inch. When touched, the feeling is of a dull blow, but not that of injury to a nerve. Burning sensations were formerly much noticed, but never in both feet the same day. It hurts to go more than one step at a time in descending stairs. For the first three years the suffering was extreme and intensely annoying, constantly attracting his attention, although never interfering with sleep. During the last three years a gradual improvement has been taking place. The original cause is believed to have been a few days' wearing of tight boots."

Alexander's Operation.

Dr. Doléris contributes a lengthy article on this subject to the *Nouvelles Archives d'Obstetrique et de Gynecologie* (January to May inclusive). After reviewing at length the history of the operation, which he clearly shows was first suggested by Alquié in 1840, he cites Alexander's cases in full, and adds to these 100 others which he has collected in literature. To these should be added nine more operations by Dr. Polk, of this city, three by Dr. J. B. Hunter (not reported), and two by Dr. F. B. Harrington, of Boston. Several others have been performed in this city, so that the number of actual operations is probably 175 at the lowest estimate. In spite of the evidence thus adduced, there is a singular feeling of uncertainty among gynecologists with regard to the ultimate value of the operation. Its technique requires no further exposition. As regards the *permanence* of the results we are still left very much in the dark.

Prevention of Miscarriage.

Dr. W. J. Strother reports (*Gaillard's Medical Journal*) the case of a married wo-

man, thirty years old, who had had six or seven miscarriages, these generally occurring from the third to the fifth month. Hemorrhage would begin about the second month, and recur every four days until the fœtus was expelled. At the last miscarriage Dr. Strother was in attendance, and remembering having read of a case of abortion reported as being due to fatty degeneration of the placenta, in which tincture of chloride of iron and chlorate of potassium were employed with success in the succeeding pregnancy, he examined the placenta and found it almost one mass of fat. At the beginning of the patient's next pregnancy, therefore, he ordered a mixture of tincture chloride of iron, ʒiij, and chlorate of potassium, ʒiij, in water, ℥vj, of which a teaspoonful was given three times a day. She took this regularly almost every day until she was delivered, at full term, of a healthy male child. About the third month she had a slight "show," but the hemorrhage never returned.

Oophoraphy.

Under this name, Dr. Imlach described before the British Gynecological Society a novel operation for the permanent reposition of prolapsed ovaries, when their extirpation by laparotomy is undesirable. In multiparæ, according to this gentleman, the ovaries are kept in place by the infundibulopelvic ligaments; whenever the latter become much relaxed, the ovary sinks downwards and becomes congested by reason of the interruption of the circulation in the vessels supplying the organ. Dr. Imlach seeks to restore the prolapsed ovary to its normal position in the pelvis and to maintain it there by shortening the relaxed infundibulo-pelvic ligament and suturing it to the hilum. Fourteen successful cases were reported. In the discussion which followed the paper Mr. Lawson Tait insisted that prolapsed ovaries were usually the seat of chronic inflammation, and therefore that the operation suggested by Dr. Imlach might relieve but would never cure the patient.

Castration in the Treatment of Cavernous Myo-Fibromata of the Uterus.

Dr. Goldenberg lays particular stress upon the application of the so-called "Hegar's operation" to cases of uterine fibroids in which the tumor is recognized as a soft interstitial growth, with a rich vascular supply. In this class of tumors the entire uterus is diseased, and hemorrhage is a prominent and dangerous symptom, because of the excessive congestion which attends each menstrual period. The writer believes that production of the premature menopause as well as a marked decrease in the size of the tumor, are results more invariably obtained when the fibroid is of the soft or cavernous variety, than when it is hard and less intimately connected with the uterus. The size of the tumor as well as the age and general condition of the patient do not affect the value of the operation.

Warts.

The *Med. Press*, October 20, says:

It is fairly established that the common wart, which is so unsightly and often so proliferous on the hands and face, can be easily removed by small doses of sulphate of magnesia taken internally. M. Colrat, of Lyons, has drawn attention to this extraordinary fact. Several children treated with three-grain doses of Epsom salts, morning and evening, were promptly cured. M. Aubert cites the case of a woman whose face was disfigured by these excrescences, and who was cured in a month by a drachm and a half of magnesia taken daily. Another medical man reports a case of very large warts which disappeared in a fortnight from the daily administration of ten grains of the salts.

Death Following an Intra-Uterine Injection.

Dr. Otto Engström reports in the *Finska Läkaresällskapets Handlingar*, Nos. 5 and 6, vol. 27, the case of a woman, thirty-seven years of age, who was suffering from fungous endometritis. The mucous membrane of the uterus was curetted and then an injection was made of a solution of iodine, one part to thirty of water. After the second injection, which was made with a stronger solution (1 to 10), the patient had a chill which was followed by symptoms of peritonitis, and death occurred three days later. There was no evidence at the autopsy of any fluid having passed through the Fallopian tubes, and the writer believed that the inflammation of the peritoneum arose by extension from the uterine substance.

Conservative Ovariotomy.

Professor Schroeder has recently devised an ingenious operation, which consists of excising the diseased portion of an ovary and leaving the healthy tissue, with a view to the preservation of the function of the organ. After carefully dissecting out the larger cysts, Prof. Schroeder unites the

raw surfaces with fine sutures, and then restores the ovary to the abdominal cavity. According to the experience of this celebrated surgeon, and of those who have practiced this operation, the results have been most gratifying. While menstruation continued, the former dysmennorrhœa was relieved in several instances. In one case the patient became pregnant after excision of portions of both ovaries.

The Uses of Creasote.

Creasote is the subject of a very interesting paper in *La France Médicale*. After treating of its history and chemical nature, its therapeutics as an antiseptic, parasiticide, and caustic are enumerated, and several formulæ are given, from which the following are taken:

℞. Creasote, 1 part.
Water, 100 parts.
M. Ft. sol. As a wash for ulcers.

℞. Creasote, 1 part.
Lard, 15 parts.
M. Ft. ungt. An ointment for fetid ulcers.

℞. Creasote, 3 drops.
Water, 90 grammes.
Orange-flower water, 30 grammes.
Essence of citron, 2 drops.
M. Ft. mist. A teaspoonful every two hours, in typhoid fever.

℞. Creasote, 1 part.
Cod-liver oil, 150 parts.
M. Ft. mist. A teaspoonful daily in phthisis.

Condurango in Gastric Catarrh.

Condurango bark was introduced a few years since as a specific for cancer, and, like many other much-vaunted remedies soon fell into oblivion. Dr. E. Suñer, however, has lately used it a good deal in cancer of the stomach, and in gastric catarrh. He gives one tablespoonful of the infusion every two hours. In all cases of cancer it relieved the pain, increased the appetite, and improved the digestion. In gastric catarrh its good effects were very evident; the appetite and digestive powers improved, and the nausea and sickness ceased; the general tone of the system at the same time improved, and the hypochondriacal symptoms disappeared.

The Wanderings of a Needle in the Body.

The Paris correspondent of the *Medical Press and Circular* relates a case occurring in the practice of Dr. Delaire, of a girl who accidentally swallowed a large stocking needle. At first she did not suffer much, but in a few hours she felt great pain in the epigastrium, and soon afterward in the lower part of the abdomen. She thought she was going to die. Frequent desire to micturate was subsequently felt, and drops of blood were passed. At last, at midnight, fifteen hours after the accident, she felt, after a violent effort, something sticking her at the vulva. She put her hand down and drew out the needle; her suffering was immediately at an end.

Fish as an Invalid Diet.

In the *Lancet*, August, 1886, Mr Nairne gives a series of cases in which a fish diet has given rise to very serious mischief. Several cases are related in which convalescents from typhoid fever have met with a fatal relapse after partaking of some boiled fish. For some time the author excluded fish from invalid diet, as he thought it the cause of all the mischief. Lately, however, he has found that if fish be steamed it is more tender, and can be eaten with impunity.

Popliteal Aneurism in an Ataxic Subject Cured by Pressure.

Dr. Longhurst, of London, reports this case (*Med. Press and Circular*): Patient, æt. 51. An Esmarch's bandage was applied to the limb for an hour and a half; then a screw tourniquet to the femoral, and so on during the day. Pressure was omitted at night. A shot bag weighing 11¼ pounds was tried instead of the tourniquet, and this treatment was pursued for the next two days. On the evening of the third day no pulsation was visible. The pulsation did not return.

Nitrite of Amyl in Cocaine Poisoning.

Schilling reports a case of poisoning by the injection into the gums of two drops of a twenty per cent. solution of cocaine. Amaurosis, deafness, and complete loss of motion and sensation occurred. Regarding the phenomena as due to cerebral anæmia consequent upon the contraction of the blood-vessels, he caused the patient to inhale nitrite of amyl, by which she was rapidly relieved.

Nævus.

Dr. W. J. Beatty (*Brit. Med. Jour.*) has cured eight cases of nævus, perfectly and painlessly, by painting the affected spot night and morning with liquor arsenicalis until ulceration took place. A cure is effected in from three to five weeks.

How to Administer Cod-liver Oil to Infants.

Dr. Yeldham (*Med. Record*, October 2,) says, let the nurse dip the end of her finger in the oil and put it in the child's mouth, and it will be sucked off with avidity and pleasure. This may be repeated five or six times in the twenty-four hours. He says it never disagrees with the child, and can be given to the youngest infant often with great advantage.

Grineviski's Ointment for Acute Rheumatism.

℞.	Oil of hyoscyamus,	ʒj.
	Mercurial ointment,	ʒij.
	Extract of aconite,	ʒj.

Correspondence.

Singultus Successfully Treated by Hypodermic Injections of Apomorphia.

Eds. Med. and Surg. Reporter:

J. V——, aged forty-five years, shoemaker, weight about 240 pounds, a user of morphia to a limited extent (about gr. jss. daily), called me to stop his hiccough, which had continued nearly three days. I tried mustard, camphor, nitro-glycerine, bromide, chloral, by the mouth; I tried electricity to the phrenic nerve, and inhalations of nitrite of amyl; I tried hypodermics of morphia (gr. ss.), and morphia and atropia, and pilocarpine (gr. ½), but nothing brought relief for any length of time until apomorphia was used hypodermically, and in repeated doses, beginning with one-tenth and increasing to one-fifth. In order to make the vomiting as easy as possible, I gave a glass of milk or water soon after the injection. The relief would come as soon as free emesis occurred, and last from three to eighteen hours, when it would have to be repeated. A final cure was effected with the fourth injection.

I report this case, as I find so little in my books in regard to this trouble, *Napheys' Medical Ther.*, *Bartholow's Practice*, *and Ringer's Mat. Med.* being the only books at my disposal that mention this ailment.

W. W. Fletcher, M. D.

Susquehanna, Pa.

News and Miscellany.

Why We Have Two Eyes and Two Ears.

Dr. Williams, in the *St. Louis M. and S. Jour.*, says:

"To give the body an evenly-balanced and symmetrical appearance is not the only reason why it is provided with an eye and an ear on each side. It is true that the body is composed of two apparently exactly similar halves, but the internal organism does not carry out the idea suggested by external appearances. The true reason for the duplication of the organs of vision and hearing lies in the physical nature of light and air, and of things around us, and thus two eyes and two ears become a necessity for the comfort and convenience of living beings. Two eyes are necessary for us to be able to judge of the distance of objects, and two ears to comprehend the direction from which sound comes. Any one who has suddenly lost the sight of one eye or the hearing of an ear can fully appreciate this fact. When such a person desires to take hold of or pick up a small object, a pin, for instance, he will most frequently overreach it or fall short of it, and he will wonder why this should be the case. The explanation is very simple, and is based upon the same principle that enables a surveyor to run off a base line and, by measuring the angles made by vision to a distant, perhaps inaccessible, point, tell the exact distance to that point. In ordinary vision the base line is the distance between the eyes. The eyes being directed towards a point, vision proceeds in a direct line from each, the lines crossing each other at the point looked at, thus making a triangulation, as it were, the base line of which is the distance between the centres of vision in each eye. The calculation of distances is to a certain extent a reflex mental action; but to a certain extent only, since it is a faculty which can be cultivated to a very high degree.

"The reason why two ears are necessary is much more obvious to the casual observer of natural phenomena. Sound travels by waves radiating from a central point of disturbance, like the wavelets caused by dropping a pebble into still water. So far as the hearing of each individual is concerned, these waves move in a direct line from the cause of sound to his ear, the impact being greatest in the ear that is nearest to the source.

"The effect, in this respect, of the total loss of hearing in one ear was forcibly illustrated by the statement of a patient who consulted me recently. He lived in a wild portion of Tennessee, and spent a good deal of his spare time in the woods, hunting squirrels, accompanied only by his dog. An explosion suddenly destroyed the hearing in one ear. After this accident, while in the

woods, he found that he could hear his dog bark, but for the life of him he could not locate the direction of the sound, even when quite close to him, and he was compelled to take his little boy along with him to find the dog. After a time persons learn to correct, to a limited extent, the errors in estimating distances, after the loss of vision, but the effect of the loss of an ear upon the estimation of the direction of sound is never corrected."

An Example for Other Doctors to Follow.

An amusing story is told of two practitioners in a small town in England who held radically opposite views concerning the hygienic management of typhoid fever. While Dr. A. closed all the windows in his patients' rooms, so as to obviate the slightest danger of a chill, Dr. B. held that fresh air was absolutely necessary. An epidemic broke out in the neighborhood, and each doctor regulated the ventilation of his patients' rooms on his own theory. There were often in one street patients belonging to each doctor. A walk down the street sufficed to point out the houses where each had patients. Where Dr. A. had a patient the windows were all closed; where Dr. B. had one they were all open. Nevertheless, the doctors were very good friends and agreed to differ. Dr. A., if asked whether he did not consider Dr. B.'s plan of opening all the windows very bad practice, would reply that it was all very well for Dr. B. to do so, but that it it did not do for him (Dr. A.) to adopt the plan. At last Dr. B. fell ill himself with the fever, and sent for his colleague to attend him. "There, now," said every one, "there's a patient who won't shut his windows for Dr. A.—Dr. B. won't, I'm sure." However, on visiting his patient, Dr. A. quietly ordered all the windows closed, and closed they were during Dr. B.'s illness. When the latter was reproached for abandoning his theory in his own case, he said: "Well, it didn't do for his own patients to have all their windows shut, but it did for Dr. A.'s patients, and he was one of the latter, and must act accordingly."

This story is vouched for by a correspondent as having been of actual occurrence.

Sam Jones to Women.

The Rev. Sam Jones preached a sermon to over one thousand women in Indianapolis, in which he said: "Never help the devil to lay your husband in a drunkard's grave. The hardest thing that I can say, and I say it in all kindness, is that the biggest fool God ever looked at is a wife who stirs a toddy for her husband. Sisters, let me warn you by every drunken husband, father, and son in the land, that he became so by taking drams, and many of them by drinking toddies stirred by their wives. You go home and empty out every one of those closets. I'll tell you another thing: there are plenty of women who drink lager beer. My, my, my! Did you hear what brother Price said about beer the other day? He said that it agreed with the Dutch stomach, but that it didn't agree with the human stomach. The idea of women drinking lager beer! Why, if you would take some of that stuff and put it in your hog-trough, and didn't sweeten it or anything, there isn't a poor, half-starved hog in the lot that would touch it. [Laughter.] If you did deceive some poor hog into drinking it, as soon as he got sober, he would leave this town, and you couldn't drive him back. I've heard women say that they drink beer for their health. When my wife and children can't live without drinking beer, I am ready to preach their funeral sermon. Do you hear that? I say the only hope for America to-day is in the fact that we have sober mothers and wives, and if the women should be debauched into drinking like the men do, we would soon become a nation of helpless drunkards."

A Victim of Cocaine.

A prominent physician of Pittsburgh has become a victim of the cocaine habit. Recently he became very violent, and, under the delusion that he was attacked by burglars, drew a revolver and began firing indiscriminately right and left. Other occupants of the house were awakened and rushed into the room, whereupon the doctor leaped through a rear window and took refuge in an outhouse. It was with the greatest difficulty that he was made to understand that he was not pursued by burglars, and he then returned to his office. A physician was sent for, who, detecting a couple of red spots on his arm, asked to be allowed to look at them. Quick as a flash the sleeve was rolled down, and the patient positively refused to grant the physician's request. He was then taken to the Central Station and a search of his rooms instituted. A bottle of cocaine, from which half of the contents had been used, and a syringe, were found.

This is the first serious case developed in this city from the use of cocaine. The habit

had so grown on the doctor that he constantly kept the drug about him. About a week previously, he had a frenzied attack and sent for a physician, who, becoming frightened at the sight of a revolver in his hands, was compelled to send for assistance before he could apply a remedy.

Midwifery Statistics in Vienna.

Dr. Karl Braun has just published some very valuable statistics showing the improved and improving safety with which the patients in the first obstetrical clinic in the Vienna General Hospital have been delivered during several years past. He took charge in 1857, and during the twenty-six years following, *i. e.*, to 1883—108,889 women have been confined in this clinic, which, it may be remarked, is only one out of three obstetric clinics in the hospital. Of these 1945 died, making the average death-rate for the whole period 17 per 1,000. During the first six years there were 722 deaths out of 25,123 cases, *i. e.*, 28 per 1,000. The ventilation and warming arrangements were then altered in accordance with modern sanitary views, and various other hygienic improvements made, the result being that there was a decrease in the mortality during the next sixteen years, 1117 deaths occurring in 68,770 cases, or 16 per 1,000. Since 1881 there has been a further decrease, owing to the use of antiseptics, etc., 15,000 cases in the last five years having resulted in only 106 deaths, or 7 per 1,000. This improvement appears to be still continuing, as during 1883 the mortality was only 2 per 1,000. During the whole period 7964 students received practical instruction in the clinics, the average number in each session or semester being 136.

A Question of Sex.

A curious case came before a London magistrate a few days since in the person of a lad charged with theft. It transpired, however, that the lad was of the female persuasion, and had donned male attire simply because as such work was easy to find, whereas arrayed in her own more ample garments starvation stared her in the face. The incident is more comic than serious, but it bears on one of the burning questions of the day, female labor. It is certainly rather strange, only that custom has made us blind to the fact that for exactly similar work a woman is paid less than one-half the wages paid to a man, and it is not easy to furnish a plausible explanation of the fact. It is this, combined with a perfectly comprehensible dislike to domestic service, which in many instances is little better than slavery, that drives so many girls on the streets. Life "on the streets," as girls soon find out to their cost, is the vilest and most exacting of slaveries, but the discovery is only made when it is too late to withdraw, and is persisted in under penalty of having nothing to do and nothing to eat.

A Remarkable Mother.

A Boston physician was called out of a sound slumber the other night to answer the telephone. "Hello! what is it?" he asked, little pleased at the idea of leaving his comfortable bed. "Baby is crying, doctor; what shall I do?" came across the wire. "Oh! perhaps it's a pin," suggested the doctor, recognizing the voice of a young mother, one of his patients. "No," was the reply. "I'm sure it can't be that." "Perhaps he has the colic," returned the doctor, with well-simulated solicitude. "No, I don't think so," replied the anxious mother; "he doesn't act that way." "Well, then, perhaps he is hungry," said the doctor, as a last resort. "Oh! I'll see," came across the wire; and then all was still. The doctor went back to bed and was soon asleep again. About half an hour afterward he was again awakened by the violent ringing of the telephone bell. Jumping out of bed and placing the receiver to his ear, he was cheered by the following message: "You are right, doctor; baby was hungry."—*Chicago Living Church.*

Clinical Society of Maryland.

At a meeting of the Clinical Society of Maryland, held October 1, the following officers were elected to serve for the ensuing year:

President.—Dr. Randolph Winslow.
Vice-President.—Dr. S. T. Earle.
Recording Secretary.—Dr. A. C. Abbott.
Corresponding Secretary.—Dr. W. J. Jones.
Treasurer.—Dr. R. W. Johnston.
Executive Committee.—Drs. J. W. Chambers, H. Harlan, and B. B. Browne.

The reports of officers and committees showed a very healthy condition of the Society, the treasury having an ample surplus for current expenses, and the membership of the Society having increased to 190 active members. The Society meets on the first and third Fridays of each month at 8:30 p. m., in the hall of the Medical and Chirurgical Faculty of Maryland, northwest corner of St. Paul and Saratoga streets.

How the Therapeutic Value of Our Mineral Springs may be Increased.

Dr. Clarence C. Rice thus concludes a paper in the *N. Y. Med. Jour.*:

1. Physicians, individually or in committee, should make careful analyses of our mineral waters.

2. The medicinal value of the waters should be tested by clinical investigation, and the conclusions arrived at given to the profession.

3. If the waters are found to possess marked medicinal merit, physicians should interest themselves in the development of the springs and the improvement of bath-houses and apparatus.

4. Physicians, in sending patients to a mineral spring, should be most careful to select the proper water, and should send with the patient his history and the diagnosis of his disease for the benefit of the physician at the bath.

5. Patients at our mineral spas should be placed under more rigid medical discipline, and more attention should be paid to their habits of living.

6. The social life at our watering-places should be placed on a more wholesome basis.

He Didn't Advertise.

"Good morning, gentlemen," said the doctor, as he walked into the newspaper office, "is the city editor in? Ah, yes, I see. Mr. Huntemup, there was an accident on Fremont avenue this afternoon that I thought you would like to hear of. Mrs. John Peduncle was thrown out of her carriage and sustained a compound fracture of the right clavicle. She was taken home and medical aid summoned. Her injuries were skillfully attended to, and she is now resting easily. You might say that I was called, and have charge of the case."

"By the way, doctor," said the advertising manager, looking up from his books, "I would like to insert an advertisement for you in the *Banner*. I'll let you have it a year for $30 an inch, payable—"

"Sir," interrupted the doctor with a scowl, "I never advertise. It is contrary to medical ethics. Good day, gentlemen."

The Johns Hopkins Endowment.

The *Baltimore Sun*, of October 7th, publishes a statement of the financial resources of the Johns Hopkins University. For the year ending August 31, 1886, the income was $225,922.38. The total expenses for the year were $185,020.96; leaving a balance of $40,901.42. Among the receipts $17,804.12 were credited to tuition. Among the expenses $126,828.26 are charged to salaries. The University own 15,057 shares of B. & O. Railroad stocks, valued at $2,195,400. The remainder of its endowment fund is invested in bonds, stocks, mortgages, real estate, buildings, apparatus, etc. The total endowment is $4,359,350.43. In addition the University owns the Clifton estate of 280 acres, which is valued at $2,000 per acre, making the property of the University worth to-day about $5,000,000.

How they Practice in India.

An Indian physician was holding forth the other day to some of his brothers of the craft in England. "You sairs in the West," he said, "do not understand the practice of medicine. In my country, if a rajah with nothing of sickness sends for me, I go and I say, 'Sair, your case is a bad one; you will be worse before you are better.' I give him some medicine, and I go away. The next day I go again, and I find him heaving like a sea-sick mandarin, and wishing that the son of his mother had never seen the light. 'Sair,' I say, 'I told you so; you have passed a great crisis. There is no more need of medicine. Another sun will see your cure complete.' I then collect my fees, and I go away. When I have cured a few more rajahs, I shall come again to your country and take a villa on your little river Thames, with the green turf sloping down to the waterside."

The International Medical Congress.

In the remarks made by Dr. N. S. Davis at a recent meeting of the Chicago Medical Society, he gave an account of the cordial reception with which he and his fellow-representatives of the organization of the Congress had met in Great Britain, and of the assurance they had received that the European profession would be well represented at Washington. He closed with this statement: "In France they do not pay the slightest attention to any differences we have, and, just as far as they imagine there is coldness in England or Germany, the Frenchman comes with the more enthusiasm to make it up."

She Won't Pay for Paper.

Lady customer enters a pharmacy and asks for fourpenceworth of bismuth and twopenceworth of magnesia, requesting them to be mixed and divided into twelve powders.

While the powders are being put up she regales herself with a whiff of all the smelling bottles and perfumes within her reach. When the packet is handed to her she lays down a shilling, out of which the compounder takes eightpence. Lady customer (lifting change): "How much are you charging me?" Chemist: "Eightpence." Lady customer: "But I only asked for sixpennyworth." Chemist: "True; but there are the papers, and the time taken up in ——" Lady customer (interrupting): "Oh, but I shall keep the papers carefully and bring them back to you." The chemist's reply has not been recorded.

An Interesting Monument.

M. Clermont-Ganneau has communicated to the Academy of Inscriptions and Belles-Lettres a note relative to a discovery made by him in an old building at Jerusalem. It was a block of stone, with a Greek inscription signifying that any stranger who should have passed that limit would be condemned to death. It is evidently a fragment of one of the posts which formed, in the temple built by Herod, a dividing line between the exterior inclosure of the Gentiles and the inner precinct reserved for the Jews. It will be remembered that St. Paul barely escaped stoning when he was accused of having introduced Greeks into the inner circle with himself. The stone has been removed to Constantinople, but a cast has been taken, which will be preserved in the Museum of the Louvre.

College of Physicians of Philadelphia.

At the meeting of the College, held on Wednesday evening, November 3, Dr. Oscar H. Allis read a paper entitled "Man's Aptitude for Labor in the Erect Position, with an Inquiry into the Agencies that Predispose to a General Preference for the Right Leg and Arm;" Dr. Thomas B. Reed describes a plan for a Children's Ward at the Presbyterian Hospital: Dr. Charles W. Dulles read "A Note on a Case of Anencephalous Monster;" Dr. Thomas J. Mays, "A Study of Pulmonary Consumption in Philadelphia;" and Dr. Francis Dercum presented some interesting clinical specimens from a case of lead poisoning.

A Case of Infinite Grit.

Some months ago the *National Car-Builder* mentioned that a prominent western railroad company, having instituted an inspection of all the train-men for the detection of color-blindness, it was found that one of the oldest passenger-engineers could not read or write. The result of this discovery was, that the man was taken off the road at once, and notified that he could have a switch engine to run. Instead of accepting this oblique promotion, he asked and received leave of absence for three months. Then he went home, got the assistance of a teacher, and began laboring to acquire a knowledge of reading and writing. This was done so vigorously that at the expiration of his leave he wrote a very respectably-penned letter to the master mechanic, intimating that he was ready to take his engine.

A Case of Arson Discovered by a Surgeon.

A fire broke out in a cigar shop in Hulme, England, not long ago, and on the arrival of the fire brigade there were found to be three distinct fires in different parts of the shop and house. The two firemen who first entered were nearly suffocated by a dense white smoke, and applied to Mr. Heslop, Divisional Surgeon, Manchester police force, a day or two after, complaining of a rawness of the throat and chest, very different from anything they had experienced before. On account of what they told, Mr. Heslop burned some phosphorus in their presence, and they at once recognized the smell. Some phosphorus was then placed in some shavings, and it ignited spontaneously in about eight or ten minutes, and in sawdust in about twenty minutes.

Errors in Delicate Weighing.

M. Hennig de Wurtzbourg having noticed some incomprehensible differences in the weights of equivalent quantities, undertook some minute investigations, which showed that balances of precision are often influenced by the electric state of the glass cage which surrounds them. This electricity influences the small auxiliary slides which are placed upon the beam of the balance in order to make it more sensitive. The error resulting from this influence may amount to 600 milligrammes when the cage is strongly charged, and two hours afterwards there may still be an error of ten milligrammes.

Mange in Horses.

Sir J. Don Wauchope, Bart, states that the late Mr. William Binnie, of Carfrae Mill, near Lauder, who horsed several of the stage coaches which traveled that road, had mange—very badly—among his horses. He

found spirit of tar, in the proportion of half a bottle to one bottle of water, a never-failing medicine. When the case was a very bad one, he sometimes (the day after) rubbed the animal over with whale oil and sulphur. The animal should occasionally be washed with black soap and warm water. A little alterative medicine may also be given. The application of the spirit of tar in the above proportions should not be discontinued until the mange quite disappears. The spirit of tar mixtures ought to be applied with a brush.

Expert Testimony.

Judge C. C. Fuller, of Mecosta county, in the case of "State of Michigan *vs.* Vanimmans," decided, when a physician refused to testify on the ground that the evidence would be expert testimony: "After many years' study and observation, I decide that a physician's knowledge is his stock in trade, his capital, and we have no more right to take it without extra compensation than we have to take provisions from a grocery without pay to feed the jury. The court rules that the witness is not compelled to testify."

An Ingenious Diagnosis.

The *Med. Age* says that some physicians are very ingenious in devising causes for the ailments which their unerring power of diagnosis determines. One of these discovered the cause of the lead-poisoning from which he declared his patient to be suffering, to be the habit of sucking a lead pencil. The patient did not know that lead pencils do not contain lead; neither did the doctor—but that made no difference.

Sir Thomas Watson and Sir James Paget.

At the recent banquet of the British Medical Benevolent Fund, Dr. Broadbent, in proposing the health of the chairman, Sir James Paget, applied to him the words Sir James himself had used of Sir Thomas Watson: "His knowledge was so vast, his goodness so great, and his example so elevating, that we all wished he might spend part of his immortality on earth."

Cremation in Australia.

The legislature of New South Wales has passed an act which legalizes cremation in that colony. Crematoria are to be established. The plans must pass the Board of Health, and every applicant for a license must satisfy the Governor that he is the owner in fee simple, and has general consent to allow of cremation upon the land.

International Medical Congress.

Dr. Banks, Regius Professor of Physic in the University of Dublin, and Dr. John William Moore have been made Vice-Presidents of the Congress.

Items.

—Don't neglect to give the baby a drink of water once or twice a day. The nursing baby cries oftener from thirst than hunger.

—The New York Academy of Medicine has received a legacy of $25,000 from the late Mr. Woerishofer. Prof. A. Jacobi will formally present the gift.

—Sir William Stokes (Dublin) and Mr, Ernest Hart (London) have accepted the offices of Vice-Presidents of the International Medical Congress, Washington.

—In the *Boston Med. and Surg. Jour.*, October 14, Dr. Arthur H. Nichols reports a case of fatal poisoning by chloride of zinc applied to an epithelioma of the lip.

—Swift once said that the reason a certain university was a learned institution was that most persons took a little learning there and few brought any away with them, and so the learning accumulated.

—A school board recently asked the following question of a little girl: "What is the plural of man?" "Men." "Very well; and what is the plural of child?" "Twins," immediately replied the little girl.

—"Mamma," said a little girl, "I think I will soon begin to raise a mustache." "Impossible," replied the mother, "girls cannot raise a mustache." "Yes, they can, for I saw Annie raise Cousin Charlie's mustache when she kissed him, and that's how I mean."

—"Is the doctor in?" inquired a patient of the housemaid of a physician. "No, he is not," was the reply. "When would I be most likely to find him alone?" "Well, his office hours are from two to three in the afternoon. Call then, and you will be pretty sure to find him alone."

—Dr. T. E. Wright has carefully investigated the question, "When is a man drunk?" and decides as follows: "When consciousness becomes modified, in any degree whatever, through the influence of alcohol, and when, or as long as no exercise of independent nervous force is adequate to restore it to a normal state, the man so affected is drunk."

THE

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Original Department.

Clinical Lecture.

DRESSINGS AFTER AMPUTATIONS AND OTHER OPERATIONS; PRACTICAL ANTISEPSIS ILLUSTRATED BY CASES.*

BY THOMAS G. MORTON, M. D.,

One of the Attending Surgeons to the Pennsylvania Hospital, etc.

Gentlemen: The case of amputation of the right leg in which the operation was performed three weeks ago in your presence, has had the original dressing disturbed but twice since you saw him, and simply for the purpose of removing the drainage-tube. His temperature has been absolutely normal since the operation. You remember that he likewise had a crush of the left tarsus, a fracture of the clavicle and of several ribs of the right side, which he suffered at the same time he received the graver injury for which the amputation was performed. He is doing well in every respect. In future I shall rarely use the drainage-tube, but substitute cat-gut drains, for I find that the tubes are really not necessary, and they require the dressing to be opened earlier than desirable.

TEALE AMPUTATION OF THE LEG.

The first case I will now show you is a man upon whom I performed a Teale amputation of the leg in your presence three weeks ago to-day. The dressings then applied before you have not been removed since then. The object of treatment by the antiseptic method is to avoid suppuration, and to get union at once. When bone has been divided, it is particularly desirable to obtain immediate union, on account of the liability to necrosis. This I am satisfied has occurred in the case before us, but we shall see. Upon removing the dressings, you observe that they are perfectly dry; they are discolored in the immediate vicinity of the wound by some leakage of bloody serum, which occurred a short time after the operation, but which has been so trifling in quantity that the dressings are hardly soiled; no more beautiful illustration of the results you may expect in using strict antisepsis can possibly be found than in the stump before you. You remember that I told you that the rule in making the long flap in a Teale amputation was to take the circumference of the limb at the point where you decide to divide the bone; the long flap then is to be made one-half the circumference of the limb. For instance, if this should be ten inches, then the length of the long flap ought to be five inches, and its breadth the same; the short flap is to be made one-fourth the length of the long one. All the tissues are dissected free from bone, which is then divided at the point previously determined upon, and the vessels having been secured with cat-gut cut close, the flaps are brought together with the interrupted cat-gut suture. The end of the bone is thus well covered, and the cicatrix is at the side, where it will be free from pressure. This makes the most satisfactory stump for the adjustment of an artificial limb. The wound was now entirely united, and the patient is ready for his discharge. Upon the surface of the dressings, lying in contact with the stump, are the re-

* Delivered October 23, 1886.

mains of the cat-gut ligatures and the cat-gut drainage; those portions of the cat-gut which were internal have been absorbed, those out-side or external are those which I show you, and they are shriveled and quite dry. All the cat-gut included within the flaps, sutures, and drainage has been completely absorbed.

Now, here has been division of bone, of nerves, of blood-vessels, of muscles, and the other structures of the leg, followed by union without a drop of pus; in other words, union by first intention. When you reflect upon this result of primary union—glueing the parts together just as a piece of broken furniture can be glued together—is it not indeed remarkable? In 1804 there was a case of primary union after amputation of an index finger in this hospital, and it was so unusual that the fact was recorded as a "curious circumstance attending the healing of a wound." The report states that "no inflammation came on after the operation, and nothing like pus was observed during the healing of the wound; granulations did not arise, neither was a cicatrix formed, but the stump was healed by an extension of the old skin." Here was antiseptic healing without antiseptics. What was then a marked exception has now become the rule.

The character of the dressings which we apply after amputation in order to secure union without suppuration will be demonstrated before you as has already been done at my former clinics, and will now be done again in connection with another case upon which I intend to perform a Teale, or rectangular, flap amputation upon the right leg, on account of deformity following ulceration of the heel.

PARTIAL AMPUTATION OF THE HAND.

But first let me ask your attention to the results of some of our operations. The patient before you, a young man, on account of a serious injury, has been subjected to a partial amputation of the hand. The operation was done more than three weeks ago, and the wound has not been dressed since. He has not had a single unfavorable symptom since the operation. He is well and would have been discharged yesterday, but was kept here until to-day in order that you might see the dressings taken off.

The operation was performed by my son, Dr. Morton, Jr., with the usual antiseptic precautions. The hand was badly crushed, so that a partial amputation was required, leaving only the thumb and part of the little finger. On removing this, the first dressing, you see the wound entirely healed; there is no odor, and there has been no suppuration.

COMPOUND, COMMINUTED, DEPRESSED FRACTURE OF THE SKULL.

Two weeks ago last Thursday, this man, aged twenty-two, was brought in suffering with a compound, comminuted, depressed fracture of the parietal bone. I trephined the skull so as to allow the elevation of the depressed portion. The wound was cleansed and dressed in the same manner as the preceding cases. The dressings have not been removed since they were first applied. His temperature did not go above 100° after the operation, and on the second day was normal, and has remained so. In forty-eight hours after the dressings were applied, he was allowed to get out of bed; he was without any symptoms whatever after this severe operation, which formerly involved a stay of weeks, and sometimes months, in the house. It is now sixteen days after the injury, and the primary dressing is now taken off. Here is the gauze compress slightly discolored with dry blood. The sutures, that is to say, the portion of them lying external to the wound, are left free upon the dressing, and I pick them off and ask you to examine them. There is no pus upon them, and there has been none. The wound has entirely healed. The line of incision, which was three inches long, has united throughout its entire extent by primary union, and the few catgut threads introduced for drainage have disappeared. There is an especial advantage in these head injuries from this method of treatment. Fungus cerebri, as you know, is due to inflammation of the brain-tissues, which push out granulations through the softened meningeal structures; cerebral matter may also protude, owing to pus accumulation in the hemisphere below. The way to escape hernia cerebri is to prevent suppuration; it never takes place where there has been primary union. Having the results of antiseptic methods, as illustrated in this case, in mind, would I be justified, think you, in treating another case of this kind in any other manner, and have suppuration with the risk of fungus cerebri, when I have the means of absolutely preventing it?

HAY AMPUTATION OF THE FOOT.

Here is another amputation. This boy was admitted on the 10th inst., with a crush of the forepart of the foot requiring a Hay amputation. The operation was done by my son late at night. I was present and assisted

the dressing which was applied just as you have already seen, and it has not been disturbed since. You are all aware of the seriousness of a tarsal amputation where the joint is involved, and where the muscles, nerves, and blood-vessels are crushed or torn the danger is greater. The result in this case you see before you. This is the original dressing, which has not been removed until now. There is absolutely perfect union, and I have never seen a handsomer stump than in this case.

Gentlemen, these are not picked cases that I have brought before you this morning; they are the ordinary cases from the wards. What an advantage this method of surgical dressing should be to the physician who practices in the country, where, owing to the distance daily visits to patients may be an impossibility. What a relief to the surgeon's mind when he knows that the primary dressing need not be disturbed in many cases for weeks, or indeed until the patient is well. Take an ordinary case of surgical injury requiring operation, coming into the hospital in past times. There was usually more or less surgical fever and suppuration after grave and indeed even ordinary operations. During the period of the fever the patient is unable to take food in sufficient quantity, and his strength and powers of repair are correspondingly impaired. What an advantage to the surgeon then it must be for him to be able to prevent suppurative fever after operations, for by this means the patient has no interruption to his nutrition, and repair must be greatly facilitated.

RUPTURE OF LONG TENDON OF BICEPS MUSCLE; SUTURING OF TENDON; RESTORATION OF FUNCTION.

I will now show you the result of an operation which I was able to perform successfully with the aid of these dressings, and which without them I would not have dared to attempt. This man came in the other day with a rupture of the long tendon of the biceps muscle. He is a laborer, and was at work in a pit, standing at the bottom and throwing shovelfuls of dirt out of the top, which was above his head; suddenly he experienced a pain in his right shoulder, and he was unable to continue at his work. I found upon examination of his arm that the long tendon of the biceps had been ruptured by muscular effort. The muscle was contracted and in a state of spasm, the tendon was torn loose from its attachment to the scapula. With the results of the other cases in mind, I determined to perform a novel operation; I cut down upon the biceps muscle, and found its tendon coiled up upon it like a worm. I cut off the frayed end of the tendon and replacing it in a deep groove which I cut in the deltoid (which I had exposed to the acromion), I stitched it fast in the tissues of this muscle. The usual dressings were applied, and the arm kept in a sling. That was sixteen days ago. The dressings have not been disturbed since; they will now be removed. You see here the line of the incision, which has perfectly united. Some remnants cat-gut of sutures are lying upon the dressings, which are perfectly dry. Although the wound has healed, we will not allow the man to use his arm yet; he should not go to work again for another fortnight, but there is no need of keeping him in the hospital all that time. He can report at the out-patient department, and carry his arm in a sling until the tendon has united firmly in its new location.

GUN-SHOT WOUND OF POPLITEAL SPACE.

Two cases came in on last Thursday afternoon which I regard as crucial tests of antisepsis. They will now be brought before you.

The first man was shot while up in the mining regions, and received a wound in the popliteal space with a pistol bullet, which remained deep in the wound. Upon examination I came to the conclusion that the ball must have injured important deep structures, since the wound was directly in line with the large blood-vessels and nerves, and that possibly it had entered the joint. Sensation in the parts below was preserved, but there was no pulsation in the anterior tibial artery or its branches in the foot.

With antiseptic precautions, I opened the popliteal region and found the ball lying some distance beyond the artery, it having also injured and opened the knee-joint. The bullet, which was from a Smith & Wesson revolver of small size, had completely divided the popliteal artery, and had wounded but not opened the accompanying veins. The divided ends of the torn artery were then carefully isolated, the proximal end was filled with soft clot, the other end was patulous, and both ends were securely tied in order to prevent secondary hemorrhage. I used cat-gut ligatures, which were cut short, and the wound was then closed in the usual way. The patient has had only slight rise in temperature since the operation, and has been perfectly comfortable. An injury of this kind has been always considered a grave one, and one in which under other forms of

treatment would call for amputation. I need not stop to point out the great difference between the results of treatment by former methods and those which we have obtained here by strict antisepsis.

LACERATION OF KNEE-OPENING OF THE JOINT; RECOVERY WITHOUT ANKYLOSIS.

The second case is one in which the knee-joint was entirely exposed by a fall that ruptured old inflammatory adhesions, which had been thrown out in nature's attempt to unite by new tissue a ligament of the patella ruptured more than a year ago. The skin and deep tissues were so torn as to expose the condyles of the femur and the articular surface of the tibia, the lateral and crucial ligaments were torn, and the wound of the soft parts around the joint was so extensive that the leg was really only held by a posterior flap, in which, however, the vessels and nerves were preserved intact. I made lateral vertical incisions four inches in length, just as if I were going to perform an amputation, and so was enabled to clean out the knee-joint and adjacent wound with a douche of one to one-thousandth ($\frac{1}{1000}$) solution of corrosive sublimate. All clots were carefully removed and the wound surfaces carefully curetted. I then brought the parts together with about twenty catgut stitches, and dressed the wound antiseptically. His temperature this morning, forty hours after the operation, is only 100½°, and his general condition is good. When you consider the character of the case: that he was in a bad condition, that he is a drinking man, and was under the influence of liquor when he received the injury, I think that you will agree with me that the result thus far has been remarkable. The object of the treatment was to seal up the joint and to prevent the occurrence of irritation and suppuration. [The patient recovered without a bad symptom, with a movable joint.]

HÆMATOCELE OF THE THIGH.

The next case is one of contusion of the upper part of the thigh, with a large hæmatocele, just above the knee, of one week's duration. I will now have the part thoroughly shaved and washed clean with bichloride solution, and then cut open this sac from one end to the other. My incision is five inches in length; I turn out the clot and wash the cavity with a one to one-thousand solution of corrosive sublimate. With a sharp spoon I am now scraping the walls of the cavity so as to remove all disorganized shreds of tissue and blood-clots; this having been done I unite the edges of my incision with interrupted catgut sutures, and apply a compress of gauze wet with the same solution. Iodoform is thickly dusted over the wound, and absorbent cotton, previously washed with the mercuric solution, is next applied and retained in place with a bandage wet in the same solution. A few strands of catgut ligatures are placed in one angle of the wound so as to admit of drainage, and a straight splint is placed on the back of the limb to insure rest.

TEALE AMPUTATION FOR CICATRICIAL DEFORMITY OF THE FOOT.

The next case is a man from the mining regions, upon whom I will perform a Teale amputation. About a year ago he was injured by a falling mass of coal, which crushed his right heel. This accident was followed by prolonged suppuration and ulceration. As a result, there is contraction of the plantar fascia and of the gastrocnemius muscle to such an extent that he has an acquired talipes equinus; the foo is permanently extended and averted so that he walks upon the base of the big toe. Anchylosis of the tarsus and ankle-joint has taken place, the sole of the foot is only covered by a thin skin or scar-tissue, which is adherent to the bone beneath.

The only remedy for this state of affairs is amputation and an artificial limb.

It is always best before making a Teale operation to carefully measure the size of the flaps and mark their outlines with iodine or the point of the knife, you should never trust simply to your eye.

Proceeding now to the operation, the limb is first washed with soap and water and carefully shaved. It is next bathed with the 1 to 1000 solution of corrosive sublimate in water; and towels wet with the same are placed around the limb above and below the field of operation. The hands of the surgeon and assistants are also disinfected, likewise the Esmarch bandage before it is applied. The knives and other instruments for the operation have been boiled in water and are kept in a tray under a weak solution of carbolic acid, because the corrosive chloride would act upon the steel and dull them.*

The limb at the point of amputation measures ten inches exactly. The long flap, then,

* At the suggestion of Dr. Morton a collection of all the dressings and materials for making the different solutions for applying to wounds to secure antisepsis have been put into a box of convenient size by Mr. Geo. I. McKelway, 1410 Chestnut street, to whom inquiries relative thereto should be addressed.

will be five inches in length and breadth. I will take it from the outside or external aspect of the limb, because there is more healthy tissue here. The short flap I will now mark 1½ inches long and five in breadth. All of the soft parts help to make up the flaps, which are now separated from the bones, and the tibula and fibula divided; the wound is washed with weaker solution of bichloride, and the vessels secured with catgut ligatures, which are cut short. Some strands of catgut, instead of rubber tubes, are placed in the lower angle of he wound and the flaps are brought together with catgut sutures.

The same dressing is applied as in our other cases. A line of silk protective is laid over the sutures, iodoform is freely dusted over the surface, gauze, and absorbent cotton, both having been treated with 1 to 1000th corrosive sublimate solution, are used to cover the stump, and kept in place with a bichloride bandage. Unless something unusual occurs, indicated by a rise in temperature (which shall be carefully recorded morning and evening each day), this dressing shall not be disturbed for three weeks. I will then bring him before you again and show you the result.

[One week after the operation, the patient is doing well—has had no fever, and has been out of bed for three days.—Rep.]

Communications.

DILATATION OF THE CERVICAL CANAL, FOR STENOSIS OF THE INTERNAL OS, UNDER COCAINE.*

BY THOMAS A. ASHBY, M. D.,

Of Baltimore, Md.

It may be stated, without fear of contradiction, that the limits to the successful application of cocaine as a local anæsthetic have not been reached. The startling results following the introduction of this agent have been phenomenal and unprecedented in the history of medical discoveries. Scarcely had Dr. Koller made his observations before the event was spread over the entire globe, and surgeons in every country have vied with each other in successful experimentation with the newly-discovered properties of the agent. Following close upon the local use of cocaine to mucous surfaces, it was demonstrated by Dr. Corning, of New York, that the injections of the solutions of the drug into subcutaneous tissues, associated with circumscribed constriction of the surrounding parts, induced successful anæsthesia in the area into which the drug was injected. This discovery opened up a new field for local anæsthesia; a field which has been most diligently cultivated, with results of the most astonishing character. Amputations of limbs, removal of circumscribed growths, laparotomy, circumcision, and closure of hare-lip, are among the operations painlessly performed after the method inaugurated by Dr. Corning.

There is no longer a shadow of doubt as to the value of cocaine as a local anæsthetic, and its employment in surgical work is now only limited to the choice and care of the operator. All mucous surfaces are readily brought under its anæsthetic influences when solutions of sufficient strength are properly and carefully applied to the mucous membrane. The stronger the percentage of the solution, and the greater the length of time employed in its application, the deeper its penetration, and the more profound its benumbing influence.

My experience with cocaine convinces me that it may be employed with the greatest advantage in surgical gynecology, and that many operations upon the vagina and uterus, hitherto requiring general anæsthesia, may be successfully and painlessly performed when solutions of cocaine of sufficient strength are carefully applied to the tissues. I have employed cocaine in gynecological work in a number of conditions, with almost uniform satisfaction. A recent experience with this drug has induced me to relate the following case, which I think explains very satisfactorily its benumbing influence upon the cervix uteri.

Mrs. H., aged 23, married 18 months, has suffered from her first menstruation with violent dysmenorrhœa. The menstrual flow has invariably been announced with violent cramps, pains, and disturbances of digestion. During three or four days of menstruation the recumbent posture has been required, and a total inability to engage in domestic duties has been almost constant.

Though married 18 months, Mrs. H. has never conceived. Physical examination revealed a small uterus, occupying a low position in the pelvis. The uterus was very acutely retroflexed. The cervical canal was bent and so small as scarcely to admit the smallest probe. There was evident stenosis at the internal os. The diagnosis of obstructive dysmenorrhœa was established, and the

*Read before the Gynecological and Obstetrical Society of Baltimore.

dilatation of the canal was proposed for its relief.

The patient was averse to taking chloroform or ether, and expressed a willingness to endure the operation of divulsion with the use of cocaine. After a few days of preliminary treatment, consisting chiefly in the use of hot-water injections and attention to the stomach and bowels, the operation was undertaken. One-fourth grain of morphia was administered fifteen minutes prior to placing the patient on the table, and at the same time a cone containing one grain of cocaine, with five grains of boracic acid, two drops of oil of wintergreen, and cocoa-butter, q. s., was introduced into the vagina. The operation was then begun. The cone had melted promptly and was removed in a liquid state. The vagina was sponged out with warm water rendered antiseptic with bichloride of mercury (1 to 4000). A small sound was passed into the uterus and the fundus lifted up. The sound withdrawn, applications of cocaine were made at intervals of every three or four minutes to the cervical canal and to the vaginal cervix. The parts were benumbed as thoroughly as possible. The small bivalve dilator was next passed, and the canal stretched so that it would admit of the introduction of the larger blades of Ellinger's dilator. Before divulsing with Ellinger's instrument cocaine was again applied. In fact, the solution was used repeatedly during the operation. When I had succeeded in stretching the blades of the dilator to nearly their full extent, the instrument broke under the strain of the pressure with a sudden snap, which startled my patient. Apart from this she experienced no pain, and expressed herself as ignorant of what was going on. After removing the blades of the dilator I passed a No. 14 sound into the uterine cavity. Whilst the divulsion was not as complete as I desired to make it, in consequence of the breakage of the dilator, its good results were unquestionably shown. The patient was kept in bed one week. Menstruation came on on the fourth day after the operation, without pain and without nausea. The first sign manifest to the patient was the appearance of the blood on her linen. The result was surprising to her, as such freedom from distress was an unknown quantity in her history. Mrs. H. is now wearing a retro-uterine pessary, and is at present in comfortable health. As she has not passed through her second menstruation since the operation, I am unable to state what influence it will have upon her future health. I relate the case to show the fact that divulsion can be performed with cocaine without pain. I claim no originality for this use of the drug, but simply offer this testimony to induce my colleagues in gynecological work to give the drug a trial, if they have not previously employed it for this purpose.

The strength of the cocaine solution used was four per cent.

CHARMS AND SUPERSTITIONS IN THE TREATMENT OF DISEASES.

BY WM. F. MITCHELL, M. D.,
Of Addison, Pa.

It seems singular in the latter part of the nineteenth century that in almost every locality relics of superstition and barbarism remain. I presume there is no country settlement where you can find more cultivation and refinement, where more newspapers and books are read, where churches and schoolhouses are more plentiful, than this, and yet there is hardly a family that does not cherish some superstition that has been handed down from generation to generation. Their name is legion. Among the remedies for hemorrhage from the nose or a wound is the repetition of certain words from the Bible, which, however, must be repeated by some one gifted in a certain way; as, for instance, the power must be originally possessed by the seventh son of a seventh son, and by him delegated to a woman (if a seventh daughter so much the better), and by her to a man, and so on alternating, but under no circumstances can a man impart the power to a man, or a woman to a woman. For uterine hemorrhage I have seen red and blue yarn strings tied around the fingers and toes, and even the knees and thighs; this too must be done by one having certain power. I remember one man whom I have followed frequently after his incantations failed.

Then, if a child is puny and of low vitality, a hole is bored in a tree the exact height of the child, a plug driven in, along with some hairs of the child's head, the belief being that as the tree continues to grow so will the child. A tea made from the fresh excrement of a sheep is considered a sovereign remedy for measles, and I have actually known people who were ordinarily intelligent to drink it by the pint or more. The juice of the excrement of a stallion, voided before sun-up in the morning, has been given for certain intestinal troubles, colic, etc., including epilepsy. In justice to my patrons, I will say that the knowledge of this last remedy was obtained in another community

where I formerly practiced. The excrement of the cow has been used frequently as a poultice in abscesses and also in rheumatism. Toothache is treated by a branch from a sweet-apple tree, cut in a certain phase of the moon, sharpened at both ends; the branch or twig may be an inch or two long, prepared and used by a certain person with occult power. Then the tooth is picked until it bleeds; if an upper one, with the smaller end, if a lower one, with the large end. Freckles are supposed to be removed by washing in the water contained in a hollow stump three successive mornings, commencing on May 1 before sun-up.

The cures for warts are many, among which may be mentioned tying them with a string, that is, tying a knot over each wart, and burying the string at the northeast corner of the house, under the eaves; rubbing the wart with a slice of potato, and feeding the potato to the hogs; blowing them away with the breath, or by repeating words. All these cures, however, must be performed by a certain person, one with some mysterious power gotten in some way. If a boy is fishing and gets dirt in his eye, he will hunt a craw-fish, and, carefully enucleating one of its eyes, insert it in his own. I knew a very intelligent man, who had ophthalmia in its most simple form, but which proved a little intractable, to allow himself to be treated by a man who absolutely knew nothing about medicine, and whose treatment consisted of some secret and mysterious incantations, known only to the patient and himself. If a new-born child is handed to its father to be kissed before it has taken anything in its mouth, it is believed it will never get a sore mouth. In dressing an infant the first time, if the clothes are put on over the feet, it will always be even-tempered, and will not cry.

These are only a few of the many superstitious cures. To give anything like a comprehensive account of all would make this communication too long. Mention of a few other superstitions in regard to every-day life may not be out of place.

Only the other day two ladies were walking along the street, when one of them inadvertently passed on the other side of a tree, beside which they were walking, the other immediately came back and went on the same side her companion did, in order, as she said, that their friendship might not be divided. For the same reason I noticed a mother whose son was walking with two other young men, and who went on the opposite side of a tree, make her son turn back and walk on the same side.

To carry a shovel, hoe, or any iron agricultural implement through a house, is supposed to be a sure sign of the death of some member of the family. They can, however, be carried *in* the house to any extent, if they are brought out the same door they were taken in. A garment must never be cut out on Friday on any account, nor on Saturday, unless it is sure to be finished on the same day, otherwise death will follow. If the thread kinks and curls up when a garment is made, the wearer will not live to wear it out. If a person starts to go anywhere, forgets something and comes back, he will have bad luck. The new moon must be seen over the right shoulder, if health and strength are valued.

A great many other superstitions prevail in regard to planting seeds, butting timber, making fence, roofing houses, killing hogs, etc., not to mention the belief still extant in some localities in regard to witches, ghosts, and supernatural sights and sounds.

PAPILLOMA OF THE LARYNX.

BY ALEXANDER W. MAC COY, M. D.,
Of Philadelphia.

Ernest S———, aged eight, a native of Chester county, and a patient of Drs. Isaac Massey, of West Chester, and H. Darlington, of Concordville, was referred to me in July, 1884, for treatment for papilloma of the larynx. The child's parents give the following history: One year and a half before coming under my observation they had noticed that the lad was suffering from a mild catarrhal laryngitis, accompanied by a slight cough. A few months later, they noticed the lad's voice changing—becoming thin, shrill, and often breaking. This condition continued for six months, his voice coming and going. Nearly one year afterwards, his voice had become reduced to a mere whisper, and only with great effort could he raise his voice to a *hoarse* whisper.

About this time the lad complained of oppression, and some pain in the chest. A few months before, his parents had first observed difficult breathing, but not until three weeks before I saw him had the attacks of dyspnœa become frequent or alarming. Severe attacks of difficult breathing occurred at night, and often lasted for hours, and suffocation appeared inevitable.

At his first visit to me his breathing was quite loud, stridulous, both on inspiration and expiration, more marked on *inspiration*. His face was pale and anxious; pulse soft,

irregular, and rapid; inspiration and expiration laborious, giving the impression that suffocation might occur at any moment. The lad had lost flesh rapidly during the previous three months.

Laryngoscopic examination showed the lumen of the glottis greatly encroached upon by a grayish, pinkish mass, irregular in outline, completely obscuring the left vocal band. The mass appeared thick and piled up on the vocal band, overlapping and overhanging the free edge, and descending underneath the left vocal band. The right vocal band was *less* involved; a growth of considerable size appeared to spring from underneath its middle. There was, in addition, a *sub-glottic growth*, which on deep expiration was seen through the rima-glottidis filling up the entire chink, except a small space at the posterior portion. This growth appeared to spring from the anterior angle of the thyroid cartilages, just beneath the anterior commissure of the vocal bands. This mass was very freely movable on respiration—*inspiration* drawing it down into the trachea almost out of sight, while *expiration* forced it *up* into the chink. This condition of affairs produced a most novel effect—a constant bobbing up and down during respiration—and at the same time constituted a state of imminent danger to life. It was under such circumstances, demanding instant action, that I was called upon to decide upon the proper treatment. The child had already been examined by another laryngologist of this city, who refused to do anything prior to a tracheotomy. The parents were averse to subjecting him to what they deemed an additional risk, and were anxious to have an attempt made to remove the growth before tracheotomy should be resorted to. Accordingly, the growth *was* removed by the intralaryngeal method without tracheotomy or previous training of the larynx, and necessarily without cocaine, as the operations were performed prior to its use. The several growths were removed at various sittings by Mackenzie's right-angled forceps (cutting and blunt) until the larynx and trachea were entirely free from the papilloma. The tendency to recurrence was checked by the application of fused chromic acid. At the present writing the lad's voice is fully restored in volume and character, and the anatomical features of the interior of the larynx are intact.

1417 *Walnut St.*

—Those who are guided by reason are generally successful in their plans.

STRANGULATED FEMORAL HERNIA—OPERATION—RECOVERY.

BY A. D. BUNDY, M. D.,

Of St. Ansgar, Iowa.

In response to an editorial for a more frequent report of cases by practitioners, I submit the following:

Mrs. T———, a Scandinavian by birth, a small and frail woman, who had borne five children, and whose health was impaired from hard work and uterine disease, and whose age was about thirty, had been for two years a subject of femoral hernia. She had in vain tried to wear a truss, but could find none that could be borne but a few hours at a time; consequently her hernia came down often, but she had always succeeded in reducing it until Sunday, September 26; then all means at her command failing, I was sent for, but did not reach her until Monday morning, the 27th. She had been in much pain all night, and vomited several times. Recognizing the gravity of the case, I sent for my friend, Dr. Cobb, of Mona. On his arrival, ether was administered, and we both tried taxis in every position conceivable that would favor reduction; but our efforts were of no avail. She was now placed on an ordinary kitchen table and in a good light, when with antiseptic precautions I proceeded, with Dr. Cobb's aid, to operate. The skin was incised in the usual way, and with my forefinger I swept around the hernial sac and cleared it of its facial coverings, and soon found the constriction. The sickle-shaped process could be easily made out, and my forefinger point insinuated under it, but I could not rupture it; but with the bistoury carefully guarded, it was cut sufficiently so that the hernia could be returned. Not a teaspoonful of blood was lost in the operation.

The wound was now united with silk sutures and a dressing of subnit. bismuth dusted on, and covered with sublimated gauze. I did not disturb the dressing for three days; at that time the gauze was slightly stained. The wound was cleansed by wiping with borated cotton, and I now covered the wound with iodoform, probably dusting on one-half a drachm covered with sublimate gauze, and over that a compress of borated cotton. In twelve hours my patient showed unmistakable signs of iodoform poisoning. The symptoms were pain about the heart and faintness, with feeling of fullness in the head; and although I instantly removed the dressing and substituted bismuth, it was two days before she entirely recovered

from its effects—this being the first time I ever had seen any ill effects from iodoform. The small quantity used in this case suggests to my mind that a peculiar idiosyncrasy exists in those cases in which the drug is peculiarly noxious. This being my first case of herniotomy, and not making any special pretensions to do surgery, causes me to thank my stars at the favorable result of the case, as my patient is now well and doing her work.

Medical Societies.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE

Regular meeting, held October 12, 1886. Dr. L. E. Neale read a paper on

Removal of the Uterine Appendages for Fibroid of the Uterus—Recovery from Operation.

Martha Bayton, colored, æt. 27 years, Va. An intelligent domestic, never pregnant or married. General health good, and early history unimportant.

She first observed an abdominal enlargement during the fall of 1884, *i. e.*, about two years from date, and the increase of this enlargement was accompanied by a gradual diminution of the menstrual flow, which, however, remained perfectly natural in other respects. The abdominal enlargement, it seems, was ascitic, for she had been tapped by another physician in October, 1885, when a large quantity of straw-colored fluid was removed, after which a tumor in the right iliac region was quite perceptible.

The fluid reaccumulated, distended the abdomen to 41 inches in its greatest circumference, and forced the posterior vaginal wall outside of the vulva, whence it protruded as a soft tumor about the size of a small cocoanut. There was no procidentia uteri, and the somewhat tortuous uterine canal measured three inches. I found the patient in this condition, with an abdominal tumor extending to the level of the umbilicus on the right side. The tumor was apparently movable, seemed to be free of all adhesions, floating in the ascitic fluid and attached to the pelvic organs by a supposed pedicle.

As regards the nature of the tumor no positive diagnosis was made before the operation. Although the tumor seemed so freely movable in the ascitic fluid, the failure of the uterus to descend with the posterior vaginal wall, in the absence of other recognizable cause to sustain it in its high position (for the tumor did not fill up or press upon the pelvic brim) might have led to the diagnosis of adhesions, which, as already mentioned, were not suspected in this case.

The patient was in fair health, which was, however, beginning markedly to run down, and, although greatly inconvenienced by the abdominal distention, she was able to continue her household work up to date of admission into the University of Maryland Hospital, September 15, 1886.

The operating room was fumigated with chlorine gas generated by igniting a mixture of equal parts of ether and chloroform; it was then thoroughly scoured, cleaned and ventilated.

The spray was not used at any time, and the water, previously boiled, was carbolized too little to destroy germs.

The usual preparation of the patient was observed.

Operation, September 18, 1886, 11 a. m.

Incision in the median line finally enlarged to three inches, and about three gallons of ascitic fluid removed. The tumor was found to be a non-pediculated, sub-peritoneal uterine fibroid, growing from the right cornu uteri and strongly adherent to the right anterior abdominal wall. Salpingitis and periovaritis existed on both sides, the appendages being closely and firmly adherent to the uterus.

All things considered, removal of the uterine appendages was judged to be the most favorable and practicable operation. This I found under the existing conditions a very difficult task; indeed, I do not hesitate to say, it might have proved too difficult save for the presence of my kind friend and teacher, Prof. Wm. T. Howard, who, both by wise counsel and practical help, assisted materially in the performance of the operation. For this I am happy to make public acknowledgment and to express my sincerest gratitude.

Silk ligatures were used, and applied close against the uterine wall; the abdominal cavity was washed out with warm water poured into it from a pitcher; the incision was closed with ten silk sutures and the usual simple dressings applied.

Duration of the operation nearly two hours. The patient rallied well, convalesced uninterruptedly. A menstrual-like flow occurred from the third to the seventh day after the operation. The sutures were removed on the sixth day. Patient discharged on twenty-first day, viz., October 9, 1886, with no return of the ascites; incision thoroughly united and shrunk to 2½ inches in

length; tumor sunk below umbilicus, making only a slight prominence through the abdominal wall; vagina retracted into normal position, and patient's general condition quite good.

I believe I am right in stating that in this case no positive diagnosis was made before the operation, although I must qualify this by saying that Prof. Howard did incline towards a solid tumor, and inasmuch as fibroids of the uterus are the most frequent abdominal tumor in the African race, he *suspected* a fibroid.

The ascites was gradually reducing the woman's general condition and rendering her unfit for work. No other cause for the ascites was discoverable save the presence of the tumor. A previous tapping had afforded a very brief relief, and she was anxious for an operation in order to obtain either temporary or permanent benefit. Hence, it was determined to withdraw the fluid through an exploratory incision, anyhow, and then remove the cause of the ascites if practicable. At the operation it was found that the removal of the tumor would have been very difficult and dangerous on account of its strong adhesions to the anterior abdominal wall, and as it was non-pediculated would have necessitated supra-vaginal hysterectomy. The mortality of this operation under general operators (excepting Keith and a very few others), when compared with the natural death rate from fibroids—particularly non-bleeding sub-serous fibroids—we know to be fearfully discouraging; indeed, I had almost said, render the operation unjustifiable. In my case peri-ovaritis and salpingitis existed on both sides, in all human probability unfitting the woman for generation; moreover, the fibroid was not very large; and for all these reasons, with the full concurrence of all present, Prof. Wm. T. Howard included, the least of the two serious operations was selected, and as it seems with a satisfactory result.

Although I propose in this little article merely to give a brief clinical report of my case, leaving the general subject of castration to be disposed of by older, more competent, and more experienced men, I cannot refrain from touching upon a few interesting points in connection with the operation, in the hope of eliciting instructive remarks from the members of the society.

I do not hesitate to say the most thorough, interesting article upon the subject I have been able to obtain, is that Olshauen, published in the *Handbuch der Frauenkranheiten*, vol. ii., ed. 1886. As this has not yet been translated into English, and hence is practically a closed book to some of us, I shall here take the liberty to quote a few brief passages with especial reference to castration when performed for uterine fibroids.

Speaking of this operation when weighed against myomotomy, which, as I understand it, includes supra-vaginal hysterectomy, he (*op. cit.* vol. ii., p. 709–10, etc.,) says: "I do not believe the time has yet arrived, when we can give a correct judgment with certainty upon this point. It should, nevertheless, be remembered that Hegar and Wiedow, from the most recent observations upon large fibroids, even when subserous in character, hold castration to be very successful, and hence they, together with Kn. Thornton, limit the indications for myomotomy to pediculated and cystic myomata."

The termination of this question, Olshausen thinks, must be governed by the given case and the operator, and that no absolute rule can be made. President Reamy, speaking upon this subject, in his address before the American Gynæcological Association, recently assembled in this city, said: "The operation of hysterectomy should not, as a rule, be performed in these cases. Spaying has met with more favor and success than any other surgical procedure."

Hays' Journal for October, 1886, states: "Though the value of castration may have been disputed by several authors on theoretic grounds, yet all objections to it fade away before the statistics compiled by Wiedow, which justify us in regarding castration as the operation to be preferred in uterine fibromata." (p. 604.)

With regard to the results of castration for fibroids, Goodell (Virchow and Hirsch, ib., 1878, ii., p. 568,) collected ninety-eight cases; in seventy-eight of these amenorrhœa occurred, in eight menstruation became more difficult, and in twelve it persisted.

Wiedow, in later statistics, reviews 76 cases, in which the menopause occurred at once or after slight bloody discharges in 61 cases. In only four cases was the effect upon the hemorrhages temporary or nil. In 63 cases the fibroids diminished. In 3 cases a primary diminution with a subsequent increment of the tumor was observed. An observation similar to this is recorded by Hofmeier.

The time required for a decided effect upon the hemorrhages or the tumor, we would naturally expect to be very uncertain and indefinite, when we remember that the operation when thoroughly performed and successful, merely prevents the periodic monthly

uterine congestions or establishes the menopause, but in nowise affects the uterus or the tumor. Hence, the desired result may occur at once, or not for years, and it is therefore possible, if not highly probable, that some results might readily be attributed to science which are really due to nature, the woman having attained her natural menopause. In some cases the decrease of the tumor is rapid and very marked; thus, Lawson Tait observed a five-pound fibroid entirely disappear in six months after the operation. In a case where castration was performed, intrapartum (for fibroids) Williams observed the uterus to diminish to a size less than its virgin condition, the uterine cavity measuring only two inches in seven months after the operation.

Olshausen says in one case he has also observed a marked and rapid involution of a large fibroid after castration. This patient was 39 years old, was in a profound state of anæmia, with general œdema, and entered the clinic in such an exhausted condition that it was only after a considerable time he dared to perform an operation. The uterus was of the size of a seven to eight months pregnancy. Three months after the operation the tumor had shrunk to one-half, and one year later to one-third its former size, and so it had remained after four and a half years, when he made his last observation. In this case menstruation never returned; the woman became the very picture of health, and performed the heaviest farm work. Amenorrhœa did not occur at once, but there was an almost continuous bloody discharge for 6 to 11 months after the operation; then the bleedings occurred irregularly, with intervals of half a year, until they finallly disappeared entirely, three years after castration. But the general condition so markedly improved during the first half year that a favorable result was then apparent. In another case, 37 years old, the menopause occurred at once and continued 2½ years afterwards, when last seen. It should be noticed that among those cases in which the menopause occurred at once there was one case, and the only one O. has observed, in which the ovary was removed only on one side, as it was impossible for him to find the other ovary. Of course, the probabilities are that it was functionally destroyed and hidden by disease, or indeed, may have been congenitally absent. Leopold in one case failed to extirpate any ovary, but merely ligated several blood-vessels, and yet no further uterine hemorrhage occurred.

According to Olshausen, amenorrhœa occurs in three-fourths of all cases of castration, and remains permanent. A slight uterine hemorrhage of several days' duration, here, as after ovariotomy, may occur several days after the operation without signifying true menstruation. This may continue for hours, or days, but is rarely profuse. Schroeder holds that a small bit of ovarian tissue left after supposed removal of the ovary may prove sufficient for a continuance of function. And, again, Dr. Spencer Wells (*American Journal of Medical Sciences*, October, 1886,) tells us: "Wiegel counted, out of six hundred women examined, no less than twenty-three with more than the ordinary two ovaries." "Instances of regular menstruation, and even of pregnancy after double ovariotomy, have been met with sufficiently often to show how easy it is for the expectations of a surgeon to be thwarted by a condition which he can neither foretell nor determine exactly at the time for his operation."

Such cases, however, are, of course, the exceptions. The largest and most recent statistics of castration for fibroids, according to Olshausen, is furnished by Wiedow, who gives 149 cases with fifteen deaths, or a mortality of ten per cent. Eleven of these deaths were due to septic peritonitis. I have never seen the statistics of Mr. Lawson Tait, and other leading operators in this field, for castration when performed for uterine fibroids, but suspect the mortality must fall below ten per cent.

Although it does not pertain strictly to the case herein reported, I am sure it would be interesting to hear an expression of opinion from those who have performed castration for psychical or other disorders not connected with fibroid tumors of the uterus, and when no anatomical evidences of disease are recognizable in the ovaries or appendages.

In this connection, Olshausen reports an exceedingly interesting case of a woman, twenty-six years old, who for ten years had suffered severely from a number of disorders, and among others from paralysis of the inferior extremities. Every evening at a certain regular hour convulsive attacks of the most violent intensity occurred, lasting, with short intervals, for one-half hour, during which time she was unconscious. Each attack was announced by pain in the region of the left ovary, and these pains continued during the entire night of the attack. Whenever the ovary was touched during an examination, with or without narcosis, pain was experienced, which continued for several hours. Besides this, there were slight attacks

of epilepsia brevis, or *petit-mal*, occurring often during the course of the day, at which times the eyes were closed, the head fell upon one side, and after one quarter to one-half of a minute the patient awoke to consciousness.

All treatment proved *nil*, and often these violent convulsive attacks had continued daily for ten entire months. On the 26th of September, 1881, castration was performed without difficulty. At the operation not only were the ovaries found to be perfectly normal, but not even had any inflammatory process existed in the surrounding tissue. However, on the very evening of the operation the convulsions failed to occur, and as yet, in four years, have never returned, as also has not menstruation. The attacks of *petit-mal* continued during the first months after the operation, somewhat more frequent and severe than before, but after half a year they appeared less frequently, and finally disappeared altogether. The general condition of the patient improved from the very day of the operation. Similar cases are reported by Mäurer, Heilbrun, etc., and many others have appeared in our own English literature. In Olshausen's own words, this case illustrates very plainly that there are cases of severe cerebral and spinal symptoms, where, notwithstanding the absence of all recognizable abnormalities (in the ovaries), castration may be performed with great advantage.

Sir Spencer Wells, in the October 1886 number of the *American Journal of the Medical Sciences*, "repeats a warning made in 1882, that although he accepts the principle, he sees that the operation has a very limited application, and is so open to abuse that its introduction in mental and neurotic cases is only to be thought of after long trials of other tentative measures and the deliberate sanction of experienced practitioners." I presume no one will hesitate to accept this palpable truth, but when he adds: "Except in cases where bleeding fibroids may call for the extirpation of healthy ovaries, we might at least require some evidences of the ovaries being diseased before consenting to their extirpation," etc. In the light afforded by the clinical demonstration of the above typical case of Olshausen, and a host of others that might be readily cited, I think this latter statement could be very justly questioned.

At the recent meeting of the American Gynecological Association in our city, you will all remember with what keen and penetrating acumen Dr. Battey, of Georgia, in reply to a question from Dr. Barker, of New York, asking him to state the grounds on which he would advise the removal of the tubes and ovaries, said: * * "I do not require in my cases an absolute diagnosis of disease of the tubes or ovaries prior to operation. It is sufficient for me to know that the general health is broken down by reason of the perverted function of the ovaries, that she is utterly miserable, that there is no reasonable hope of restoration to health by other means, and that there is a reasonable prospect of restoration by removal of the ovaries."

Although to some this may seem a little like equivocation, in my opinion (if so young and inexperienced a man may be permitted to hold an opinion upon such an important question), this is as near to definiteness as we can arrive at present, or from present indications are liable to arrive for a considerable time to come. Hence, in some cases at least, I am inclined to rank myself among those opposing Winckel and a very few others, who require anatomical evidences of disease in the ovaries before their extirpation is considered justifiable. I think that in certain cases, ample clinical demonstration has sufficiently proved the following of this doctrine. As regards the age at which such operations are usually performed, Spencer Wells (op. cit.) says: "It would thus seem that in all the older patients who submit to abdominal section, it is ovariotomy for cystic or other enlargement of the ovary that is done. Out of 171 cases undergoing the operation for hemorrhagic uterine fibroids, 53 were between 30 and 40 years of age, 62 between 40 and 50, and only 9 below 30. The number of cases of oöphorectomy for other causes is comparatively small, and few of them outside the middle age. The limits of our investigations of the diseases requiring oöphorectomy are thus drawn within the narrow compass of 20 years of woman's life, between the ages of 30 and 50. The find here cannot, in the common run of things, be very rich except for fibroids." Further on he says: "The results of myomotomy are deplorable even now, and castration as compared with myomotomy presents us with the striking contrast of a mortality of only 14.6 per cent., a diminution of the tumors, a stoppage of the hemorrhages, and a disappearance of many of the accompanying symptoms. Moreover, as half this mortality has been due to septicæmia, there is here a wide field for surgical enterprise."

DISCUSSION.

Dr. W. P. Chunn said he had never before seen a case of uterine fibroid compli

cated with ascites. His opinion before the operation was that the tumor in Dr. Neale's case was a soft fibroid. The operation, however, proved it to be hard. One reason for his considering the growth a fibroid was that, although there was a marked rectocele, the uterus was not prolapsed, and he considered that to be due to the growth, which, being large, could not descend within the pelvic cavity, and being attached to the uterus held it in its place. Another reason for considering the tumor a fibroid was that any motion imparted to the growth moved the uterus in a corresponding direction. He did not understand why there was no return of the ascites, unless the incision through the abdominal wall modified the circulation of the peritoneum in a similar manner as when one cuts through the capsule of a fibroid.

Dr. B. B. Browne said in regard to the effect of removing the ovaries causing a diminution in the size of the tumor and arresting the menorrhagia, he could speak of its satisfactory results in one case in which he had removed the ovaries and tubes of a colored woman, aged 22 years, who had been an invalid for several years, and unable to work for her living. The interstitial fibroid filled the pelvis, and had grown rapidly for a few months previous to the operation. Since the operation the tumor has almost entirely disappeared, and the flow has entirely ceased.

In another young woman (white) who had been a chronic sufferer and invalid from severe pelvic pains and dysmenorrhœa, the removal of the ovaries and tubes had greatly improved her condition.

Dr. W. T. Howard said, that as Dr. Neale had referred to him, some remarks from him might be expected. Through the courtesy of Dr. Neale, Dr. Howard exhibited the woman to his clinical class at the University of Maryland. There was evidently a large amount of free fluid in the sac of the peritoneum; and the only question at issue was in regard to the *character of the solid tumor*, the presence of which was equally evident. In consideration of the well-known fact that in the negro race ovarian tumors of any kind are exceedingly rare, and *solid ovarian* tumors in any race excessively rare, while in negroes *solid uterine* fibroids are as excessively frequent, Dr. Howard concluded that, in the case in question, the chances in favor of the tumor being a *solid fibroid of the uterus* were at least in the proportion of 500 to 1. That was about as near being a positive diagnosis as one could ever hope to attain in abdominal tumors—and, it might be added, in almost anything else. It was true that, in eight months, Dr. Howard had removed two large solid ovarian tumors, and, as is usual in such cases, there was a large amount of ascites in both. But this experience was quite exceptional, and Dr. Howard never expected to see another solid ovarian tumor. In 378 ovariotomies, the late Dr. W. L. Atlee had never seen one; Sir Spencer Wells only speaks of having seen two in his immense experience; and, in about 600 ovariotomies, Dr. Keith had never seen one.

Dr. Howard certainly thought that he had left no doubt on the minds of all present in regard to the positiveness of his diagnosis, and he knew that at all events most of them so considered it. On the other hand, Dr. Neale strongly inclined to the belief that the hard tumor was *ovarian*.

After Dr. Neale had removed the ascitic fluid through the usual incision, of about two inches in the median ovariotomy line, and inserted two fingers into the abdominal cavity, he announced that the tumor was certainly a uterine fibroid, and requested Dr. Howard to express his opinion as to what ought to be done. Dr. Howard advised a removal of the ovaries and tubes, as *the operation of election* in such cases. The mortality in this operation is very small. Up to May, 1885, Mr. J. Knowsley Thornton had done it for the cure of fibro-myomata of the uterus eighteen times, without a death; and Mr. Lawson Tait, whose experience in this matter is larger than that of any other operator, states that the entire mortality of the operation is only four or five per cent. And it now well ascertained that, in the great majority of cases, the operation is successful in arresting the growth of the tumor and the hemorrhage also; in many cases the tumor shrinks up, or even entirely disappears. Hence when one or the other must be done, removal of the ovaries and tubes for bleeding myomas should always be preferred, in an immense majority of cases, to the far more dangerous operation of *hysterectomy*. Should Tait's operation fail, as it is now familiarly and rightfully called, then hysterectomy may be done. But whoever intends to do a Tait, should always be prepared at the same time to do a hysterectomy, for it is the opinion of all who have had much experience that it is impossible to determine before the abdomen is opened and the relative positions of the ovaries, uterus, and tubes ascertained by sight and touch, which operation had better be done. Indeed, in some of the hysterectomies done by

Dr. Keith, it was impossible to remove the ovaries and tubes without removing the uterus. So that when an operator begins with the intention of only doing the minor operation, he may be compelled to do the major, and should, therefore, never make a positive promise to the patient as to what he will do. In July last, Dr. Keith informed Dr. Howard in Edinburgh, that among persons suffering from uterine fibroids who had consulted him, he only deemed it necessary to perform hysterectomy in sixty. Of these only seven died, or 11 per cent. This is the best result yet obtained by any operator. Still, Dr. Keith considers hysterectomy a very risky operation. In August, 1884, Dr. Howard saw Dr. Keith remove the uterus in a London cook, aged 46, which had grown to be so large that she could hardly get about, and she could not pursue her occupation, by which she made her living. The catamenia returned every three weeks. The entire uterus, ovaries, and tubes, with seven extra-uterine fibroids were in a bucket in fifteen minutes, but so careful was Dr. Keith in completing the operation, that it lasted forty-five minutes longer. Recovery ensued without an unpleasant symptom. To see Dr. Keith do a hysterectomy is a real revelation in abdominal surgery.

Dr. Neale had embraced in his paper other considerations besides bleeding myomas that may require removal of the uterine appendages. There can be now no doubt that in certain cases of the neurotic class, and especially inveterate cases of hystero-epilepsy, this operation has effected cures more or less promptly. And all must have observed the paroxysms in this malady are proven to be intensified at the catamenial periods. But they are not always induced by, or are in connection with a morbid condition of the ovaries and tubes. Dr. Howard was present at the International Congress in London in August, 1881, and heard Dr. Graily Hewitt read a paper on the exciting causes of hysteria and hystero-epilepsy, in which he reported eighteen cases, and proved that in them the particular irritation most potent in producing the reflex phenomena was flexions of the uterus. Twelve were cases of anteflexion, and six more cases of retro-flexion. In these cases attacks ceased when the uterus was restored to its natural position and retained there by suitable pessaries. All must have observed that in flexion of the uterus pain in the region of the ovaries is a very common symptom, and, on the other hand, we often observe prolapsed and exquisitely tender ovaries without any manifestations of hysteria or hystero-epilepsy. Moreover, Dr. Howard had seen two severe cases of hystero-epilepsy in which the ovaries were removed, and yet no perceptible improvement could be observed in these cases subsequently. One was that of a white woman, operated on by his esteemed friend Dr. Frank West. Long after the operation she was admitted into the University, and Dr. Flannery, then assistant to the resident physician, Dr. West, had informed Dr. Howard that he had been kept up nearly all night in controlling the most violent hystero-epileptic convulsion by administration of chloroform by inhalation and by hypodermics of morphia. The other case was a colored woman, skillfully operated on by Dr. Chunn. This woman was kindly brought before the class at the University of Maryland, and was thought by Dr. Chunn to be entirely cured. But with a candor that did him honor, he subsequently affirmed that the paroxysms were as hard as ever, and the last time Dr. Howard heard from her she was wandering around from one dispensary to another in the city, seeking relief. In one bad case of hystero-epilepsy, however, Dr. Howard had a very fortunate result from removing the uterine appendages. Miss J. H., aged 23, came under Dr. Howard's care in December, 1882. At every menstrual epoch she would lie across the bed with her feet elevated as high as possible on the wall, in a state of profound coma, often attacked by violent convulsions, for from seven to ten days. Curiously enough, blood issued around the umbilicus, and she would often spit out blood from the mouth, which was evidently not coughed up, nor vomited. After trying in vain all means known to him, including dilatation of the anterior flexed uterus, Dr. Howard operated November 19, 1883, and, as stated, effected a perfect cure. She is now a married woman in excellent health. In this case the ovaries were obviously much diseased.

(*To be continued.*)

—As a tonic in the asthenic type of fevers Prof. Gross advises the following:

℞.	Quininæ sulphat.,	ij. gr.	
	Tinct. ferri chloridi,		
	Acid. hydrochlor. dilut.,	āā xv. gtt.	
	Tinct. nucis vomicæ,	x. gtt.	
	Syr. zingiberis,	f℥ij.	M.

Sig.—This amount ter die.

Instead of the nux vomica ¹⁄₁₀ grain of strychninæ sulphas may be employed.

Editorial Department.

Periscope.

Hæmoptysis Complicating Pregnancy.

Dr. John W. Martin thus writes in the *Medical Press:*

Mrs. P., æt. 26, nine months married, and supposed to be about four months pregnant, came under my care June 11, 1886. She had always been inclined towards delicacy, and about five years before the present illness she had a similar attack of blood-spitting. On the date mentioned, while out driving, she suddenly commenced to spit freely large mouthfuls of blood. When seen, about twenty minutes after the beginning of the attack, the blood was still coming in large quantities, she looked very pale, and spoke in a low whispering voice. Though frightened, she was wonderfully calm and collected. She described the blood as coming from the right upper lobe of the lung, from a point just below the middle of the clavicle. As far as a very gently conducted examination could make out, this portion of the lung was very dull on percussion, the breath sounds were very harsh, and there was a good deal of coarse crepitus to be heard throughout the whole of the upper lobe on that side. Nothing noticeable at the base of the right lung, or in the left lung, except that the breath sounds were a little roughened. There was no rise of temperature, and the pulse was 84, and not very excited. The tongue was clean, the bowels regular, and a sufficiency of healthy-looking water had been passed. There were no symptoms of a cold or of feverishness present. The skin was perfectly cool to touch. She was, and had been troubled with a slight dry hacking cough. It was about a week before the time, when, in the usual course, had she not been pregnant, she should have the menstrual flow. As far as she recollects her former attack took place about the same time before the catamenia were expected. There was no bleeding from the gums, nor had there been any from the nose. Movement of the right arm was difficult and painful, the pain being felt in the affected portion of the lung. The heart's action was quiet and regular. There were no heart murmurs. Perfect rest was ordered, with cold applications, *i. e.*, iced water cloths, to the chest. Ice was given to suck. All fluid nourishment was directed to be given cold. For medicine:

℞. Acid gallic, ℥iss.
Liq. morph., ♏j.
Infusi hæmatox, q. s., ad. ℥viij.
M. ℥j. every second hour.

When seen later in the day, I found the hemorrhage decidedly checked, but she complained that each dose of the mixture caused pain in the stomach. The mixture was changed for the following pill:

℞. Acid gallic, grs. iij.
Ext. gent. co., gr. ij.
M. Ft. pil. xij.
Sig.—One to be taken every third hour.

June 14. The pills checked the hemorrhage to a very large extent, but not altogether. With the diminished discharge from the lungs, slight epistaxis appeared. The dyspeptic symptoms continued, but to a much milder and more bearable degree. To relieve the latter, ordered—

℞. Sodæ bicarb., ℥j.
Sp. am. aromat., ♏ℨj.
Tr. zingib., ♏ℨj.
Aqua, ad. ℥viij.
M. ℥j. three times a day.

On the 11th of June I had to abandon the pills. The dyspeptic symptoms continued with their use.

On the 16th of June, a fresh discharge of blood took place. Stopping the pills and mixture, I ordered—

℞. Tr. hamamelis, ℥ij.
Ext. ergotæ liq., ♏iij.
Liq. strych., B. P., ♏ss.
Syrupi aurantii, ♏ss.
Aqua, ad. ℥viij.
M. ℥j. every second hour until the hemorrhage is checked.

18th. The hemorrhage controlled. Treatment continued.

20th. With the exception of pain in the upper lobe of the right lung, she felt considerably better. For this pain I prescribed—

℞. Tr. opii, ♏iij
Chloroformi, ♏iij.
Lin. belladonnæ, ♏ij.
Lin. saponis, q. s., ad. ℥iv.
M. Ft. lin. Sig.—"Caution," "poison," external use only. To be well rubbed with very gentle friction three times a day.

21st. There was no hemoptysis. Slight epistaxis continued. I dropped the strychnia and ergot from the mixture, giving the following:

℞. Tr. hamamelis, ℥iss.
Aquæ, q. s., ℥vj.
M. ℥ss. every third hour.

On the 23d of June the whole surface of the body was covered with a profuse red rash closely resembling that seen in scarlatina. There was no fever, nor was there any sore throat, or rise of temperature. Skin was cool, the pulse quiet; the tongue was slightly furred; other symptoms unchanged. Ordered—

℞. Pot. bicarb., ℥j.
Tr. hamamelis, ♏iss.
Aquæ, q. s., ad. ℥viij.
M. Ft. mist. ℥j. every fourth hour.

For the skin irritation I gave the following lotion:

℞. Hyd. bichloridi, grs. x.
Sp. vin. rect., ♏iss.
Morph. mur., grs. iv.
Glycerinæ, ♏j.
Aquæ, q. s., ad. ℥x.
M. Ft. lotis. Liq. "caution." Ext. use only. To be applied as required by means of a piece of sponge.

26th. Rash disappearing; irritation allayed. The only appearance of hemorrhage now was a slight staining of the sputa, and very slight epistaxis. The sputa presented a rusty tinge, bright in color, careful examination showing there was no connection between the epistaxis and the staining of the expectoration. The upper portion of right lung clearing. Resonance returning; coarse crepitus no longer to be heard. Ordered tincture of iodine to be painted only in successive patches over the affected lung.

July 12th. Still slight hæmoptysis, and recurrence of pain and discomfort in the clavicular region in the right side. Ordered a small blister, 1½ inches in diameter, to be applied just below the centre of the clavicle for 4½ hours.

13th. The blister acted nicely, and gave great relief, improvement becoming steady from this day forward. The relief afforded by the blisters was so marked and noticeable to the patient herself, she begged a repetition of them when and wherever pain was felt. Four such blisters were applied, some in front of, some behind the shoulder, and all with well-marked benefit. She soon became able to get up and walk about a little without inducing fresh hæmoptysis. The affected portion of the lung rapidly cleared up, and her further progress was of so satisfactory a nature, that, on the 26th of July, she was enabled to return home, bearing the journey from Sheffield to Beverly without any ill effect.

There are not many remarks to be made on the case. Obstinate bowels had to be contended with, but were satisfactorily regulated by means of castor oil, compound liquorice powder, and Hunyadi water, according to circumstances. The action of hamamelis in this and other cases in which I have tried it seemed very satisfactory. My sole regret in the management of the case was that blisters had not been used at an earlier period. I had strongly recommended them at the outset, but the patient's husband was so decidedly averse to their use, I had to refrain. I have the greatest confidence in the use of blisters, used only to obtain their stimulant action by application for short periods of time, in the treatment of neuralgic pains, especially cardalgia, also in cases where there is effusion of serum into either the pericardial or pleuritic sacs, or where there is old-standing congestion of the lungs. The aim should be to secure the mildest blistering effect possible. If this is attained, the blistered surface soon heals without much discomfort to the patient, who, losing the dread of blisters, is ready to submit willingly to their repetition, and the effect, though mild, accomplishes all that we have in view. I believe also that such a use of blisters is the most effectual method at our command for dealing with those cases in which, from loss of tonicity in the heart-walls, there is the tendency to inefficient action and dilatation. Many such cases have come under my notice, which have done well under this treatment. I am not advocating, nor am I a believer in the old method of applying blisters for eight to twelve hours. Such applications did serious damage to the skin, often inducing sores most difficult to heal, and altogether depressing and weakening in their effects.

Phytolacca Decandra in the Treatment of Bronchocele.

Dr. J. D. Ely thus writes in the *Medical Age:*

Of course it is taken for granted that notice of any agent that is superior to iodine, biniodide of mercury, and other time-honored and much-used remedies in the treatment of bronchocele, and especially one that is free from the deleterious effect—such as iodism, derangement of the stomach, etc.—as frequently noticed and regretted of them, will be received by the profession with interest and profit.

Therefore it is with pleasure that I offer a few facts in regard to phytolacca decandra, which, I believe, is as near a specific for that troublesome disease as we have for any other.

In doing so, I wish it understood that I

have tested thoroughly about all the remedies recommended by leading authors, and after comparing the effects and results of phytolacca with them, much prefer it.

It has been a favorite remedy with my father more than twenty years in the treatment of all glandular diseases.

It has never failed, in his hands, to cure all cases of bronchocele, curable by any means, upon which he has used it, and he has, because of his success, had more than the usual number to treat.

Before giving the report of a case illustrating its use which I select from a number I have treated successfully during the past two years, it is important to note that much of the tincture and fluid extract of phytolacca on the market is worthless, and I have, from necessity rather than choice, prepared most of the tincture which I have used.

I would advise those who have given phytolacca a trial and condemned it, and any who may try it and not get satisfactory results from the article purchased, to prepare their own tincture.

The following method has always given us a reliable and satisfactory article; but before it I may note, for the benefit of those not acquainted with phytolacca, that it grows in abundance in nearly all parts of this State, and is known to most farmers by its common name, "poke root."

Procure the fresh roots, and, after washing them clean, slice and put to dry where they will get the sun, till the water is as nearly dried out as is possible, then pack in a percolator—a fruit jar will answer—and cover with absolute alcohol, full strength.

(It is probable that many manufacturers of it do not get a good article because they use old, dry roots, and diluted alcohol as the menstruum.)

Let it stand at least fifteen days, press out, filter, and it is ready for use. Dose, from three to ten drops.

It should be borne in mind that it acts slowly, and is designed to, and in the doses recommended, as experience has proven, that in so using it the specific alterative effect desired is more safely and satisfactorily obtained.

Recent cases yield readily to the remedy, and are cured in from one to three months. Difficult cases of long standing, of which the following is a sample, will need treatment for a year or more:

Lizzie M., aged 16 years, consulted me June 17, 1885, for treatment of a bronchocele, the first appearance of which was noticed eight years previous. On examination, I found both glands and the isthmus involved, and so great was the enlargement that the circumference of the neck measured nineteen and one-fourth inches.

It was more uniform than generally seen, was very hard, and so tightly filled the skin that it could not be moved. Pressure upon the laryngeal nerve was so great that the patient wheezed as if suffering from asthma, and could not walk rapidly because of the interference with respiration.

She presented the characteristic appearance peculiar to scrofulous diseases, and there was history of similar troubles among the relatives.

Bowels were regular, kidneys all right, and menstruation, which had been properly established at 13 years of age, was regular, and had always been so.

I may add here that the menstrual irregularity mentioned by some authors as always to be noticed in these cases, has not been found, by me, to exist in any I have treated, and I do not believe it is common or that the disease is, in any way, connected with disease of the reproductive organs, as claimed by some.

Recognizing this as a most difficult case, my prognosis was unfavorable; but the patient being anxious to try treatment, I consented to give it, and prescribed the following, which was used for about one year and with success:

℞ Tinct. phytolac. decand., ℥ ss.
Syr. simplicis, ℥ iijss.
M. Sig.—One teaspoonful in water 3 or 4 times a day.

Also—

℞ Ferri dialyzati ℥j.
Glycerini puris.
Syrup simplicis, āā ℥iss.
M. Sig.—One teaspoonful in water after each meal.

Ordered applications of the tincture to the glands night and morning, to be diluted with pure rain water if it caused much irritation—as it will sometimes—and, if necessary, to discontinue it for a few days, and to take plenty of outdoor exercise.

The only change noticed the first two months was that the glands had softened slightly. After that they decreased in size quite rapidly, and the improvement was marked in every respect, continuing till the neck became normal in size, the difficulty of breathing disappeared, and the patient considered herself cured, one year after beginning treatment.

She continued the application and tonic for a short time longer, at my request, how-

ever, to make "assurance doubly sure," and to prevent any recurrence—a plan which I have always considered good, and recommend.

I have under observation patients who were treated with phytolacca successfully eleven years ago, and, so far, the cures are permanent.

In one case only has there been any return of the trouble, and that was due to the patient considering herself cured and stopping treatment too early.

It is very important, I think, to always use a tonic when giving an alterative, and I never omit it.

I have, in a few instances where there was difficulty in getting the patient to take the separate prescriptions regularly for a long time, combined the phytolacca with the prescription containing the dialyzed iron, apparently with as good results, but prefer to give them singly, and generally do.

Intestinal Lesions Due to the Action of Mercuric Chloride.

Since corrosive sublimate (mercuric chloride) has been so generally used in surgery, and especially obstetric practice, the attention of medical men has been attracted to the different intestinal lesions which have fallen under their notice. A collection of clinical notes demonstrates that mercuric chloride can produce deep lesions in the large intestines. Complete clinical facts may be interpreted in different ways, and have therefore not furnished convincing proofs. Some authors suppose that in cases of parturition the visceral lesions are due to the septic condition existing in the patient, and that the salt of mercury is not a factor. Experimental data, especially those obtained by Prévost's experiments described in the *Revue Méd. de la Suisse Romande*, 1882, indicate that visceral lesions often result from the effect of corrosive sublimate. Similar lesions to these observed in patients were experimentally provoked in animals; ecchymosis and hemorrhage were observed, but neither gangrene nor ulceration. MM. Charrin and Roger used an aqueous solution of corrosive sublimate at 1 per 1,000 and 1 per 4,000, which was injected under the skin or into the veins; this last method requires smaller doses. After injecting 2 milligrammes under the skin of a guinea pig, weighing 500 grammes, several ulcerated areas were observed; an injection of 5 milligrammes given in the course of eighteen days, or 3 milligrammes in six days were powerless; these animals experimented on by MM. Charrin and Roger did not present during lifetime any important symptoms of intestinal lesion; they grew thinner, had albuminuria, but rarely diarrhœa, and never intestinal hemorrhage. When the dose of mercuric chloride was weak, the animals did not succumb to it; they were killed at successive periods in order to follow the evolution of the lesions; it was observed that these were localized in the large intestines, and especially in the ascending colon and cæcum. Sometimes the ileo-cæcal valve and the terminating portion of the ileum were attacked. The earliest lesion consists of small spots of hemorrhage dotted about on the intestinal mucous membrane of the peritoneum, the omentum on the outer surface of the kidneys, and especially on the pulmonary tissue. At a later stage these spots of hemorrhage become small ecchymoses, presenting the aspect of lines parallel to the axis of the intestines, varying in length from three to four centimetres; later on, ecchymosis is more extended, and the central portions slough away; a black eschar is formed, which gradually falls off and leaves an ulcerated spot; contiguous portions of peritoneum sometimes present inflammation. Intestinal perforation has never been observed by these investigators. The principal lesion which occurs consequent on administering corrosive sublimate is apparently intestinal hemorrhage which causes the intestinal mucous membrane to become slightly swollen, and thus disables it as a factor in the process of nutrition. This hypothesis is verified by microscopical examination, which revealed the presence of spots of hemorrhage in the aureolar tissue; the mucous membrane becomes detached and sphacelous without any glandular change taking place, as might be supposed would result from the elimination of the poison. These facts in experimental physiology, applied to human patients, indicate that a dose of 24 centigrammes of corrosive sublimate is necessary to produce intestinal ulceration in a man of 60 kilogrammes or 60 centigrammes given in the course of five days, but the result is not constant unless the sublimate is given in hypodermic or venous injections. It remains also to be proved that the human susceptibility to the influence of this substance is the same as that of the lower animals, and some clinical facts suggest that smaller doses of corrosive sublimate act on the human subject and provoke intestinal lesions; nevertheless, MM. Charrin and Roger do not consider that the possibility of these accidents ought to be urged as a reason for proscribing the use of corrosive sublimate as an antiseptic agent.

A Case of Fracture of the Skull.

Dr. E. Bruno Zinke reported the following case before the Cincinnati Academy of Medicine at their meeting October 18, 1886:

The patient, a man æt. 40, was hit on the head with a large-sized beer-glass with such force as to break in the skull. He was stunned, but did not lose his consciousness. The wound bleeding very profusely, he endeavored to stop it. Feeling the rough edges of the bone, he mistook it for pieces of glass, and tried to remove it. The pain was too great, and he desisted. The doctor found him two hours later exhausted and pale from loss of blood. Examination showed a large, deep, and gaping wound, the soft parts considerably contused and lacerated. This wound extended from the left frontal eminence backwards and inwards, touching the median line. It was about 2.5 inches long. The fracture had the same direction, not quite so long, its sides markedly depressed, the edges separated from each other, leaving the dura mater plainly visible, but unbroken. The hemorrhage ceased, the wound was cleansed, the edges of the soft parts approximated with a silk suture, and an opening left for pus or serum to escape. The wound healed by first intention, and the patient recovered without an untoward symptom, being discharged at the end of five weeks.

The treatment was cold applications for three weeks, and an ointment of salicylic acid and vaseline gr. j to ℥j. for two weeks. He returned after he had worked a few days, complaining of headache and dizziness, probably due to excitement and drink. He was relieved by a few doses of bromo-caffeine. He came back again in about two weeks, complaining of pain in both sides under the ribs, general malaise, loss of appetite, coated tongue, diarrhœa, no fever, pulse normal. He was put on nitro-glycerine gtt. j. one per cent. solution four times daily. Three days later he reported himself well, and returned to his work. He is addicted to drink, principally beer. He took part in the Franco-German war from beginning to end, suffered innumerable hardships, but was never on the sick-list.

The case is interesting on account of the few symptoms that presented after such extensive injury. Surgical interference was not to be recommended as long as the patient was doing well, because cirrhotic liver was suspected. His temper is very irritable since the injury, and he complains of shooting pains through the brain towards the region of the wound during change of weather.

Dr. R. W. Stuart thought from the patient's gait there were some ataxic symptoms.

Dr. Zinke assured him there were none.

Dr. H. L. Taylor recommended the doctor to keep a watch on his patient, as he feared the advent of epilepsy.

Manaca in Muscular Rheumatism.

Dr. Thomas P. Gary says in the *Medical Age*:

I have treated quite a number of cases of muscular rheumatism, which is getting to be very common in this country, and in no instance have I had any reason to complain of the results obtained from the use of manaca.

It will only be necessary to give a history of one case, for its effects have been uniform throughout. The patient had been a sufferer for quite a number of years, and had tested the talents of distinguished physicians without receiving any material benefit. He had suffered much from malaria for four years, and physicians differed as to whether he had any syphilitic complication. If there was, it most probably was the result of vaccination during the war, as he presented no evidence of having contracted it in the usual way.

He was out shooting one day, during a small rain-fall, and although he did not get very wet, a pain of a neuralgic character began in the region of his right nipple, and he became feverish and quite nervous. Subsequently he was under treatment by physicians, but was often annoyed by neuralgic pains in various portions of the body, but more particularly in the muscles of the chest and back, occasionally in legs and arms. Any extra exertion produced them, though subacute. He was subjected to constitutional treatment of iodide potassium and mercury, without any material benefit, for several years, and finally came under my observation. I prescribed fluid extract of manaca in 35 and 40 drop doses three times a day. This he continued for two months, and the improvement was gradual and permanent, and to-day he expresses great confidence in being entirely cured. The duration of this "disease," the failure on the part of other physicians to relieve with standard medicines his condition and the great improvement under the use of manaca, certainly should encourage us to give this remedy further trial in these cases.

—A German anatomical society has been founded, with Prof. Kölliker as President and Prof. Bardeleben as Secretary.

Reviews and Book Notices.

Book Notices.

Outlines of the Pathology and Treatment of Syphilis and Allied Venereal Affections. By Hermann von Zeissl, M. D., etc. Second edition. Revised by M. von Zeissl, M. D. Translated with notes by H. Raphael, M. D., etc. Pp. 402. D. Appleton & Co., New York, 1886.

Prof. Zeissl was one of the professors at Vienna, and in that medical centre had a well-earned reputation for his acute and masterly studies of specific disease. The results of these are presented to English-reading physicians in the volume before us. The topics discussed are gonorrhœa, soft chancre, and syphilis, the bulk of the treatise being devoted to the last-mentioned, as we might expect.

The translation, while generally satisfactory, might, in places, be improved. The formulæ are often incorrect in their Latinity. The prominence given pathology seems excessive compared with that concerned with the strictly clinical aspects of the maladies under discussion.

To counterbalance these blemishes, we have an excellent discussion of the more recondite and obscure symptoms of visceral and constitutional syphilis, and a clear and able classification of syphilitic symptoms. While perhaps the work is not such a one as will best suit the general practitioner, all who make a special study of this class of diseases will find it of great utility.

A Treatise on the Principles and Practice of Medicine. By Austin Flint, M. D., LL. D., etc. Sixth edition. Edited by William Welsh, M. D., and Austin Flint, M. D., etc. 1 vol. Pp. 1160. Philadelphia: Lea Brothers, 1886.

The continued popularity of this treatise has been merited both by the conscientious labor expended upon it by the author, and by the broad and scientific spirit with which all mooted questions are handled.

The death of this distinguished physician last March left this edition in a forward stage of completeness, and the editors who undertook the task of continuing the revision and seeing the volume through the press had but little to do beyond the proof-reading. Dr. Austin Flint, Jr., has added a preface, in which he communicates an interesting appreciation of his father's methods of writing and the increasing desire he manifested to learn and to teach the truths of science, no matter whether they conflicted or not with doctrines which he himself had taught previously. This is the only proper spirit, but too often the petty fear of acknowledging one's self in the wrong impels men to take the opposite course.

The plan of the present edition is not in the main altered from that of previous ones. There has been, however, considerable rearrrangement of minor topics, and a number of entirely new articles have been brought forward. These treat of the bacterial origin of disease, syphilitic disease of the lungs and brain, a number of paragraphs on diseases of the spinal cord, on milk sickness, pathology of fever, etc. Various new engravings have been introduced, and all matter in any way obsolete has been rigidly omitted.

A Treatise on the Practice of Medicine. By Roberts Bartholow, M. D., LL. D., etc. Pp. 988. Sixth edition. D. Appleton & Co., 1886.

The large number of readers who are already familiar with this work will be glad to learn that the present edition has been carefully revised by the author, considerably enlarged, and is intended to include all that has in the most recent period been added to practical medicine, especially in its clinical horizon.

The author felicitates himself on the large sales obtained for the previous editions, and there is no reason why the present one should not continue to gain in the opinion of many. What doubtless lends the volume one of its special attractions to these is the authoritative expressions which are frequent in its pages on subjects where the reader might be left in uncertainty elsewhere. This remark applies both to pathology and treatment.

The fullness with which therapeutics are taught stands in noteworthy contrast to the majority of treatises on practice. This, too, is undoubtedly a feature which will be agreeable to numerous purchasers. Some seeming excess of conciseness in certain portions is explained by the fact that this is but one volume of a series proposed by the author, which will cover the whole domain of special pathology and therapeutics.

—Prof. Da Costa says one of the most efficient means of preventing the "pitting" of small-pox is the application of—

℞. Hydrarg. chloridi corrosivi, gr. j.
Aquæ, f℥iij.
M. Sig.—Apply by means of a camel's hair brush.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

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OF

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MEDDLESOME MIDWIFERY

We have heard considerable on this subject, but the best illustration came to us a few days since. In conversation with a monthly nurse, we were told that in lecturing to his class of nurses, an obstetrician of no mean repute was wont to lay down the following rules: The patient should be fed every four hours, the baby should be put to the breast every two hours, and the vagina should be syringed out every three hours. We were led to calculate what all this fuss meant. Feeding every four hours means six times in twenty-four hours, nursing every two hours is twelve times, and syringing every three hours is eight, making a total of twenty-six operations in twenty-four hours. In this schedule the teacher unfortunately neglected to mention any time for the patient to *rest*, from which we are led to infer that he considered rest a matter of little importance for the lying-in woman, though in this particular we fear that our readers will not unanimously agree with him;—and he also forgot to mention that his obstetrical fatality was not very low.

Such directions we must characterize most forcibly as "meddlesome midwifery." As a rule, syringing is not required, but it is a universal rule that rest and quiet are essential to a happy restoration. The baby should be nursed every two hours, at first, and the four-hour rule for feeding the mother is very good during the day, but we do not think it would be wise to disturb her at night, though if awake and hungry a glass of milk and a cracker will come in well.

Remember that the doctor does not restore the parturient woman to her normal condition; nature alone can do this, and unless she is failing to do her work properly the doctor had better keep his hands off.

INFECTIOUS OR TRAUMATIC PNEUMONIA

The opponents of the theory that acute pneumonia is always an infectious disease, used to contend that in those cases where a trauma was suddenly followed by acute inflammation of the lung, an infection could surely not be thought of. It has been maintained on the contrary, that in cases of trauma either an injury to the parenchyma permits the entrance of the specific micrococci, or the minute hemorrhages that occur in the lung in some cases of brain lesions form the starting-point for the development of the microbes.

A. Petit reports the case (*Gaz. Hebd. de Méd. et de Chir.*, 1886, No. 7,) of a man æt.

24, who received, in consequence of a fall, a severe contusion of the right thorax; immediately after right-sided pneumonia developed, which gradually changed to a typhoid state, and caused death after a fortnight. Not only intra vitam in the characteristic sputa, but after death in the inflamed portion of the lung, pneumococci were found in astonishing numbers. P. believes that in this case the rupture of alveoli made the entrance of the cocci possible.

As pneumonia may occur at any time of the year, though more frequent at certain seasons, we can draw the conclusion that the air, especially in large cities, always contains more or less pneumococci, which, however, evince a special vitality in peculiar conditions of the atmosphere. Like in other microbes, these cocci develop in the lung only under favorable circumstances. This theory, which experience has proved a certainty, explains all the varieties of lobar pneumonia.

ACUTE MULTIPLE GANGRENE OF THE SKIN.

Cases of acute multiple gangrene of the skin are rare, and it is not to be wondered at when the views of authors regarding the disease greatly vary. Prof. Doutrelepont, of Bonn (*Tierl. f. Dermat. u. Syph.*, 3, 1886), had recently a case of that kind under his observation. From the course of the disease he believes that it is nothing but herpes zoster that continually relapses. It is admitted that the latter disease is due to inflammation of a nerve, which usually starts in the superficial branches of it, and which induces a disturbance in the innervation of the skin, and therefore a morbid change in the nutrition of the latter.

In favor of D.'s view was the fact that the multiple gangrene developed shortly after the patient, who was a strong and vigorous servant-girl, had run a needle under one of her finger-nails. In the immediate neighborhood of the injury a number of gangrenous spots showed themselves, and thence they rapidly spread towards the centre. First the dorsal surfaces of the hand, then the forearm, the shoulder and upper arm, and the back of the trunk on the same side were affected, while the portions of the skin first attacked continually developed new crops. Only after several months the disease reached the middle line, but when it had passed that, it spread with great rapidity all over the body. About a year after the beginning of the disease head and face became similarly affected. During that time there occasionally were periods when the complaint seemed to have come to a stand-still, but soon new crops developed, and the disease again progressed, always following the same course.

Otherwise, the patient evinced no symptoms of any disease. The urine was normal. So were all sinew reflexes. The mortification attacked only the epidermis, and rarely penetrated deeper. There was was no itching nor any other sensory disturbance connected with it. At the time of the report, sixteen months after commencement of the complaint, no cure had yet been established, but the malady seemed to progress slower and with less virulency.

Microscopic examination of the nerve fibres in the parts affected, gave no result. Though micro-organisms were carefully looked for, none could be found. The small gangrenous patches, when healed, left ugly marks, similar to those of small-pox, but deeper and more irregular in outline. They were sufficient utterly to disfigure the once handsome face of the patient.

Notes and Comments.

An Unusual Case of Post-Partum Hemorrhage.

On February 1, Mrs. S., a strong, healthy, well-formed woman, was confined with her first child. The labor presented no complications, and was completed within reasonable time under the influence of a moderate quantity of chloroform. The placenta came away entire, and the lacteal secretion was quite normal. The patient went on all right until the fifth day, when Dr. Williams was sent for to come at once, and he found the bed filled with blood and abundant hemorrhage still taking place, the patient being almost collapsed. Two drachms of ergot had already been given by the nurse, and ice applied to the abdomen. The uterus was distended to the size of an eight months' pregnancy. A hypodermic injection of a drachm of the fluid extract of ergot was promptly given, and the uterus was emptied of the clots. Subsequently another hypodermic injection of ergot was given, and constant pressure maintained on the uterus, which had the effect of putting a stop to the hemorrhage. The patient ultimately made a good though protracted recovery. No cause could be discovered to account for the hemorrhage; but it was elicited that the patient had been in the habit for some weeks previously of inducing sleep by inhaling chloroform liniment, and that latterly she had used

as much as eight or ten ounces every night. On the night in question, she had used the inhalation with unwonted freedom, and at one o'clock it had affected her so profoundly as to produce this alarming attack of hemorrhage. The patient was induced to abandon the habit, and the hemorrhage did not recur. Dr. Williams (who reports the case in an exchange) expresses himself as very well pleased with the prompt and effectual action of the ergot, to the influence of which he attributes the early arrest of the hemorrhage.

Case of Gangrene of Both Legs in a Young Girl, Due to Arteritis.

G., aged 18, first seen on August 17, 1882, had been suffering such severe pain in both legs and feet, as to deprive her of all sleep, and to reduce her to a state of collapse in the morning. The pain was evidently in the course of the femoral arteries and their branches; and pressure over them could not be tolerated. Both feet were cold and tallowy-looking, the toes already having a bluish appearance, and giving the impression of commencing gangrene. There was no cardiac disease. She had been out to tea the previous afternoon, and been taken with the severe pain on returning home. Stimulants, abundance of nourishment, and opium, were given, and she rallied. The gangrene, however, spread on the right side to Scarpa's triangle, and to the knee on the left, the pain along the course of the arteries being a most marked and distressing symptom. The toes were shrivelled and dried up; blebs, however, formed higher up the legs. Towards the end, a sharp attack of bronchitis, with a considerable rise of temperature, developed, and death resulted from exhaustion. She was always an extremely anæmic girl, and had been under treatment several times for anæmia. She had never had any serious illness. She died on September 12th. The father drank, and the mother was both nervous and anæmic. In the early part of the attack, whilst the legs were dark looking, they were noticed one morning to have assumed a bright red tint, but were quite cold; the patient declared, however, that she felt something running in them. The diagnosis of arteritis (made by Dr. M. G. Biggs, *Brit. Med. Jour.*, Oct. 9,) was based on the absence of any other cause, and the presence of marked and severe pain along the course of the arteries, with tenderness, most acute on pressure. The bronchitis was looked upon as probably secondary to some embolic plugging.

On the Absorption of Red Blood-corpuscles in the Respiratory Tract.

The researches of Pubini and Giuffre upon numerous animals were made in the following manner: The heart of a frog or of a toad was laid bare, and a wound was made at the apex. As the blood issued, it was received in an 0.75 per cent. solution of chloride of sodium, the proportion being 20 parts of blood to 80 parts of the saline solution. This mixture, after being strained, was slowly injected into the trachea of a guinea-pig or of a rat. After the lapse of from five to fifteen minutes the animal was killed by destroying the medulla oblongata. The chest was speedily opened, and the afferent and efferent vessels of the heart tied. The heart was then removed, and its external surface carefully and repeatedly washed with the saline solution. The organ was then opened and its contents examined. Even in the observations made within five minutes of the tracheal injection, some batrachian red blood-corpuscles were found in the midst of the innumerable corpuscles proper to the animal itself. In like manner, the blood of the rat or of the guinea-pig was injected into the trachea of the frog or toad. From five to seven minutes afterwards the animal was killed, and corpuscles belonging to the mammalian animals were always found. The authors hope that these facts may serve as the basis of a new method of transfusion.

Gelosine.

At a recent meeting of the Société de Thérapeutique, of Paris, M. Guérin read a paper on gelosine, a mucilaginous substance extracted from a Japanese alga, which is sold in the form of dry whitish leaves. Gelosine is an excellent base, mixing easily with all pharmaceutical substances, soluble in alcohol and water, and in acidulated or alkaline water; it served as a medium for salts, powders, and different tinctures, and was of great utility in preparing suppositories. Gelosine gradually contracts and expels the water and medical substances it contains, which are thus spread over the surface of wounds or cavities, in which it is placed in any form. Gelosine thus gradually regains its original volume, but can be used more than once for the purposes cited above. Gelosine, therefore, appeared to be preferable to liniments and ointments. M. Guérin showed specimens of cylinders and slabs of gelosine, containing camphor, creasote, sulphate of zinc, cocaine, tincture of belladonna, iodoform, corrosive sublimate, carbolic acid, and

coal-tar. In order to use gelosine as a medium, the quantity required should be immersed in its weight of hot water; the therapeutic agent is then added and incorporated. When the mixture becomes as thick as syrup, it is then poured into moulds. These operations were completed in a quarter of an hour, and the expense was slight. Sterilized gelosine might be used in bacteriological research.

The Use of Ice-water Enemata in the Treatment of Diarrhœa.

This means of treatment has frequently been adopted in cases of collapse occurring during the diarrhœa of young children at the Birmingham (England) General Hospital. In cases occurring outside hospital practice this method is not generally known. Being convinced of its utility, Dr. Robert M. Simon records his experience.

Ice should be dissolved in water, and from two to three ounces injected. The immediate effect is commonly a quiet sleep, and improvement in the collapsed condition. Subsequently, the effect upon the diarrhœa is also good, and it will rarely be found necessary to repeat the enema. Internal treatment may often have to be continued, but he has no doubt that the life of many a collapsed child has been saved in this way. No reference is to be found in Ringer's *Therapeutics* to this method of treatment, but doubtless it is known to many of the older practitioners, though its disuse has led to its being unknown to the younger members of the profession. It appears probable that it acts by an astringent effect on the loaded vessels of the intestines, and so at the same time warming the exterior of the body, and diminishing the materials for the intestinal flux.

It has sometimes been found expedient to give a few drops of brandy about the time of injection; but, in his experience, no depression or bad effect has ever resulted.

A Case of Multiple Hemorrhage in an Infant, Followed by Jaundice.

The infant was born at term, of healthy and well-formed parents, after a normal pregnancy and labor. The day following birth, copious intestinal hemorrhage was noticed, and a mixture containing bismuth was given, the hemorrhage then ceasing. On the fourth and fifth days, the infant lost a great deal of blood from the mouth and nose, but less than from the intestines. The appearance of the child was fairly satisfactory, and it took the breast well. On the sixth day, numerous subcutaneous extravasations showed themselves, mostly in the neighborhood of the knees and elbows. The detachment of the umbilical cord also gave rise to some oozing. The child was placed in cotton-wool, to avoid the formation of fresh ecchymoses. On the eighth day, there were more ecchymoses and epistaxis, and the infant showed signs of exhaustion and had a yellowish tinge of the skin. On the ninth day, a smart hemorrhage took place from the site of the umbilical cord, which was only checked with difficulty; it recurred the same afternoon, and subsequently on the following day, when the child succumbed. No *post-mortem* examination was allowed, but the case was diagnosed as one of simple hæmophilia.

Case of Vulvo-rectal Fistula from Violence during First Coitus.

The patient, a young woman of 22, attended the Gynecological clinic of the Philadelphia Dispensary with the following history: Previously to her marriage, eighteen months ago, she had been a perfectly healthy woman. From the first attempt at sexual intercourse she dated all her trouble. The pain was so severe that she almost fainted, and the act was followed by hemorrhage, which persisted for a month, and was accompanied by the passage of fæces and flatus per vaginam. Every repetition of the sexual act was followed by renewed bleeding, and even at present intercourse was extremely painful. There was entire inability to retain flatus and fæces. On examination, a rent was found opening into the rectum just within the vulva, large enough to admit two fingers. Inspection showed a perfectly intact crescentic hymen, of moderate thickness, and with a small opening anteriorly. Dr. Price operated by freshening the edges of the tear, loosening the hymen from its attachment, and using it as a flap to supply the deficiency of tissue. Shotted silkworm-gut sutures were used; and the closure, after the operation, was complete, and resulted in perfect union.

Anomalous Case of Scarlet Fever.

On September 9, a young girl, aged six, was brought to the surgery of Dr. Whiteway Wilkinson (*Brit. Med. Jour.*), suffering from an itching in the skin. She looked well, and nothing was to be seen but a red rash, which was distinct on the front of the chest and over the scapular regions, extending upwards on to the back of the neck. He could trace

no error in diet nor presence of worms to account for it. He sent her home, and called next day, and very carefully took her temperature, which he found to be normal. He gave her some alkaline medicine, and she went on well, the rash disappearing next day. Her mother told him that she was feverish, and complained of sore throat on August 22, and that she gave her a cooling aperient, which dissipated the attack. On September 20, he was sent for to see a younger child, whom he found to be suffering from a pronounced attack of scarlet fever, the rash well out, and the temperature 103°. On examining the elder child, he found coarse, heavy desquamation on the cheeks and neck. This has continued over the entire surface of the body; the hands and feet are now desquamating.

"Uranostomatoscopia Frenopatica."

Giné publishes an article in the *Independencia Medica*, of Barcelona, on "Phrenopathic uranostomatoscopy," which signifies exploration of the palatine arch to facilitate the diagnosis of imbecility. In every degree of mental deficiency, from "backward children," to imbeciles and idiots, Giné says a depression of fossa, more or less deep, is to be found in the centre of the arch of the palate. The depression, which corresponds partly with the palatine apophyses of the supra-maxillary bones, and partly with the horizontal portions of the palate bones, has its point of greatest depth on that point of the skeleton which is known to all students as the only spot in which the point of a pin may touch five bones, the two supra-maxillary, the two palatine, and the vomer. The supra-maxillary palatine fossa exists normally in early infancy, and is then very perceptible; but if it be very exaggerated, imbecility or idiocy may be certainly prognosticated. The fossa can be simply seen, or can be felt by the forefinger. The depth of the depression corresponds with the degree of imbecility.

Visceral Tabes.

If one were asked the meaning of "visceral tabes," the reply would probably be given, without suspicion of being wrong, to the effect that the term implied a wasting of the internal organs of the body. But, alas, visceral tabes has no such meaning. The origin of the designation may be thus sketched: Locomotor ataxy is called tabes dorsalis, and sometimes plain "tabes;" visceral crises are remarkable symptoms of tabes dorsalis; a case of locomotor ataxy in which the chief features are the occurrence of visceral crises, is termed visceral tabes. Bronchorrhœa, gastrorrhœa, and entorrhœa are the visceral symptoms most marked in a case of "visceral tabes" recorded in No. 117 of *La France Médicale*, by M. Seglas. In addition to the "runnings" from the bronchi, stomach, and intestines, the patient was the victim of profuse perspirations and copious discharges of urine. The patient is a female, aged fifty, whose father died from disease of the spinal cord, and whose two sisters and one brother also succumbed to paralysis. The knee-jerk is lost only on the right side. The ataxy of gait is not marked, but there is inability to walk well in the dark.

Ligature of Arteries.

Probably few subjects have afforded more occupation to the surgical mind than that of the ligature of arteries, and there seems a probability that it will continue to exercise the ingenuity of surgeons for many years to come. The discussion at a recent meeting of the Clinical Society of London, though it did not elicit the opinions of many surgeons, yielded at least a great variety of opinions, for no two speakers appeared to agree in all particulars. The material of which the ligature should be composed, the kind of knot to be used, whether the arterial coats should be divided, whether two ligatures should be employed and the artery divided when deligation is practiced in the continuity of an artery—are all moot points. Mr. Thomas Smith advocated the employment of the clove hitch, as being less liable to slip or to cause ulceration of the artery than the ordinary reef-knot, which has been in almost universal use of late years. The absence of any necessity for division of the internal coats of the artery seemed to be proved by the experimental researches of Messrs. Ballance and Edmunds. Kangaroo tendon does not yet seem to have established its reputation as a ligature to be relied upon in all cases.

A Case of Double Vagina and Uterus.

In a Bulgarian periodical, published by the Varna Medical Society, and called *Meditzinsko Spisaniïe*, Dr. Sevvoff, of the Varna Hospital, describes the case of a prostitute, aged 22, who was admitted on account of chronic cervical endometritis, and in whom, on examination, there was found a septum which began, with a semi-lunar edge, just above the entrance into the vagina, and divided the latter into a larger left and smaller

right halves. Each vagina contained an uterine cervix. The right cervix was larger than the left, and had a normal situation, while the left one was bent towards the right side. Two uterine sounds, on their being introduced into the uteri, did not meet at any point. The right sound could be rotated freely, the left one much less so. Within a few days after her admission, the woman menstruated, the blood flowing from both of the wombs.

Eserine in the Treatment of Glaucoma.

At a meeting of the Academy of Medicine, M. Panas spoke in high terms of a new therapeutic remedy suitable to some forms of glaucoma. Eserine, though one of the most active myotics, cannot always be endured, and pilocarpine in some respects is preferable, although less active. The different collyria which are used are either composed of 5 centigrammes of eserine to 5 grammes of water, or of 10 centigrammes of pilocarpine to 5 grammes of water. The improvement is very rapid, but, in order to obtain a cure, one of these collyria must be used for several months. When first used, five or six instillations should be administered in twenty-four hours, afterwards gradually decreasing the application to one or two instillations per diem. Those forms of glaucoma where this treatment has proved beneficial are precisely those where iridectomy or sclerectomy have been inefficacious.

Treatment of a Form of Diarrhœa in Children.

In the *Brit. Med. Jour.*, July, 1886, Dr. James Braithwaite draws attention to a form of diarrhœa in children, usually occurring after weaning, and from that period to four or five years of age, which is characterized by most horribly offensive motions, due probably to the growth of the ordinary bacteria of putrefaction. It may be successfully treated by disinfecting the bowel contents by means of salicylate of iron. The following prescription is suitable for a child two years old: Sulphate of iron, ℈j; salicylate of soda, ℈j; glycerine, ℈iij; water to three ounces. One teaspoonful must be given every hour for twenty-four hours; *i. e.*, until the stools are well darkened: then every three or four hours, with an occasional dose of castor-oil to clear the bowels well out.

The Physiological Effect of Piliganine.

Piliganine is an alkaloid present in lycopodium saururus, commonly known as piligan or pilijan. Dr. Bardet, *chef* of the therapeutical laboratory of the Cochin Hospital, tested the effect of an infusion of piligan, and observed that it acted as an energetic vomitive, and produced general symptoms which indicated that it is not a suitable therapeutic agent. A chemical examination proved that this plant contained a special kind of resin and an alkaloid which M. Bardet calls piliganine. The alkaloid was isolated by M. Adrian, who gave M. Bardet two grammes of chlorhydrate of piliganine. This investigator made experiments with it on a dog, rabbit, and frog, and concluded from the resulting phenomena that piliganine acts as a poison, and that its influence is principally exercised on the nerve-centres, the medulla oblongata, and the pneumogastric nerves.

Easy Method of Distinguishing the Solutions of Carbolic Acid.

In the *Lancet*, August, 1886, Dr. Matthew Hay suggests a plan for ascertaining the strength of solutions of carbolic acid, if there be any doubt. The method consists in adding a saturated solution of pure crystalline sodic chloride to the preparation to be tested. If such a test be added in about equal quantity to a five cent. solution of pure carbolic acid, the mixture becomes milky and opalescent, and the milkiness does not disappear on shaking. If the solution be lowered to 4.6 per cent. (1 in 21.7), the reaction is not obtained unless the temperature of the mixture is below 47° F.; if lowered to 4.5 per cent., the reaction fails unless the temperature is below 40° F. At the ordinary temperature (64° F.) the reaction is not certain unless the strength of the solution is about 4.8 per cent. (1 in 20.8).

Tooth Powders.

Mr. E. M. Tod, L. D. S., Brighton, states (*Journ. Brit. Dent. Assoc.*, p. 511,) that the following formula affords a preparation which destroys the leptothrix buccalis, neutralizes acid secretions, keeps the gums firm and healthy, and is pleasant in use:

R.	Cretæ precip.,	℥ x.
	Magnes. pond.,	℥ iij.
	Iridis pulv.,	℥ j.
	Saccharin. alb.,	℥ j.
	Tannin,	℥ j.
	Oak bark,	gr. x.
	Saponis pulv.,	℥ ss.
	Otto rosæ,	♏ xl.
	Ol. limonis,	♏ v.
	Carmine,	gr. x.

Misce.

Sciatica Treated by Galvanism.

In the *Lancet*, July, 1886, Dr. W. E. Steavenson gives a short account of sixty cases of sciatica treated by means of galvanism. In the *Lancet*, July 19, 1884, the author published a paper upon the subject, in which he described the mode of applying the current. Out of the sixty cases, thirty-seven were cured; eleven improved only; nine did not remain under treatment long enough for a certain result to be noted; two were still under treatment, and one had a return of sciatica, which was cured a second time. The number of applications needed to produce a cure was about six to eight; some few patients came twelve or fifteen times. The author concludes by stating that the favorable results obtained by him bear out the opinion given by Dr. Stone in his Lumleian lectures.

Action of Anæsthetics on Living Tissue.

At a recent meeting of the Académie des Sciences, M. Marey presented a work by M. Raphael Dubois concerning the action of anæsthetics on living tissues. Claude Bernard believed it to be that of coagulation. M. Dubois's researches led him to suppose it to be that of dehydration; the tissues are dehydrated by substituting the anæsthetizing vapor for water. When plants are exposed to ether or chloroform, water vapor escapes from their surface, which evidently injures their vitality. M. Dubois considers that this fact explains why seed which is moist, and is submitted to etherization, does not germinate, whereas dry seed submitted to the same influence does do so.

Carbolic Acid in the Treatment of Whooping-Cough.

In the *Brit. Med. Jour.*, July, 1886, Dr. Suckling states that he believes carbolic acid to be almost a specific for whooping-cough. The author treated twenty-three patients with glycerine of carbolic acid; twenty cases left off attending after a fortnight, three failed to obtain relief. The dose given was half a minim in peppermint water for a child one year old, increasing with the age. In fifty per cent. ulceration of the frænum was detected.

Treatment of Phthisis by Ergot.

M. Tennyson uses in his wards from 14.2 grammes of ergotine for a sweating hypodermic injection to cure phthisis, administered half an hour before sweating sets in. After the injection an interval of one or two or three weeks must be observed. In one instance only was there failure, but the successes were very numerous. None of the usual remedies, atropine included, are as efficacious in curing sweating as ergot.

Sulphate of Iron in Diarrhœa.

In the *Brit. Med. Jour.*, August, 1886, Mr. Rothwell suggests the use of sulphate of iron in the treatment of diarrhœa in children. The author has used this drug with much success in the choleraic diarrhœa of adults, and thinks that it ought to be used for those cases of infantile diarrhœa where there are offensive stools. Should there be vomiting, it would be better to give the iron by injection.

Toothache Soother.

The following solution is somewhat expensive and rather potent for retail sale, but will be found useful in the operating-room:

R.	Cocaine (or the hydrochlorate),	xx. grs.
	Morphia hydrochlorate,	v. grs.
	Benzoic acid,	vi. grs.
	Eugenol,	℥i.
	Alcohol absolute,	℥i. M

The Temperature in Belladonna Poisoning.

It is generally stated that, in cases of poisoning by belladonna, the temperature is lowered, or at the least not raised. In nine cases recently observed in Germany by Kratter and Strassman, the temperature was distinctly raised in every instance. If this proves to hold good generally, it would afford one more argument for using belladonna as a stimulant instead of alcohol.

Correspondence.

A Card From Dr. Van Harlingen.

Eds. Med. and Surg. Reporter:

Will you be good enough to correct a misstatement which appeared in a recent number of your journal to the effect that I recommend a certain treatment for tinea tonsurans?

The fact is almost precisely the reverse. I said that I feared the very ingenious compound application would *fail* in practice. It is no invention of mine.

Arthur Van Harlingen, M. D.

[The blame for this error must be laid at the door of the journal from which we quoted it, a reputable journal.—Eds. Reporter.]

Remarkable Injury of the Finger.

EDS. MED. AND SURG. REPORTER:

Under the head, "Remarkable Injury to the Finger," a French surgeon says he had "not found any such case on record." His treatment was unique and bold. I write you to place on record a similar injury that occurred here last spring. Mack Stout, a clerk, 20 years old, was on a box that was on top of a table, trying to let down the store awning. Feeling his support falling, he jumped off to save a fall, when a hook caught his finger-ring. All the flesh and skin were stripped off, some being extruded through the ring at the opening, whence a large ornamental stone had been forced. The young man came to my office, but I was not in. He then went to Dr. John Chambers, who amputated close up. I had the care of the case afterward. (These later particulars are given to show that this was no "hearsay" case.) Three or four years ago I read in a newspaper of a brakeman jumping off a moving freight train, and catching a heavy finger-ring on a nail, and the finger was torn off. Such injuries must necessarily be very rare, but it is well to be on our guard against them.

Yours truly,

WM. B. CLARK, M. D.

2 W. Market st., Indianapolis, Ind.

A Peculiar Case.

EDS. MED. AND SURG. REPORTER:

Seeing your editorial "Report Your Cases," I send you the following:

January 20, 1885. Howard S., 8. 9 p. m., desired to urinate, but could not; considerable pain along urethra. Pulse, temperature, digestion, etc., normal. Ordered morphia ¼ gr. every 4 hours. 12 p. m., violent epigastric pain in paroxysms; vomited in a few minutes, with marked relief of pain.

January 21, 8 a. m. Violent cramping pains about umbilicus occasionally. Bowels not moved since morning of the 20th. Urinated this morning with very little pain. Ordered morphia as needed, and magnesia sulph. ℥ss every 4 hours until bowels moved.

January 21, 6 p. m. No operation; colicky pains occasionally; abdomen tympanitic and tender; nausea and vomiting whenever food is taken. Continue magnesia, and give an enema of oleum ricini, ol. olivæ āā ℥ss, ol. terebinthinæ ♏x, warm water Oss. T. d. until bowels move. Continue morphia p. r. n.

January 22, 8 a. m. Pulse 120; abdomen greatly swollen; no other change. Tr. iodine ♏j, acid carbolic. gr. ½, every 3 or 4 hours. Continue other treatment except magnesia.

January 23, 8 a. m. Pulse 120. Could see no change. No change in treatment.

January 23, noon. No change except one or two very small lumps of fecal matter after enema.

January 24, 8 a. m. Pulse 140. One or two small lumps of fæces after each injection. No other changes. Gave acid hydrocyanic dil. ♏ij. in place of iodine and carbolic acid.

January 25, 8 a. m. Pulse 140. Less vomiting and pain, and a little more fæces.

January 26. Pulse 140. Slight improvement otherwise.

January 27, 8 a. m. Pulse 130. Less tympanites, tenderness, and vomiting; more fæces.

Improved rapidly from this date. Gave an enema once or twice a day for a day or two, then ½ gr. podophyllin, which cleared out intestinal canal pretty well. After that no more trouble. No trouble vomiting after 20th. On 24th and 25th there was great prostration, etc. No abdominal tumor could be detected at any time.

GEO. W. POTTS, M. D.

New Lancaster, Kans.

"Extraordinary Fecundity."

EDS. MED. AND SURG. REPORTER:—

I have noticed several articles on the above subject in your journal during the past year, and while I do not pretend to make a point in regard to the frequency of the labors, yet the case I have in view seems to present some rather remarkable features.

In the earlier years of my practice I was acquainted with a woman, Mrs. S., who was only moderately stout, rather under medium size, who had four children at single births, with an average of thirteen months between. These were followed by two successive twin births, with about the same average intervals, and these by triplets in a little more than thirteen months, at which time she was attended by a young physician who had located in her vicinity. The poor woman, evidently, or I may say apparently, fearing a further arithmetical progression and increase, took sick and died, after I left the neighborhood, before she had time to become pregnant again.

I knew another woman at this same time who had a second child when the first was only nine months and twenty-seven days old.

WM. F. MITCHELL, M. D.

Addison, Pa., November 1, 1886.

Treatment of Strangulated Hernia by Puncture.

EDS. MED. AND SURG. REPORTER:

In your issue of October 30, 1886, I noticed an article calling attention to the treatment of strangulated hernia by puncture.

I wish to say that it has been my practice for several years to introduce my hypodermic needle into hernial tumors, and thus get rid of the accumulated gas. I consider the procedure safe and justifiable in every case where there is evidence of flatus or gas in the tumor, but it is by no means new to me.

D. H. WOOD, M. D.

Quincy, Mich.

NEWS AND MISCELLANY.

The New Anatomical Institute in Vienna.

On October 11 the new Anatomical Institute was opened in the presence of the Minister of Public Instruction and other members of the university. Those of our readers who have profited by the teaching of this justly-famed centre of medical learning will be glad to hear that the facilities for the study of anatomy are now brought into the same state of excellence as the other departments of medical knowledge, and that the building for the use of the coming generation is in every way worthy of the renown of the great university. The institute, which is situated in the Walringer Strasse, about five minutes' walk from the General Hospital, combines all the advantages of modern sanitary construction, in the shape of electric lighting, lifts, and ventilation, with a proper regard to the æsthetic requirements, so that the gloomy half-lighted appearance which is too often associated with the study of anatomy is quite absent. On entering, one finds one's self in a small entrance hall, from which a staircase, diverging right and left, leads up to two spacious lecture-rooms, capable of seating 300 students, and furnished with electric lights. These, with the library and professors' rooms, form the central block, while the dissecting-rooms, four in number, occupy the two wings. Each dissecting-room is large and light, possesses twelve windows, reaching nearly from floor to ceiling, and ten dissecting-tables. The dissecting-tables are oval, made of marble, and mounted on a solid iron pedestal. Around the walls are eight taps for washing hands, etc., and at each end is a lift communicating with the underground rooms, where the bodies are prepared and injected. In the passage, before coming to the dissecting-rooms, are the prosector's room and the students' cloak room. The electric light, with a special arrangement to prevent shadows, is in each dissecting-room. On the second story, above the central block, is a room seventy-two metres long, facing the street, which is to serve as the museum, osteological specimens being placed round the walls, while the centre will be occupied by cases for preserved specimens. In the underground department is contained the machinery for heating and lighting, and the rooms for cleaning and preparing the bodies, as well as the dwelling-rooms for the employees.

Small-pox in Marseilles.

The epidemic of small-pox, which has ravaged Marseilles during the past year, appears to be on the decline; but, during the twelve months, 1,972 deaths have occurred, half the number being children under ten years of age. The disease spread to many of the neighboring localities; in one case, a girl in a state of convalescence carried it from Marseilles, causing eighteen deaths from small-pox, thirteen in non-vaccinated persons. These facts have again drawn the attention of the public to the necessity of enforcing compulsory vaccination. The recent occurrences in Zurich furnish further proof of the necessity of such a law being strictly carried out. In 1881, the mortality from small-pox in Zurich was 7 per 1,000 from general causes; in 1882 there were no deaths from small-pox; in 1883 the number of deaths rose to eight. At that time the partisans of the anti-vaccination league were instrumental in getting the law on compulsory vaccination repealed; the following year fifteen deaths occurred; in 1885 the mortality rose to fifty-two, and this year it has amounted to eighty-five. It is hoped that a law may be established in France to enforce compulsory vaccination and revaccination, and that it will be carried out in all the chief towns of each department.

"Long Runs" on the Stage, and Madness.

The *Lancet*, October 23, says:

We cannot understand how it has come to be thought that the fact of an actor or actress repeating the same part night after night for a lengthened period can be productive of *madness*. No one doubts that the repetition must be wearisome, and if there were no counterbalancing advantages it might be so

irritating as to be mentally injurious: but players, like the rest of the world, are at heart matter-of-fact people, and, as Mr. W. S. Gilbert points out, the fact of a long engagement has the not inconsiderable merit of relieving anxiety. Moreover, the brain is spared the toil of frequent "study" for new parts. The day is left free; and if there be an irritating sameness about the evening's work, it cannot be a very terrible infliction, for even the most elaborate impersonations must come to be almost automatically performed after they have been so repeated as to lose their novelty. The public suffer for these "long runs" because there is "nothing new" to awaken interest; but if the actors suffer, they have their compensation, and we venture to think that, mentally, personally, and relatively, it is adequate.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE TWO WEEKS ENDED NOVEMBER 6, 1886.

Ames, R. P. M., passed assistant surgeon. Relieved from duty at Marine Hospital, New York, N. Y., to assume charge of Marine Hospital, Vineyard Haven, Mass., November 1, 1886.

Urquhart, F. M., passed assistant surgeon. To proceed to Norfolk, Va., for duty November 4, 1886.

Yemans, H. W., passed assistant surgeon. Relieved from duty at Marine Hospital, San Francisco, Cal., to assume charge of the Service at Galveston, Texas, November, 1, 1886.

Wasdin, Eugene, passed assistant surgeon. When relieved, to proceed to New York, N. Y., for duty at Marine Hospital, November 1, 1886.

Williams, L. L., assistant surgeon. Relieved from duty at Marine Hospital, Wilmington, N. C., to proceed to Pittsburgh, Pa., for temporary duty, November 5, 1886.

Perry, F. B., assistant surgeon. Relieved from duty at Marine Hospital, St. Louis, Mo., to proceed to San Francisco, Cal., for duty at Marine Hospital, November 1, 1886.

Death by a Druggist's Error.

The *Boston M. and S. Jour.* very truly says that the fatal mistake of a Haverhill druggist, whereby eighty-eight grains of podophyllin were put up for one dose for a young woman, the sign *ss*, representing half a grain, being mistaken for eighty-eight, the mistake resulting in the death of the young woman, illustrates the folly of allowing young clerks with no preliminary study or preparation to undertake the responsibility of dispensing drugs.

Were the law whereby apothecaries are authorized to dispense medicines as stringent as it ought to be, or were there, in fact, any State statute whereby a man with no fitness for the place is forbidden to sell powerful drugs (and in all foreign countries such protection is given the public, ignorant and incompetent men being excluded from the druggist's office), such mistakes would seldom or never occur. A very superficial knowledge of materia medica would have indicated to the dispensing apothecary that eighty-eight grains of podophyllin was a dose that it would be impossible for a physician to prescribe.

The Influence of Companions in Education.

In the *Brit. Med. Jour.*, October 30, Dr. G. H. B. Macleod says:

"Again, of the many influences which go to mould a man's character, none, perhaps, are more potent than companions. The mutual effect for good or evil thus engendered is incalculable. From the time of Pythagoras downwards, this has been expressed in many ways. 'Show me with whom he associates, and I will tell you his character,' etc. 'He that walketh with wise men shall be wise, but the companion of fools shall be destroyed.' But who are the fools? Well, in the sense now spoken of, they are the libertine, the idle, the skeptic, and those whose coarse and unbecoming conduct repels you. Never associate with a man you cannot thoroughly respect and gain some good from. That is a simple and useful rule. Be master of yourself in all things. 'Keep a conscience void of offense.' It is infinitely easier to avoid the beginning of evil than to renounce it afterwards. Temptation you must encounter. Resisting it strengthens the character as the tempest gives firmness and vigor to the fibres of the oak. Let not the holy temple of your bodies be defiled by any uncleanness. Remember Tom Hughes' advice—'The only thing to do with "wild oats" is to put them carefully into the hottest part of the fire.' A very trifling lapse from virtue may start you on the fatal path. A tiny grain may pollute and intrinsically alter a pure solution."

Cremation in Germany.

Cremation, it would appear, is making great progress in Germany. There has re-

cently been held at Gotha a "Diet" of delegates from the various cremation societies in Germany, as well as several other countries, including Italy, Switzerland, Holland, and America, the last being represented by Mr. Storer Cobb, of Boston, who is at present lecturing in Germany on the disposal of the dead by fire. The Diet discussed and approved the statutes of a general association of societies for funeral reform and optional cremation, and this association was joined by the local societies of Berlin, Potsdam, Frankfort, Darmstadt, Liegnitz, Chemnitz, Heidelberg, Dresden, Leipsic, Hamburg, Vienna, etc. These societies have already their journalistic organs in the shape of two magazines, called *Gesundheit* and *Neue Flamme* (Health and New Flame). The delegates inspected the crematorium at work in the churchyard at Gotha, and they were assured by the burgomaster that the repugnance of many to this form of burial had been completely overcome by the sight of the decorous and befitting manner in which bodies are reduced to dust by the rapid action of fire, and then inurned.

M. Pasteur.

The statistics brought forward by Dr. de Chautemps at the Sorbonne recently were said to show that M. Pasteur had saved the lives of at least 145 Frenchmen. Of 1500 patients subjected to the prophylactic treatment only ten had died, and two of these deaths could be accounted for without supposing the treatment to have been inefficacious. Taking merely the cases that had been under treatment before August 1, in order to allow of the lapse of sufficient time to ascertain the result of the inoculation, it was shown that the number of cases was 1276. At least 80 per cent. of these cases received bites from undoubtedly rabid animals: so that 973 individuals were bitten. It was computed that 155 of this number would have died if they had been left to themselves; and yet there had been but ten deaths. Hence the claim of Dr. de Chautemps that M. Pasteur had saved the lives of 145 of his countrymen.

The Food of Paris.

The annual consumption in Paris of various kinds of food which can be closely controlled by the registers of the *octroi* was during last year 146,825 tons—an increase of 446 tons over the previous year. Of pork, 148 tons had been consumed less, while the consumption of horse-flesh, with a total of 3830 tons, had augmented 337 tons, as compared with 1884; the average price of the last-named commodity is sixty centimes a kilo, while the meat of asses and mules commands about seventy centimes. Of poultry and game, the aggregate consumption was 25,044 tons—a slight diminution as compared with the year before. The quantity of fish, etc., amounted to 25,631 tons—a slight augmentation, more particularly in oysters. The consumption of butter and eggs has fallen off by nearly 160 tons, which decrease, so far as butter is concerned, may readily be accounted for by the greater use of margarine.

Medical Education of Women in Edinburgh.

The reopening of the Extra-mural Medical School on October 20, was marked by the readmission of women to medical education in Edinburgh, after an interval of more than twelve years. The first year's course comprises, as usual, anatomy and practical anatomy, chemistry and practical chemistry. The ladies' class consists at present of six students, most of whom have just passed the preliminary examination in arts held by the Educational Institute of Scotland on behalf of the Colleges of Physicians and Surgeons. The classes are conducted by Dr. Macdonald Brown and Dr. Stevenson Macadam respectively, and Dr. Sophia Jex-Blake is acting as organizing secretary.

An Unnatural Mother.

Visitors to the Weirtz Gallery at Brussels will remember, among the weird and strange creations of that artist's brain, a horrible picture of a woman sitting over a fire and cutting a young infant up into pieces. What seems almost a realization of this in everyday life appears to have taken place in Manchester (England) recently. A woman was taken to the Ancoats Hospital who from her condition was suspected to have been recently delivered of a child, and upon search being made at her house, the charred remains of a new-born infant were discovered in the fireplace.

The Comparative Prospects of Doctors and Lawyers.

The *N. Y. Med. Jour.* says that the struggles of young doctors are hard enough, as few if any of our readers need to be reminded. To those who are inclined to regard their own prospects as gloomier than if they had chosen some other profession, we commend an advertisement that lately ap-

peared in the *Daily Register*, the New York law journal, in which "an experienced attorney" offered his services to any law firm at a salary of five dollars a week.

Absence of Alkaloids in Hot-house Plants.

According to Prof. A. Vogel, plants do not always contain their characteristic alkaloids when grown under other than natural conditions. Hemlock does not yield coniine in Scotland, and cinchona plants are nearly free from quinine when grown in hot-houses. Tannin is found in the greatest quantity in trees which have had a full supply of direct sunlight.

Viper Poison and Rabies.

A writer in *Los Avisos* mentions that a dog which had been several times severely bitten by different rabid dogs, and had shown nosymptoms of rabies itself, had been previously twice bitten by vipers, and suggests the possibility of the poison of the viper having conferred an immunity from rabies.

The Cocaine Habit.

Dr. J. B. Mattison, of No. 314 State street, Brooklyn, writes to us as follows: "If any reader of your journal has met with a case of cocaine addiction, and will send me the fullest details at his command, I'll thank him for the courtesy, reimburse him for any expense incurred, and give him full credit in a coming paper."

Items.

—The German physicians of Philadelphia propose to organize "Der Deutsche Medicinische Verein von Philadelphia."

—A somewhat sudden and serious outbreak of small-pox, the origin of which has not yet been traced by the authorities, has occurred in Brooklyn, and Health Commissioner Otterson has appointed six sanitary inspectors on special vaccination service. An extra force of men has also been assigned to duty on the fumigating corps.

—On the 22d of October, Dr. Alexander Dyce-Davidson, Professor of Materia Medica in Aberdeen University, died suddenly in his class-room. The bursting of a blood-vessel in the head was the cause of death. The deceased was a native of Aberdeen, and was forty-one years of age. He was appointed Professor of Materia Medica in 1878.

OBITUARY NOTICE.

J. G. Richardson, M. D.

Dr. Joseph Gibbons Richardson, who has been called away in the 51st year of his age, was Professor of Hygiene in the University of Pennsylvania, and a member of the City Board of Health. He was born in this city, and graduated from the Medical Department of the University of Pennsylvania in 1862. He was resident physician of Wills Hospital and the Pennsylvania Hospital, and then practiced five years at Union Springs, Cayuga county, N. Y., and while there was vice-president of the Cayuga County Medical Society. In 1868 he returned to this city, since which time he had held the positions of microscopist at the Pennsylvania Hospital, visiting physician of the Presbyterian Hospital, professor of hygiene in the Medical Department of the University of Pennsylvania, secretary of the Biological and Microscopical Sections of the Academy of Natural Sciences, member of the College of Physicians, Philadelphia County Medical Society, American Medical Association, and many other kindred bodies. He contributed largely to the leading medical periodicals, and of the books issued by him the most important was his "Handbook of Medical Microscopy."

QUERIES AND REPLIES.

Eds. Med. and Surg. Reporter:

Wickersheimer's Fluid.

The following is an answer to query in last issue:

The injection fluid of Conservator Wickersheimer of the Berlin Museum, was first used for the preservation of anatomical objects for demonstration, but has since been used for embalming purposes.

The fluid is composed as follows: Alum 100.0; chloride of sodium 25.0; saltpeter 12.0; potash 60.0; arsenious acid 20.0, to be boiled in three litres of water and filtered.

To 10 vol. of the solution are to be added 4 vol. glycerine and 1 vol. methyl alcohol.

Twenty-five hundred grammes of the fluid are said to be sufficient for a medium-sized human cadaver. It is injected in the carotid with a constant pressure apparatus of two metres pressure height, until foam appears above the windpipe. The abdominal cavity must be emptied; a filling of the same with camphor, saltpetre, alum, carbolic mixtures, etc., is, provided the fluid injection is evenly accomplished, not necessary. It is said that Wickersheimer holds secret a still better embalming fluid, which he only uses himself. It seems that the above fluid does not act satisfactorily in all cases.

J. H. Voje, M. D.

Oconomowoc, Wis., Nov. 11, 1886.

Poisoning from Oats.

Eds. Med. and Surg. Reporter:

I have a patient who is poisoned by coming in contact with oats, either in the sheaf or cleaned grain; cannot feed a horse with it, or walk past an oat-meal mill, on the windward side, without being poisoned. The eruption takes the form of eczema rubrum; is very severe, confining him to the house for weeks at a time. Many of the various lotions and ointments recommended for the cure of poisoning by vegetable fungi have been tried, but nothing has had any decidedly beneficial influence.

If any reader of this has had a case of the kind and found a remedy for it, I should be only too glad to hear from him.

Muscatine, Iowa. A. Ady, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1552.] PHILADELPHIA, NOVEMBER 27, 1886. [Vol. LV.—No. 22.

Original Department.

Lecture.

LARYNGITIS ULCUS SYPHILITICA: KERATITIS SUPPURATIVA ACUTA: STRUMA, PHARYNGO-TONSILLARIS.

A CLINICAL LECTURE BY DUDLEY S. REYNOLDS, A. M., M. D.,

Professor of General Pathology, Hygiene, and Diseases of the Eye and Ear in the Hospital College of Medicine, at Louisville, Ky.

Reported for the Medical and Surgical Reporter by Allen Keech, M. D.

SYPHILITIC ULCERATION OF THE LARYNX.

Mr. J. N———, sixteen years of age, of good family, a bright, intellectual youngster, whose home is in Frankfort, Ky., makes his appearance this morning pale, emaciated, and articulating with great difficulty.

Beginning at the superior border of the anterior glosso-palatine ligament is a deep sulcus with ragged, infiltrated marginal outlines; illumination shows this sulcus extending on down behind the tonsil to the base of the epiglottis on the right side, cutting off the ary-epiglottic ligament and extending deeply through the cartilage to the upper surface of the right vocal cord.

Applying a mop made of cotton-wool rolled upon a probe and dipped in a solution of carbolic acid, a half drachm to the ounce of water, the ulcer is easily cleaned to the bottom. In the course of this procedure the muscular movement spreads the opening, which seems to have a rope-like cord drawn obliquely across the chasm near the base; this distinctly pulsates, and is unmistakably the common carotid.

The appearance of this ulcer, which the patient says has been forming now for three weeks, is distinctly characteristic of syphilis. Epithelioma does not develop so rapidly, and tuberculous ulceration would present entirely different appearances. If it were tuberculous, the chasm would be occupied by a mass of tough lymph, because the bacillus tuberculosis grows best in lymph, and its first effects are to swell the lymph corpuscles, and by actual increase of contents to rupture the lymph tubes. The exuding mass of lymph from these points of rupture constitutes the primary breach of continuity in the process of ulceration. The margins of the tuberculous ulcer are always œdematous with a grayish mass of exuding lymph overlapping the edges of the ulcerative surface, and no tissue points of granular surface may be seen until after the removal of the contained lymph, which is always very tough and difficult to clear away—in fact, impossible to completely remove without the assistance of some powerful astringent, aided by friction, to disturb the relations of the exuded mass of lymph and the open lymph tubes through which it comes.

In the case of this young man the margins of the ulcer are everted and ragged, presenting a sharp marginal line of inflammatory infiltration intensely red—scarlet, indeed—whilst the ulcer itself contains a species of pus easily cleared out, tending in no way to resist the mop loaded with the carbolized fluid, which is introduced for its local anæsthetic as well as its antiseptic action. The rapid development of the ulceration alone is strongly suspicious of syphilis, whilst the local appearances of the ulcer, which at the base is gray whilst the walls have irregular projecting points of red tissue with an in-

flamed areola, makes a perfect picture of the syphilitic ulcer.

It is remarkable that this ulceration has not invaded the walls of the carotid artery, whilst all the tissues surrounding it are destroyed, as you observe. It seems impossible for any further extension of the ulceration in the larynx to take place here without resulting in perforation, and if the walls of the tube are perforated emphysema will speedily occur, and the patient must then perish. If this process can be arrested at once, however, the chances of recovery may be said to be fairly good.

As the case is very urgent in its demands for treatment, I propose giving him twenty grains of the iodide of potassium in a half glass of water every two hours. The rags which he now wears about the neck are to be removed, and no local treatment or external application made except a spray of ten grains of borate of sodium to the ounce of water, simply to facilitate cleaning the larynx of accumulations which naturally gravitate that way.

Syphilitic ulceration of the larynx is often fatal when its true nature is not recognized in time to prevent perforation. Just how long an artery may resist the action of the syphilitic virus it is impossible to say. I have known arteries to remain exposed three weeks before rupture occurred in cases of epithelioma where the ulceration had extended to all the tissues surrounding it, leaving it fully exposed in its passage across the cavity.

If the iodide of potassium disturbs the renal function in this young man, we shall substitute the iodide of sodium; in fact, it is my habit to alternate the sodium with the potassium salt, and in some cases to rely wholly on the sodium instead of the potassium. I had a case not long since similar to this in many respects, in the person of a prominent young journalist in this city. His physician, knowing he had syphilis, undertook to administer the iodide of potassium when the ulceration set in, but the patient was suddenly seized with all the distressing phenomena of iodinism. In this condition he was sent to me. I began with 20-grain doses of the iodide of sodium in a glassful of water every 4 hours, which he took without difficulty, and in two weeks' time the extensive ulceration of the larynx had entirely healed; of course, the dose had been increased after the first three or four days.

It is astonishing what great differences are sometimes observed in the action of iodide of sodium and potassium. Any form of potassium appears poisonous to some people, whilst others may take in almost unlimited quantities any one of the numerous preparations. The tendency of iodide of potassium to produce interstitial nephritis is not sufficiently appreciated by the profession, I fear. This tendency is always diminished by the use of the iodide largely diluted with water. If the patient has to take 20 grains of the salt he should have it in not less than four ounces of water; indeed twice that amount of water is preferable, and in all cases where iodide of potassium has to be given for the relief of syphilitic ulceration the dose should be progressively augmented and the quantity of water increased, the patient being required to pass his water in a vessel, in order that no mistakes shall occur in determining the quantity passed in 24 hours. If any very considerable diminution in the quantity of urine passed should occur, I should at once proceed to inquire into the character of the urine voided, with a view to either discontinuing the treatment altogether until the kidney affection can be brought under control, or the substitution of the sodium for the potash salt. From a considerable experience with the iodide of sodium, I am satisfied it meets every therapeutical requirement, and is in no respect inferior to the iodide of potassium in the treatment of syphilis, whilst its tendency to disturb the kidneys is far less. Remember, however, that if the patient can take a pint of water at a time, the potash or sodium should be given in that quantity.

[It was subsequently learned that the young man had been led astray, and contracted syphilis in the usual manner four months before. By the fourteenth day following this treatment the ulcer had entirely healed, and he returned to his home greatly improved in flesh and strength, with his voice fully restored.—Rep.]

Case 2. Suppurative Keratitis.

Mr. W., dancing-master, aged 64, a gouty subject, has been suffering with intermittent fever. Ten days ago his family physician sent him to me with an ulceration of the right cornea, the ulcer being small, and lying almost directly in the centre of this structure. It was superficial, presenting a gray base with a small particle of lymph adhering to its lower edge. The eye was painful, and of course morbidly sensitive to light. The pain radiated from the brow through the temporal region, extending at times to the occiput on the right side. After con-

sultation, it was decided he should take five grains of quinine in solution every four hours. He was to have at night one grain of calomel, to be followed in the morning by a Seidlitz powder. Locally a drop of a solution of homatropine—one grain to the drachm of water—was instilled for the relief of pain whenever it became necessary.

Two days later, Mr. W. presented a sad appearance: the lids were tumefied; the cornea throughout the anterior lower half had become gray; a mass of lymph hung from the central portion, which was still ulcerating, and the anterior chamber was almost entirely filled with lymph. This *lymph* in the anterior is frequently called *pus*. A condition similar to that just stated is described in all text-books on the diseases of the eye as hypopion, and the older writers—even some at the present time—advocate paracentesis of the cornea, with a view to evacuating the irritating pus, as it is called. Some have even gone so far as to describe how the endothelial cells from the surface of the iris and the cornea degenerate into pus and fall loosely into the anterior chamber, producing this collection. This is a condition that never exists in the form described; instead of pus this accumulated mass of effused fluid which presents a gray opaline—sometimes yellowish—appearance in the anterior chamber of the eye, is lymph, as may be easily demonstrated. No one will deny who has punctured the anterior chamber for the relief of these affections that this mass is always found in strings, or flakes, or shreds; that the matter is of a tenacious character and comes away in masses—usually in one mass—when it passes outward. It may be completely removed and extracted from its confinement by seizing it with the forceps and drawing it out as you would a clot of blood or mass of lymph from any other situation. Excuse this digression.

Mr. W.'s condition being now somewhat alarming, the homatropine drops were ordered to be used every ten minutes till the pain ceased—this to be repeated at every recurrence of the pain—and five-grain doses of the sulphate of quinine were ordered to be taken *every hour during the day*. Forty-eight hours after this change in the treatment the cornea had cleared up; in four days the entire mass of lymph effused into the anterior chamber had disappeared by solution and absorption. After this the quinine was administered three times a day before meals in the same manner and dose (five grains) up to the present time (ten days from the beginning of the trouble), the eye now being almost entirely free from irritation, and the general condition of the patient vastly improved. I venture to say he may take ten grains every night at supper-time for a week as a precaution against relapse.

Cases of this kind, unless treated in the vigorous manner I have just described, go rapidly from bad to worse, until the cornea sloughs out en masse, and the eye is destroyed. Cases are not wanting where symptoms of meningitis occur at this stage, and death in a few hours or a few days at most comes to the relief of the patient, who in my opinion might have been saved by the timely and vigorous use of the sulphate of quinine. A gentleman so well advanced in years, with a gouty diathesis, so sadly afflicted as Mr. W., affords to my mind a magnificent illustration of the triumph of medicine over disease.

Case 3. General Struma.

J. McK., æt. 28; pale, relaxed tongue; hoarse, husky voice; pulse feeble; skin clammy; respiration 30 per minute, and labored. He is harassed by cough at night, and complains of soreness in the chest. He does not sleep well, has a poor appetite, and for two months past has been troubled with night-sweats; he has been twice rejected for life insurance within the last two years. His mother and sister are said to have died of pulmonary consumption; he resembles his mother in facial expression, complexion, etc., and is thought therefore to be especially liable to pulmonary consumption; in fact, he thinks he is now afflicted with it. His family physician, however, Prof. E. R. Palmer, an expert in physical diagnosis, has not been able to detect any distinctly localized pulmonary disease. The patient is a man of family, and observes correct habits, indulging in no dissipation whatever. For three or four mornings past he has supplied me with the sputum expectorated during the night. Careful microscopical examinations from time to time have been made; no tubercle bacilli have been found. The cervical lymphatics are all enlarged, the tonsils are pale and enormously distended, in fact, they are in contact at the superior extremities. He finds it difficult to swallow solid food, and he says a large quantity of matter flows down from the palate into his throat on rising every morning. The lining membrane of his nose is pale, soft, pulpy, and covered here and there with accumulations of very tenacious lymph. In the pharynx a considerable quantity of pus which, pouring down upon the posterior wall of the cavity, is brought into contact with the air inspired

through the mouth, and dried, presents itself in the form of brown or yellowish-brown crusts. His tonsils have never been subjected to local treatment, though he has used a variety of sprays and gargles. He says he has been eight months under the treatment of a prominent specialist in the city, and that he has taken, he thinks, several gallons of cod-liver oil.

I am glad to be able to present such a case for consideration, inasmuch as it will afford an opportunity to demonstrate a principle in therapeutics, as well as to relieve Mr. McK. of a troublesome and somewhat grave affliction.

It is the opinion of many reputable practitioners who have examined this patient, that he has incipient tuberculosis complicated by a chronic naso-pharyngeal catarrh. Fortunately, we are now no longer obliged to rely upon family history, so-called, nor upon those phenomena which go to make up the evidence of the so-called scrofulous diathesis, which is regarded by many as a constitutional taint generally present in the subjects of inherited tuberculosis. In the absence of bacilli tuberculosis in the expectorated matter we are not wholly warranted in concluding this patient has not in some other part of the body, or it may be in the pulmonary substance itself, some masses of tubercle.

He has attained fair size and enjoyed most of his life in a comfortable state of health, not to say robust health. The enlarged lymphatic glands in the neck, the enlarged tonsils without inflammatory action, and the pale infiltrations with exudations of lymph here and there upon the Schneiderian and pharyngeal mucous membranes, show most conclusively the presence of an excess of lymph in his system. The disturbed respiration, the feeble pulse, the sleeplessness, and, I may say, general neurasthenia, arouses the suspicion that this excess of lymph in the system has much to do with the debility and generally broken-down condition of his health.

It must be remembered that the lymph is derived chiefly from the multiplication of the leucocytes, and they are exuded through the walls of the blood tubes into the lymph channels. These channels are found everywhere in great abundance throughout the whole economy. Large numbers of lymph-spaces, as they are called, surround the arteries and the nerve-trunks of the body. Large numbers of lymph-tubes are found in the naso-pharyngeal membrane. The tonsils are lymph-glands, and they are enormously enlarged in this case, and yet in no manner inflamed; indeed, the whole naso-pharyngeal membrane, as well as the tonsils, presents an abnormal pallor. The matter expectorated contains broken epithelial cells, pus cells, and lymph corpuscles, but no tubercle bacilli.

Now he must have such local treatment as will dissolve and tend to clear away the accumulating exudation in the nose and pharynx; he must have something likewise which will exert a similar influence upon the lymph exuded lower down in the air-passages, that he may expectorate more freely and consequently suffer less distress when he coughs. He must likewise have something which tends to liquefy and dissolve the lymph in the lymph-channels and glands throughout the entire body. He acknowledges no periodicity in the course of his sufferings, and the pale relaxed tongue, with the night-sweats, constitute, therefore, the only ground for suspecting the presence of miasmatic infection.

The tonsils, you must remember, are composed of convolutions. They are fissured, and in the depths of these fissures large quantities of mucus are said to be secreted. This is the case, however, in abnormal conditions only; in the normal state the tonsil is an exceedingly small gland, which presents a series of convolutions in that part of the mucous membrane which lies between the anterior and the posterior glosso-palatine ligaments. In the present condition, however, these convolutions, each containing separate compartments of a glandular body identical in all respects with the cervical and other lymphatics, assumes an ovoidal form, with indentures into which a probe may be passed to a considerable depth—in this case quite an inch, that being about the thickness of the enlarged gland. In each of these apertures or sinuses are quantities of decaying lymph, and now and then a little cheesy matter which represents one form of degeneration of lymph.

Rolling a small portion of cotton-wool upon the end of a flexible probe, and dipping it into carbolic acid, these sinuses may be thoroughly wiped out, and freed from their irritating contents.

He is to have one-fiftieth grain of bichloride of mercury and two grains of the sulphate of quinine before each meal and at bedtime. He is to use as a snuff for the purpose of dissolving accumulated masses in the nose and pharynx a powder made as follows:

℞ Pulv. sodii boratis, ℥j.
Pulv. sodii chloridi, ℥j.

M. Sig.—To be used as a snuff in small quantities frequently during the day.

He is to have for use with the atomizer, for inhalation to assist in cleansing the nose and pharynx, the following mixture:

℞. Sodii boratis, ℥ij.
Sodii chloridi, ℥j.
Acidi carbolici, ℥ss.
Aquæ destillatæ, ℥xij.
Aquæ camphoræ, ℥iv.
M. Ft. solutio. Sig.—Use with the atomizer.

In addition to this, he is to have one of Blancard's pills of iodide of iron after each meal.

Now comes the most important part of the treatment, since the medicines have all been prescribed.

We are to devise some means by which the excess of lymph from which he is now suffering shall not be renewed. It has been found that an animal partaking of cooked fruits, molasses, jellies, in fact, glucose in any form whatever, experiences a rapid increase in the leucocytes in the blood, followed speedily by turgescence of all the lymph tubes in the body and engorgement of the lymphatic glands. Moreover, lactic acid fermentation takes place in the alimentary canal, the renal secretion is reduced in quantity, and is often found to contain large quantities of glucose.

Glucose seems to be in the nature of an artificially-digested food, which enters the system in great quantities through the absorbents in the alimentary tract.

Now, saccharose and starch, taken as food, cause an increased activity in the leucocytes, for both tend to increase the temperature of the body by promoting cell action, and in this way are force-producing agents. If the starch and the saccharose be artificially digested by heat before they are introduced into the system, they simply create an abnormal increase of what would otherwise be a normal action of all such agents, with the single exception that they are especially liable to disturb the alimentary canal in addition to lymphatic engorgement. We shall feed our patient abundantly on all kinds of meats and good vegetables plainly cooked; he shall have milk, butter, and cheese in abundance; he shall have all the ripe, raw, and seasonable fruits, fresh and in their natural state, and under this plan of treatment he shall rapidly recover; his enlarged tonsils shall disappear, and in six weeks from this time, if no accident happens, and I am not seriously mistaken in my judgment, which I assure you is based largely upon experience, this patient shall be regarded a sound man.

—Fear closes the ear of the mind.

Communications.

INFANTILE ERYSIPELAS.

BY E. W. MITCHELL, M. D.,

Of Cincinnati, Ohio

In a paper on the above subject, read before the Cincinnati Academy of Medicine, October 23, 1886, the author reported the following interesting case:

Annie ———, æt. eight months, in perfect health prior to her present attack, living in the country with the best possible surroundings as to hygiene. No other cases of erysipelas had existed in the neighborhood, and she had not been away from home for some time. No wound or abrasion was noticed. On July 19th she was feverish, and the mother noticed at the same time a spot of redness and swelling on the right labium pudendi. I was first called on the 22d. The characteristic eruption of erysipelas now covered the vulva and gluteal folds. Temperature 104°, pulse 160; child restless and sleepless. Ordered tr. aconit. gtt. two-thirds, every hour till fever should subside, when the dose was to be reduced to gtt. one-half; tr. ferri muriat. gtt. ii every two hours, well diluted; locally a lead wash. By the 24th, the fifth day of the disease, the eruption extended on both limbs to the knees, and on the back to the lumbar region. Evening temperature 106°, its highest point; pulse 160; slight cough. Fine mucous rales heard over the right lung. The local application was now changed to white lead paint well rubbed down with oil. By the 26th (seventh day) the eruption covered the back, extended below the knees, and was beginning to invade the abdomen. Temperature 103°–104°, pulse 160; cough had subsided, rales were no longer heard; dose of iron increased to gtt. iv every two hours.

During the next few days the eruption was slowly extending over abdomen, thorax, and lower limbs. After the thorax was covered, it then extended down the arms, next spread up the neck, appeared in front of the ears, spread over the face, and finally invaded the scalp. The whole surface of the body, by August 5th (seventeenth day), was covered. While spreading over new territory the eruption was fading out over those parts first affected, and several times there were fresh attacks, which were limited in extent. July 30th (eleventh day), respiration again became very rapid. She had a cough, and there were mucous rales in both lungs. This

attack subsided again in a day or two, but another more severe, with expulsion of mucus, appeared on the 10th of August. From this time there was very rapid breathing, cough and expectoration, during the rest of the sickness. These symptoms at times subsided, and again became severe. On August 5th she had a severe convulsion, followed by coma, lasting a short time. The convulsions recurred at intervals. A large abscess formed on the head, over the site of the posterior fontanelle, which was first aspirated, and upon refilling opened. The abscess was first noticed on the 31st day of the disease; it evidently added much to the suffering of the child, as well as being a drain upon her physical resources. On the 34th day I was told by the nurse that the child looked as if she had the measles. Examination disclosed a petechial eruption covering nearly the whole body. During the last few days the urine was very scant, but none could be collected for examination. Death September 15th, eight weeks after the beginning of the attack. There were never any symptoms of peritonitis or enteritis. The bowels were regular most of the time. The appetite was fairly good until the last week.

The principle of treatment kept in view was to nourish and sustain. Being upon the breast, her food was confined to the mother's milk. Regular hours of nursing were as much as possible observed. Iron and quinine, one or the other, were administered throughout. The aconite was discontinued after the first few days. The complication on the part of the lungs was treated by warm poultices over the chest, and small doses of muriate of ammonia internally. The convulsions were usually promptly controlled, and often when threatened, prevented by the hot bath. During the latter part of the disease wine or brandy was given in small doses. The lead paint seemed to delay the spread of the disease. On the face iodoform collodion was used. Although it seemed to mitigate the intensity of the inflammation, it did not prevent its extension. The doctor thought the unfavorable result in this case was to be attributed mainly to the complications.

SCHIRRHUS OF THE CARDIAC ORIFICE.*

BY E. BRUNO ZINKE, M. D.,

Of Cincinnati, Ohio.

German, æt. 46, family history good, fine physique, weight 220 pounds. He drank habitually 18 to 20 glasses of beer daily, yet was never seen intoxicated. He was a big eater, yet was never seriously ill. In September, 1886, he was taken ill with chills, fever, and sweating at irregular intervals, followed by jaundice, general malaise, loss of appetite, nausea, and morning vomiting, with irregular bowels. He had occasional tenderness and lancinating pain in the left side, under the ribs, which was readily influenced by turpentine liniment. Liver enlarged. He recovered under treatment at the end of two months and was discharged, the diagnosis being gastritis. He had also had a hemorrhage in the beginning of the attack. During the winter he had another attack of hematemesis; went to various physicians and the clinics, but gradually grew worse. The following April he presented himself to Dr. Zinke in the following condition: emaciated, hungry but unable to eat, cachectic, tongue coated, complained of a burning sensation from the middle of the œsophagus to the stomach, amounting to pain on deglutition. Solid food was rejected at once, and liquid was not long retained. There was excessive salivation (not mercurial), and digestion was accompanied by distressing hiccough and eructations. Left lobe of the liver very much enlarged. No tumor could be detected in the epigastric region. Temperature 100° F. Urine highly colored, and loaded with urates. May 13 he vomited a piece of hard cancerous substance, semicircular in shape, about an inch in length by half an inch in thickness, crumbling somewhat when rubbed between the fingers. After that he felt decidedly relieved, and was able to eat some. Though ordered a milk diet, he would at times eat meat and vegetables. He continued to improve; was able to be up and about the house until shorly before the last hemorrhage, after which he sank rapidly, and died ten days later of exhaustion.

For the relief of the digestive symptoms, one-drop doses of a one per cent. solution of nitro-glycerine were given with good effect three times daily. When this medicine was withdrawn for any length of time he immediately grew worse. Medicines to relieve the constipation or diarrhœa were the only other remedies given, with the exception of the last two weeks, when morphia was given to procure rest and sleep.

Post-mortem.—Large cancerous mass, involving the cardiac end of the stomach and lower part of the œsophagus, left half of the diaphragm posteriorly, posterior half of the base of the left lung, the spleen, tail of

* Read before the Cincinnati Academy of Medicine, October 18, 1886.

the pancreas, and the left flexure of the colon. The mucous membrane of the stomach presented the appearance of chronic gastritis. The cardiac orifice was so small that it with difficulty admitted the end of an ordinary probe. The calibre of the ascending and transverse colon was so small that they were taken for the small intestine.

Microscopic section of the cancerous growth showed it to be a soft scirrhus.

A remarkable feature, considering the size of the cardiac orifice, was the fact that the patient was able to swallow a large amount of food only two weeks before his death.

NOTES ON MEDICO-LEGAL TOPICS.

BY HENRY A. RILEY, ESQ.,

Of New York City.

ONE PHYSICIAN TRIES TO PREVENT ANOTHER FROM PRACTICING.

One of the daily papers recently had this account of a case where one physician tried to prevent another from practicing: Before Vice-Chancellor Van Fleet at Newark yesterday (November 1) a motion was made by counsel for Dr. Frederick B. Mandeville for an injunction to restrain Dr. George W. Harmon from engaging in the practice of medicine in Newark. The application alleged that in the early part of last year Dr. Mandeville entered into a contract with Dr. Harmon to act as his substitute during his absence for three months. The period was afterwards extended to October 1 of this year. Dr. Harmon continued to act until September 22, when he was released. The contract provided that Harmon should not engage in practice in Newark at any time after its expiration. The applicant claimed that this agreement was part of the consideration which led him to make the contract, and it was absolutely necessary for his protection, as the position Dr. Harmon took gave him opportunity to learn Dr. Mandeville's business, get acquainted with his patients, inspect his accounts, and learn his special and private formulæ and prescriptions, and also to learn professional secrets, which Dr. Mandeville had a right to keep from the world. In his answer, Dr. Harmon says that the real contract is contained in a letter from Dr. Mandeville to him, dated April 6, 1885, in which he is offered $500 a year for three months and a proportion of the excess of business during that period, and that no restraint was imposed on him. It was after he had been employed that the contract was drawn up. The Vice-Chancellor said he would take the case into consideration.

COLORED ECLECTICS.

The following account of a case before the Mayor's Court of Pittsburgh is curious, and shows that colored physicians in their practice are quite eclectic: At the hearing this afternoon (November 5, 1886,) before Acting Mayor Bell, of a case where a negro physician, Henry Thornton, was credited with the power of reviving waning affections between man and wife, it was developed that Thornton had informed the husband of Mrs. Virginia Emerson that if he would place a piece of his wife's clothing in a bottle and bury it, he could do what he pleased with her. The wife, on the witness stand, stated that although unaware of this proceeding it had the desired effect, as against her will she was compelled to crawl along the floor of her house. Then the bewitched bottle was brought to her and broken, when her instant recovery followed.

THE RULES OF THE PUBLIC SERVICE AND PROFESSIONAL ETHICS.

The rules of the public service sometimes seem to come in controversy with professional ethics: at least, Dr. Garnett, of Washington, D. C., finds fault with the regulations of the Pension Office. Commissioner Black recently sent Dr. Garnett this letter: "Your certificate of sickness in the case of Miss ——— is hereby returned to you, as it is not sufficiently explicit. The rules of this office require that physicians shall specify the trouble with which the patient is afflicted. I have therefore to request that you make a new certificate and forward to this office accompanied by this letter as soon as practicable. The certificates of physicians are treated in this office with the strictest confidence."

Dr. Garnett has refused to furnish the certificate demanded, and has written a letter to the Commissioner denying his right to ask for such a certificate. He says: "In all civilized countries the relation between the medical man and his patient is regarded as a private compact, involving the personal honor of the former and possessing all the sanctity implied by an oath—one which no honorable member of the fraternity could violate without entailing upon himself personal disgrace. * * No medical man in this city, who possesses a proper self-respect and correctly appreciates the dignity and responsibilities of his profession, will ever demean himself so far as to comply with such a rule. In the particular case referred to in your

note. I have already informed you that the party has been under and still is under surgical treatment which physically unfitted her for the performance of her official duties."

Commissioner Black has made a number of mistakes in the administration of the Pension Office, and this last edict seems to to be another. There is little doubt but that Dr. Garnett will get the best of the Commissioner, and force him to be content with the first certificate.

THE MENTAL CAPACITY OF A DEAF MUTE.

The New Jersey Court of Chancery has decided in a case of a deaf mute that she had no mental capacity sufficient to transact business, and could not select an agent to act for her. The person was deaf and dumb ever since she was two or three years old. Lord Hale held in England many years ago that a person deaf and dumb from birth was in presumption of law an idiot, but this presumption could, it seems, be rebutted by proof. At the present day the rule seems to be that there is no presumption at all, but that every case is to be decided by the proof presented of capacity or incapacity. In the case at issue the evidence was very strong that the woman was incompetent, yet the jury decided that she had power to choose an agent. It appeared that she was ignorant, having never been taught any language; that she could not comprehend any business transaction except perhaps the simplest, involving not more than a dollar; that she had learned to fetch and carry, do ordinary housework, and cook a meal; that she understood about such matters through motions; that she had never managed her own property, although about sixty-five years old, and knew nothing about its amount or mode of investment. An application was made to set aside the inquisition of the jury, and the court granted the application, as was clearly the sensible thing to do.

AN INTERMEDIATE PENITENTIARY.

While the Prison Association is meeting at Atlanta, and right in the section where the convict lease system is entrenched, is attacking it with vigor, it is noticeable that attempts are being made in other places to make the convict's lot a more hopeful one. The corner-stone has just been laid at Mansfield, Ohio, of a new Intermediate Penitentiary, with imposing ceremonies, in which ex-President Hayes, Governor Foraker, Senator Sherman, and others, took part. This Intermediate Penitentiary is an experiment for the reformation of convicts, and will be devoted to "first term" and "light sentence" criminals. The purpose of the law establishing the penitentiary is to keep those convicts of whose reformation there is hope separate from the older criminals.

INTERESTING BEQUESTS.

Samuel Johnson, a resident of Chicago, by his will, which has just been probated, makes some bequests which will be of interest to the profession. He bequeathes $10,000 for the erection of a bronze statue of Shakespeare in Lincoln Park, Chicago; $25,000 for the Chicago Nursery and Half-Orphans' Asylum; $50,000 for St. Luke's Hospital; $10,000 for the Cincinnati Orphan Asylum; $10,000 for a gateway at the main entrance of the college yard, Harvard University; and $500 to help preserve the Hamlin Burying Grounds, Middletown, Conn.

MISS WELTON'S BEQUEST.

Mr. Bergh is quite happy over a decision just rendered that the will of Miss Carrie Welton is a valid one. Miss Welton, it will be remembered, was frozen to death about a year since while traveling in the Rocky Mountains, and left a will which made a large bequest to the New York Society for the Prevention of Cruelty to Animals. The Society is now in a very prosperous condition, and is receiving frequent gifts and bequests.

The will of Col. Fuller, of the United States Army, has been contested on somewhat similar grounds to those in the Welton case, and it is a curious circumstance that Col. Fuller met his death quite near where Miss Welton was overcome by the cold. The Fuller case comes up in the Washington courts, and if the will is sustained, the Society will be the richer by about $60,000.

It is interesting to note in this connection that a Mr. Benjamin Moore, who recently died in Berlin, left a will giving a reward of one dollar to every policeman reporting a case of cruelty to animals. He said in his will: "As men have no hearts, I leave my money to the brutes;" and so it came about that the Berlin Society for the Protection of Animals became the possessors of about $100,000.

Medical Societies.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

(*Concluded from page* 654.)

Dr. Howard had operated in another case of the neurotic class. Miss B., aged 20, consulted him in April, 1884, and was under

care for nearly three months. For more than two years she had suffered from intense and almost incessant cephalalgia. She had no uterine disease, but was constantly in a hysterical and hyperæsthetical condition. She had been treated by a highly intelligent physician in Virginia without relief, and he had taken her to an eminent physician in the city of New York, who inserted a seton in the nape of neck and one in each iliac fossa, which only produced local suffering, but in no way alleviated the intense headache, which nothing but large hypodermics of morphine could diminish, and give some hours of disturbed sleep. She went home unimproved, but returned again, and on November 3, 1884, as she always complained of great pain upon pressure over the ovaries, both ovaries and tubes were removed. No unfavorable symptoms followed the operation, and the cephalalgia soon diminished. Her parents were delighted with the result, and she returned home January 14, 1885. She seemed a new being—a handsome girl, of noble figure, and the only child of her parents. But the fates were against her. Some months subsequently, she sustained injuries from an accidental fall, which terminated her life in a few days. Dr. Councilman, our eminent pathologist, made the following report: "The ovaries contain cysts of various sizes, due to simple dilatation of the Graafian follicles. In addition to the cysts, there is a good deal of induration of the stroma, and in the right ovary an enormous formation of blood vessels. In character this vascular formation consists of small arterioles which are in general tortuous, and traverse the tissue in every direction. In some places they are so numerous that they resemble very much the convoluted sweat glands of the skin. In the left ovary, I found several of the so-called menstruation fibromas, due to fibrous degeneration of the corpus luteum. The fallopian tubes were dilated, and the mucous membrane thickened and hypertrophied."

Lastly, Dr. Neale referred to a class of cases, which, under the lead of Mr. Lawson Tait, has excited great professional interest, and is, at present, the subject of warm dispute, viz., the removal of the uterine appendages for chronic intra-pelvic trouble of a painful and persistent character. In this country, under the lead of Dr. Thomas Addis Emmet, these cases are usually classed under the head of *pelvic cellulitis*. In Mr. Tait's view, these are *chronic ovaritis*, *chronic salpingitis* with occlusion of the tubes, which are distended by serum, pus, or blood. In many of these cases, Mr. Tait candidly admits that the diagnosis is uncertain. But when it can be made out with reasonable certainty—when suppuration has occurred in the ovaries, and the tubes are occluded and filled with pus—all now admit that the ovaries and tubes should be removed. What no one denies need not be discussed. But there are other cases which Mr. Tait would call *pyo-salpinx*, Dr. Emmet would call *cellulitis*—and many of them—that certainly do recover under judicious treatment, without removal of the uterine appendages. Call them what you like—*many of these cases get well*. And why should this not be so? Are the ovaries and tubes, of all the organs and tissues in the body, inveterately rebellious to remedies and methods of cure which effect cures in other organs and tissues? Is it at all probable that the All-wise Ruler of the Universe has endowed woman with organs that are essential to the propagation of the species, and yet made *them alone* incurable when inflamed, save only by an operation which defeats the object of their creation? It is a serious matter to sterilize a young woman forever, and, in Dr. Howard's judgment, it ought not to be done until all reasonable efforts to relieve her sufferings have failed. He held that in any case, whether of the neurotic class or that now under discussion, if an exploratory incision is made and the ovaries and tubes found healthy, they should not be removed. It is high time that a restraining hand should be laid upon those who are so eager to sterilize women.

Dr. L. E. Neale, with reference to Dr. Chunn's remarks explanatory of the non-appearance of the ascitic fluid after the operation, said he could not understand how a mere incision into the peritoneum could possibly produce such results. But he did understand how exposure, manipulation, sponging, and washing out the peritoneal sac could so alter its function. Indeed, this is a clinical fact, also applicable to other serous membranes, observed by Lawson Tait (*Dis. of the Ovaries*, ed. 1883, p. 253–4,) and others, and, as far as Dr. Neale knows, denied by none.

Dr. Neale credited Dr. Howard with making a correct diagnosis, if any *positive* diagnosis was made.

If Dr. Howard held that the ovaries should always be spared when they did not present microscopical evidences of disease, Dr. Neale must differ with him. The typical case of Olshausen quoted in the paper, and a number of similar observations by

others, might be cited to prove that success may attend the operation of castration when the ovaries are apparently normal. Can we tell by merely looking at the ovary whether it is diseased or not? Does Dr. Howard believe in functional disease, or more correctly in serious functional disturbance of an organ without gross anatomical alterations? Ovaries thought to be normal have been found by histological examination to be diseased, hence Battey has abandoned the term normal ovariotomy.

Dr. H. P. C. Wilson said there are exceptional cases, where the patient is afflicted with neurotic troubles, evidently reflected from the uterus and its appendages—greatly aggravated with each return of menstruation, and where every means of relief had been tried without any good result, in which he would not hesitate to remove the ovaries and tubes, although at the time of operation he could not discover disease in the parts. A superficial examination by sight and touch, such as we can obtain during the progress of an operation, is not sufficient to establish beyond doubt the existence of health or disease in these parts.

Be this as it may, we find a woman with all sorts of neurotic troubles—a misery to herself, a burden to her friends, incapacitated for any of life's duties—in agony of pain, referable to the pelvic organs, probably in convulsions about the menstrual period, and with all her symptoms aggravated at these times. She had gone the round of physicians, and exhausted all surgical and medical remedies, and yet nothing better.

He would not hesitate to remove this woman's uterine appendages, whether they *appeared* to him, on opening the abdomen, healthy or unhealthy—not simply to get rid of these parts, but by getting rid of them to remove the stimulus to morbid and excessive innervation and circulation in the uterus, and stop its reflected neurosis. As long as menstrual life continues, so long will these miserable women drag out a wretched existence, and we are called upon to arrest this function by removal of the ovaries and tubes.

He could recall one woman from whom Dr. Robert T. Wilson removed the uterine appendages, who was having from five to twenty hystero-epileptiform convulsions daily, and who, from these, and great pain, especially in the pelvis, was worn away to a skeleton, and bed-ridden. He and Dr. Robert T. Wilson had exhausted all their power by local and constitutional treatment, for her relief, but without any benefit. This woman is now leading an active life, and getting her living. When the abdomen was opened they could discover no disease in the ovaries and tubes by sight and touch.

Dr. B. B. Browne thought that in some cases in which the ovaries have been removed no examination of the tubes has been made. He thought that in every case the condition of the tubes should be determined, as it would have a very decided bearing upon the prognosis. He thought that if the ovaries were removed, the tubes were of no use, and should also be taken away.

Dr. W. T. Howard did not know whether in Dr. West's and Dr. Chunn's cases the tubes were removed or not; nor did it matter, as it was not pretended that either ovaries or tubes were diseased. Dr. Howard asked Dr. Browne if he knew of any physiologist who believed that the tubes caused menstruation? It was true that Mr. Lawson Tait had reported a case in which he had removed both tubes that were occluded and distended with pus, left the ovaries, and eight months afterward the woman had not menstruated. And this seemed to sustain Mr. Tait's opinion that the ovaries have nothing whatever to do with menstruation, and this physiological function is dependent upon the fallopian tubes. But it is well known that women often have amenorrhœa for months and years who have both ovaries and tubes. And Mr. J. Knowsley Thornton has reported two cases which are a complete offset to Mr. Tait's one case. In both cases Mr. Thornton closely and thoroughly removed the tubes; but in one of the women about two-thirds of one ovary was left; and yet both women continued to menstruate regularly. Further, Sir Spencer Wells states that if the ovaries be not completely removed and some small portion left, menstruation may recur quite regularly, even though both tubes have been totally removed. No one denies that *diseased* tubes should be removed; but when they are healthy, their removal is unnecessary, since they, like the uterus, undergo atrophy when the ovaries are gone.

Dr. Neale and Dr. Wilson avow their readiness to extirpate the ovaries in women of the hystero-epileptic or neurotic class, whether, upon an examination by sight or touch during an operation, they can discover any disease there or not. And Dr. Neale asked whether Dr. Howard thought there can be serious functional disturbance of an organ without gross anatomical alterations; and affirmed that ovaries thought to be normal have been found by histological examination to be diseased, and that, therefore, Battey

has abandoned the term "normal ovariotomy." Dr. Howard certainly thought that there may be extremely painful and distressing symptoms in functional disorders of an organ, as in cases of irritable heart, entirely unconnected with any evidences of inflammation or structural lesions. And if in the heart, why not in the ovaries? Dr. Neale's reference to Battey was unfortunate; for Battey tells us that he has abandoned the absolute term "normal ovariotomy," because he removed ovaries in the early history of his operation that, in his ignorance of their histology and pathology, he erroneously supposed to be healthy, that he now finds were really diseased. It may be true that there may exist morbid alteration in the ovaries that can only be discovered by the microscope; still, of what avail is that before and during oöphorectomy? But if such information were available, does it follow that such minute alterations of necessity demand removal of the ovaries? It is well known that in ovariotomy operations, ovaries that were obviously somewhat diseased both to the sight and touch had been left, and the women have subsequently borne children.

But if Dr. Howard was wrong in his opposition to the removal of healthy ovaries in cases belonging to the neurotic class, it must be conceded that he is in excellent company. In the September number of the *American Journal of Obstetrics and Diseases of Women*, Mr. Lawson Tait affirms that "save when the seat of such *organic disease* as will *explain genuine suffering*, the uterine appendages ought *not to be removed;*" and in the same number of the same journal he declares that "the ovaries should never be removed unless they are unquestionably diseased, that is, unless an *anatomical alteration can be detected without doubt by a physical examination*." And Battey stated at the meeting of the American Gynæcological Society in this city on the 21st September, just passed, that not even "every case of *organic disease* of the ovary should be removed." All know that these gentlemen are the highest authorities on the subject.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, November 2, 1886. The President, C. L. Dana, M. D., in the chair.

A Case of Bitemporal Hemianopsia.

Dr. Edward Waitzfelder presented the patient, a lad whose general history was negative until five months ago. He then noticed a "blur" over the right eye. He consulted Dr. P. A. Callan at the New York Eye and Ear Dispensary, who diagnosticated right temporal hemianopsia. The condition grew worse; the left optic nerve became involved, and left temporal hemianopsia devolved. The nasal fields of both eyes were unaffected. Two months ago the patient had choked disk in the right eye. His condition, November 1, was as follows: No other basal nerve affected; he has complete bitemporal hemianopsia, the whole of fixation point being included in the seeing field. Theoretically, the fixation should be bisected; but practically it never is. There is atrophy of both optic nerves, most marked in the right. Vision, R. E. 8-200; L. E. 20-20.

Diagnosis.—Tumor of the chiasm in the anterior portion; pressure upon the fasciculi cruciati of both optic nerves, the fasciculi laterali being as yet unaffected. There is no tubercular or syphilitic history. The rapid growth of the lesion points strongly in the direction of sarcoma.

So far as Dr. Waitzfelder could ascertain this was the first recorded case in the English language. The point of special interest in the case was that the fixation point was "dodged" by the line of the hemianopsia. Why this was so he could not say, but it would seem to indicate that there was a special set of nerves intended only for extreme central vision.

Remarks were made on the case by Drs. Pooley, Webster, Starr, Leszinsky, and Bullard.

Thomson's Disease.

Dr. George W. Jacoby presented a young man suffering from Thomson's disease. The history will be published hereafter.

Remarks on Cocaine and the So-called Cocaine Habit.

Dr. W. A. Hammond made some remarks upon his personal experience with some of the preparations of cocaine. He had used only the fluid extract, various wines, and hydrochlorate of cocaine. The fluid extract had been discarded by him since two or three years, mainly because it had been badly borne by the stomach. It excited nausea, and was disagreeable to the taste. He then began the use of the wines; but finding that they differed so much in their effects, he gave them up until he suggested to Thurber & Co. to try to make a wine of coca free from tannin and extractive matters, and they had, he believed, entirely succeeded in doing so. There were two grains of the hydrochlorate of cocaine to the pint of wine. With this

preparation he had had an extensive experience, not only upon others, but upon himself. He had used it in spinal irritation with excellent results—results which could not be attributed alone to the wine, but in part to the cocaine. He had used it also as a general tonic and for fatigue. For some time past he had been in the habit of taking a wineglassful at the close of his day's duties, and with benefit. It certainly had a decidedly restorative effect without being followed by a feeling of depression. He also had used it in some cases of dyspepsia with a very irritable state of the stomach. He supposed its action was by lessening the sensibility of the stomach, as it lessened sensibility when applied to other parts. It was remarkable to what an extent the irritability of the stomach was overcome by doses of two or three teaspoonfuls of the wine of coca, repeated at intervals of fifteen or twenty minutes until half a dozen doses had been taken. If the first doses were vomited, the succeeding ones would be retained longer, until finally they were retained altogether. Cases of irritability of the stomach due apparently to spinal irritation had been relieved within a few hours by this treatment. Generally when he wished in any case to produce a powerful therapeutical effect, he employed the salt. Dr. Hammond here spoke briefly of the physiological effects of coca, and said that the first writer, Tschudi (?), who had described its effects upon the native Indians of South America, gave an exaggerated account of its baneful influence, and his ideas had been copied over and over again, without the authority being given, until our minds had become thoroughly indoctrinated by them. That author said, among other things, that the coca rendered the teeth black, produced ulceration of the tongue, caused the breath to become fetid, the jaws to become ulcerated, the bones to soften, and rendered the patient an idiot. But subsequent observers said that such results must be entirely exceptional, as they had never seen them. If there was discoloration of the teeth, Dr. Hammond thought it might be accounted for by the lime which the Indians mixed with the leaves, or by the presence of tannin. There had recently been some very striking stories in the newspapers regarding the injurious effects of the drug upon persons who had become addicted to its use. In order to determine whether there was any truth in these statements, Dr. Hammond made some experiments upon himself. He first injected hypodermically one grain of the hydrochlorate of cocaine, which caused an exhilaration of spirits and a happier state of mind than he had enjoyed during that day. He was unable to sleep that night until four or five o'clock in the morning, and when he got up he had a severe headache. He also had a large evacuation of urine. The effect of the drug was to produce an exhilaration, such as would be produced by two or three glasses of champagne. The next night he injected two grains, which produced the same pleasant feeling, and in addition he felt an inordinate desire to write. He wrote eight or ten pages of foolscap, and thought it was the best that he had ever written, but the next morning he found that it was the most extreme nonsense. Each sentence was complete in itself, but no two sentences had any relation to each other. The first part was more incoherent than the latter. The next night he injected three grains, and although he again felt the disposition to write he did not indulge it, but he talked a great deal and made speeches. He knew what he was about, and was able to restrain himself, but it was pleasant to speak. He went to sleep late, and again awoke with a severe headache. It was a peculiar fact in his case that at the point of injection there always developed redness, swelling, stopping short only of an abscess. He now had several hard spots on his arm, and waited four or five days, when he injected six grains of hydrochlorate of cocaine, three grains at two different places. He then felt decidedly "upset," yet he did not lose consciousness nor his relation to things. He gave instructions to the servants correctly. But he did not feel a strong disposition to write or to talk. He was unable to sleep at all that night. The injections were always followed by large evacuations of urine, and by headache next day, but without debility. Three nights later he injected eight grains, with about the same effects. The next night he injected eighteen grains, making six different punctures, all inside of twenty minutes. He became intensely exhilarated, and was unable some hours afterwards to recall what he did. He was in his office, but in some way got to bed, and the next day he found things in more or less disorder in his office. His headache remained for two days, and there was great action of the heart, palpitation; he could hear it beating on raising the arm to the head. Exaggerated action of the heart had also attended the smaller doses. But he experienced none of the horrible effects which were said to attend the use of the drug in large or continued doses, no disposition to murder or commit acts of violence.

He acquired no habit. He was able to quit its use at once, and regarding the cocaine habit he would say that he had given the drug in doses of from one to five grains for three months to a lady suffering from exophthalmic goitre, and she was then able to discontinue its use without any difficulty. At no time did she manifest any loss of moral principle. She took two doses a day. From a theoretical standpoint, perhaps cocaine should not be administered in this disease, but it proved beneficial in this case, for the heart's action, which had been increased, diminished, became steadier, and the patient felt much better. He also gave it for some months to a lady addicted to the opium habit, carrying the dose up to five grains injected once a day. It overcame the opium habit, and the patient failed to acquire the so-called cocaine habit. In this and other patients to whom he had administered cocaine, it produced, as in his own case, extraordinary action of the heart, increased temperature, and blood-pressure, perspiration, and indisposition to sleep.

He had used a ten per cent. solution of cocaine, soaked in lint and applied to the vulva, for the relief of masturbation, but it had failed in one case, that of a girl four or five years of age. It had been ineffectual in boys, applied to the glans penis.

In three cases of melancholia in women who refused to speak, injections of hydrate of cocaine had overcome the prolonged silence. The first was a marked case of melancholia with stupor, and the patient had not spoken for nine months. At the first sitting he injected one grain of hydrate of cocaine. The patient then nodded or shook her head in reply to questions, but would not speak. At the next sitting three grains of the drug were injected, and within four minutes the patient replied to questions by yes and no, and within ten minutes she began to talk, and kept on talking, although incoherently. She did not sleep that night, and seemed to have pain in the head the next morning. The next injection of three grains caused the patient to talk, but less incoherently. This was a year ago, and the patient continued as melancholic as before, but she talked, if that was any advantage. Dr. Hammond had failed occasionally to induce patients to speak by injections of cocaine.

As to the cocaine habit, Dr. Hammond regarded it as similar to the tea or coffee habit, and unlike the opium habit. He did not believe there was a single instance of well-pronounced cocaine habit, the patient being unable to stop it at any time if he chose to do so. If a person were to continue its use for a long time, he should be inclined to look for trouble with the heart rather than with other organs.

Dr. J. B. Mattison, of Brooklyn, could not agree with Dr. Hammond that there was not a cocaine habit. Within a few months, Dr. Mattison has had seven cases of the cocaine habit under his care, five in physicians, two in druggists. He certainly believed there was such a thing as cocaine addiction. He regarded the drug as most dangerous and destructive of the tissues. In certain cases its action was more unfavorable even than morphine. The cases reported in the newspapers he thought were founded on facts. In one instance he wrote to a physician asking whether the report was true that a certain doctor had been arrested in the street under the influence of cocaine. The physician replied that it was true; that the doctor was a victim to cocaine. He could cite other similar cases. In one instance a physician attempted to write a prescription for a patient, but instead wrote for the sheriff to come and take him to jail.

The effects of cocaine, as far as he had observed, were similar to those described by Dr. Hammond, but besides the action upon the heart, the great volubility and the unrest he had noticed hallucinations and delusions, but no homicidal or suicidal tendency. In some cases there was marked emaciation. He thought the effects of the continued use of cocaine were more decided than those of the continued use of morphine. The patients whom he had treated had acquired the cocaine habit gradually, making comparatively small injections several times a day. Dr. Hammond seemed to think that no dose was toxic, but Dr. Mattison regarded Dr. Hammond's case as exceptional, and he would not advise any physician to repeat the experiment.

Dr. J. Leonard Corning thought there was a morbid fear of cocaine spreading throughout the community, and he thought the remarks of Dr. Hammond were timely, as they would tend to allay the prejudice against a most useful remedy.

Dr. L. C. Gray remarked that between Dr. Hammond on one side and Dr. Mattison on the other there was considerable distance, and he did not know how the question could be solved except by further experience. Dr. Hammond's statement that no cases had been reported by medical men was a mistake. Cases had been reported in Europe; but they were not numerous.

Dr. M. R. Richard said that about six years ago he had a case of despondency in a lady disappointed in love. This was in New Orleans, and a physician there told him that he was in the habit of using an infusion of coca leaves in such cases. He gave it to this woman with happy results. Three years ago he came to New York and was unable to find any coca leaves. Taken in this manner the patient would not be likely to get a sufficient amount of the drug to acquire a habit.

The President read a communication from Dr. C. H. Hughes, of St. Louis, in which he said: Most of the cases of cocaine habit seen by me have been mixed cases of opium, cocaine, and alcohol or ether inebriety, combined, or alternating; though, I think, I know of cases where cocaine is the chief, if not the exclusive, reliance. But these patients are not reliable in their statements. I have not seen a physician addicted to cocaine who stuck to cocaine exclusively. The finale has generally been cocaine, and opium, and whisky, and ether, and all the other neurotic stimulants. Opium is a much more agreeable stimulant, and most patients evidently try to get back to the fatal bliss of opium. I have never relied on cocaine alone in breaking up the opium habit. I never use cocaine to intoxication, and never regularly. My rule with cocaine cases, as I usually see them, is to get them back to plain opium, and then break them of that if advisable.

Dr. Hughes referred to the fact that in some cases cocaine produced poisonous effects.

The President referred to thirteen cases of cocaine habit reported by Erlenmeyer, and to a case reported by Bornemann. The subject, he said, had recently been discussed at the meeting of the German Congress of Physicians and Naturalists, when Dr. Smidt reported some cases of cocaine-morphine habit. The general opinion was that pure cocaine addiction was rare, but that the cocaine-morphine habit was not so, and was a very destructive and pernicious habit.

Dr. Hammond, in closing the discussion, said he did not deny the existence of a cocaine habit; he only claimed that it was unlike the opium habit, for the patient could break it off at will. He was aware that patients addicted to the use of opium sometimes added cocaine, greatly to their detriment. As to cocaine being a poison, twenty, and even thirty-two grains had been taken without serious results. He differed from Dr. Mattison, who thought it was more injurious employed hypodermically. But the patient came under its influence more slowly when it was taken into the stomach.

The President reported for Dr. Herman M. Biggs a

Case of Subacute Spinal Paralysis,

and exhibited specimens of the cord and sciatic nerve. The case was one characterized by gradual paralysis of the lower, and then of the upper extremities, moderate atrophy, later a slight anæsthesia of the lower extremities; no pain, loss of tendon reflexes, and no bladder troubles. The course was progressive. Death took place in five months.

Autopsy.—The patient was a male, aged fifty-two, not syphilitic. The interest in the case lay in the rarity of the affection, and especially of cases in which post-mortem observations had been made. Clinically, it resembled mostly the subacute spinal paralysis of Duchenne, although that disease is very rarely fatal. It still more strongly resembled a chronic form of Landry's acute ascending paralysis, and gave support to Ross's classification of

1. Landry's paralysis.
2. The subacute paralysis of Duchenne.
3. Periependymal myelitis.
4. Progressive muscular atrophy, as inflammatory processes attacking the central gray matter of the cord, and distinguished by the greater or less acuteness of the process.

The case was interesting also as showing that these paralyses are not always at least due to neuritis. Dr. Dana showed sections of the lumbar and upper dorsal cord, which he thought showed evidences of a low grade of central myelitis. The anterior roots and the sciatic nerve were apparently normal.

NEW YORK ACADEMY OF MEDICINE.

Regular meeting, October 28, 1886. Dr. Alexander S. Hunter, Chairman.

Section in Obstetrics and Diseases of Women and Children.

Maternal Nursing—Importance to the Child—Importance to the Mother—Its Influence in Preventing Diseases of the Pelvic Viscera—Also Wet-Nursing—Its Influence in Increasing Infant Mortality.

Dr. Joseph E. Winters read the paper. He believed that maternal nursing hastened involution and rendered it much more complete. He cited numerous cases to show that the return to the normal condition of the

pelvic viscera was usually delayed and often imperfectly accomplished when the mother failed to nurse her own child; that in this way the foundation for chronic disease was often laid.

Dr. Simon Baruch thought the principal good accomplished by nursing the child in producing involution took place during the first few days.

Dr. Partridge thought three months elapsed before the normal condition was established.

Dr. J. Lewis Smith and others also took part in the discussion, most of whom agreed essentially with Dr. Winters.

Dr. Winters, in the second part of his paper, strongly opposed the employment of wet-nurses, except when absolutely necessary. They usually belonged to the unmarried class; were often capricious and tyrannical, and infantile mortality was certainly increased by their employment, as they were apt to sacrifice either their own infant or that of their mistress, and their milk was of uncertain quality.

Editorial Department.

Periscope.

On Vicarious Bleeding from the Under Lip, with Cases, and Remarks on the Modern Treatment of Hemorrhoids.

Dr. Alexander Harkin thus writes in the *Lancet*, October 30:

Case 1. Mrs. M., aged 38 years, of bilious temperament, sallow complexion, dark hair and eyes, the mother of six children, called on me early in March, 1885. Before her marriage she had suffered from hemorrhoids, and during her first and subsequent pregnancies from hepatic congestion and occasional hemorrhage from the bowels, which frequently gave me some anxiety on her account. Among other troubles, in 1880 she was prostrated with profuse hemorrhage from a cluster of varicose veins connected with the left femoral vein and close to the knee-joint. On this occasion she presented every sign of debility and anæmia: blanched cheeks and lips, sunken features, compressible and feeble pulse, undue palpitation of the heart on the slightest exertion, continuous headache, and frequent vertigo. She attributed her exhaustion to a profuse bleeding from the under lip, occurring at every meal, and generally for ten minutes each time. On examination I found a slight abrasion at the junction of the epidermis with the lining membrane of the lip, about half the size of a threepenny coin, from which the blood flowed freely. Mrs. M. had removed from my neighborhood two years previously, and, as the hemorrhage from the piles had again become troublesome, acting on the advice of a physician of experience, she entered the Royal Hospital, Belfast, in February, 1883, where soon after the offending growths were deligated by one of the attending surgeons to that institution. After her return home in April, she experienced complete relief for a short time only, irritation about the anus occurring occasionally, and now and then a slight discharge of blood from the nostrils; but in the following June her left lip became painful, and blood began to ooze from it once or twice in the week; the intervals then became gradually shorter, the drain occurring every day, and for many weeks before her visit to me the discharge reappeared at every meal, or when accidentally the lip was hurt. Having from previous lengthened experience acquired a thorough knowledge of the patient's constitution and requirements, I did not hesitate in adopting a plan of treatment. I ordered the immediate application of a blister, eight inches by four inches, for eight hours over the region of the liver, to be followed by cotton-wool dressing. On visiting Mrs. M—— next day, I was informed that from the moment free vesication was established all labial hemorrhage had ceased, and a return of health begun to be felt. I then prescribed the use of chlorate of potash and iron in liberal doses; her color and bodily strength soon reappeared, her headache and vertigo troubled her no more, and, with the exception of an occasional feeling of pain at the seat of discharge in the lower lip, she has not had a recurrence of any of her former ailments. In January last she gave birth to a male child without any unusual trouble, and up to the present date (a period of two years and seven months) there has not been even the slightest sign of the hemorrhage.

Case 2. Mrs. McD——, aged thirty-six years, mother of six children, sent for me on March 8, 1886. I found her confined to

bed, pallid and exhausted from a profuse discharge of blood from the rectum, which had continued for several days, having delayed from motives of delicacy to send for medical advice; the blood accompanied every evacuation, and frequently after feeling a desire the motion consisted of blood alone, often to the amount of three or four ounces. On examination, I found a fringe of external piles surrounding the aperture of the rectum, and inside the sphincter a number of knotty tubercles, from one of which red arterial blood flowed freely. In this, as in the former case, I immediately applied a blister over the region of the liver, and ordered as an adjuvant a mixture of tincture of perchloride of iron and chlorate of potash solution. The relief was immediate, and the patient very soon recovered her natural color and strength, and was able to take out-door exercise. At the end of a fortnight, however, I was again called to the case, and found that the bleeding had returned as freely as ever, with great mental and bodily depression. The relapse was due to the patient having unwisely stood behind a counter to assist her husband for ten hours on a previous day. As her friends had now become anxious on her behalf, I requested Dr. Walton Browne to see the patient with me. After recognizing the nature of the ailment, we agreed to continue the hæmostatic medicine, and gave her a sedative at intervals. These remedies only gave her partial relief, and as the drain was still continuous and severe, at the request of the patient I reapplied the blister to the same place on March 28th. The remedy was again successful; all bleeding ceased, and has not made any reappearance up to the present date.

As bearing upon the etiology of these discharges, I wish to append the history of three recent cases in growing youths, very similar in character and cure.

On May 13, 1885, I was asked to visit J. B., a counter-hand in a spirit store. He had been subject to free bleeding from the right nostril at short intervals for many weeks; he also suffered from severe headaches and constipated bowels; no history of piles. On examining the region of the liver, I found the organ tender on pressure and somewhat enlarged. I then applied the liquor epispasticus freely over the hepatic region, telling the young man that after five hours the hemorrhage would permanently cease. I ordered some cholagogue medicine, at the same time giving him general directions as to diet. As I predicted, the hemorrhage ceased, and now after the interval of more than a year it has not returned.

On the same day (May 13th), a young man, apprenticed to a chemist, was brought to me by his father, who stated that his son had suffered very much from indigestion and vertigo, and that he had been bleeding from the right nostril for many days. I had formerly treated his father for congestion of the liver due to excessive drinking. On looking at the abdominal region, I found an enlarged liver, with congested cutaneous veins traversing the abdominal surface over that organ. I applied the fluid blister, with the usual result—an immediate cessation of the epistaxis. The young man has since emigrated, but until the day of his departure, six months after, the cure had been complete.

On May 25, 1885, J. S——, an in-door servant, suffering from profuse epistaxis from the left nostril, sought my advice. The bleeding had continued for six weeks, at intervals; it had first appeared at 6 a. m. and 9 a. m. daily, but latterly it observed no limits, coming on six or seven times in the twenty-four hours. On examination, I found a large and torpid liver; the patient had, besides, many of the subjective signs of the disease —disturbed sleep, headache, irritable temper, borborygmi, hardened fæces, high-colored urine, depressed spirits, inability to rise in the morning, and drowsiness during the day. I applied the counter-irritant over the site of the disease, and with the result that the epistaxis yielded at once as well as the other objective and subjective symptoms of hepatic disorder. After an interval of more than a year he has continued well.

It is freely acknowledged by all writers on the pathology of hemorrhoids that these adventitious bodies owe their existence chiefly to the congestion of a distant organ—the liver—or to obstruction, from various causes, of the great portal vein, through which the venous blood from the abdominal viscera passes into the liver. Van Buren* has called attention to the fact "that these veins, including the hemorrhoidal, are unprovided with valves, and that consequently, whenever the abdominal circulation is sluggish or obstructed, as by an overloaded colon, abdominal tumor, or congested liver, there is a strong tendency to stagnation in its lowermost tributary—the hemorrhoidal vein. When a mass of dilated veins is thus frequently subjected to bruising in the act of defecation, it is liable to an attack of inflammation, the connecting tissue surrounding the veins be-

* Diseases of the Rectum, p. 18.

comes infiltrated with exudation, and the morbid anatomy of the hemorrhoidal tumor is thus explained." With such a history of the genesis of piles, does it not appear strange that to a great extent the remedy is sought for, not in the removal or mitigation of their primary cause, but in their mechanical obliteration by ligature, by the actual cautery, or by the clamp? Yet such, unhappily, is too often the case; and what but serious injury must be the result, when this line of treatment is adopted in men with enlarged and indurated livers, with persistent engorgement of the portal system, and the circulation through the abdominal viscera almost completely obstructed? The fault, if such there be, is chargeable to the medical adviser, who, instead of proceeding upon physiological grounds and laboring to cure the disease by removing its cause, too often turns over his patients to the operating surgeon, and considers his responsibility at an end, when these erectile tumors, whether internal or external to the sphincters, are deligated in a scientific manner.

My first case clearly exemplifies the failure of merely surgical appliances in the absence of constitutional treatment, and the mistake of regarding a prominent symptom as the primary factor in the cycle of morbid phenomena. The violent suppression of a salutary discharge was soon followed by its re-establishment at the superior outlet of the digestive tract; and had similar methods been applied to its extinction on the labial outlet, we should doubtless have found that the nasal organ would in due course have protested, according to its wont, by profuse epistaxis, against the mere mechanical treatment of a systemic lesion. Would the doctrine of deligation be permissible in the latter case? The second example illustrates the advantage of counter-irritant and derivative treatment in immediately controlling and finally suppressing the hemorrhoidal flux, and in this manner superseding the necessity for operative procedure, with its attendant dangers and discomforts.

The frequent occurrence of epistaxis in youth is evidently due to the excitement and hyperæmic condition of the liver and digestive organs during the period of active growth and the constant demands on its functional activity. The liver at this stage closely approximates to the condition in after life, which is the causal factor in the development of piles, and as such is equally amenable to treatment in accordance with etiological principles; the derivative that cures the hemorrhoidal flux as certainly puts an end to the epistaxis, the outcome of hepatic congestion. The cases related are but the types of many others in a lengthened experience. I have chosen them as being of recent occurrence, and as sufficiently removed from the date of treatment to test the validity and permanence of their cure.

My object in this paper is to enter my protest against the unsound principles upon which hemorrhoids are so frequently treated, and the routine procedure adopted in the sudden suppression of a habitual discharge without sufficient attention to its remote cause.

Suicidal Penetrating Wound of the Neck; Recovery; Remarks.

Wounds of the front of the neck are the commonest of those met with in this region, and attended with so many dangers that it would take too much space to even enumerate them. In the following case, which Mr. Peck reports in the *Lancet*, October 30, the treatment adopted was most successful, the application of a stout silk ligature on each side being sufficient to keep in apposition the parts divided until firm union had taken place; this was no doubt much aided by the operation of laryngotomy. All danger of suffocation from the extension of local complication was thus prevented, and the patient enabled to breathe pure air. The introduction of a catheter into the œsophagus saved much difficulty in feeding the patient, more nutriment being introduced in this way than could otherwise have been given without great pain and considerable disturbance of the parts. In the majority of wounds of the anterior part of the neck it is not advisable to introduce sutures so as to close the wound; but in a case such as the one which we record, where a certain amount of antiseptic treatment can be applied and the smallest amount of disturbance of the parts is permitted, the introduction of sutures hastens the healing, and is certainly to be advised.

J. T., aged forty, a night-porter, had been a heavy drinker of beer for many years. There was gout on the father's side of the family, but no history of insanity. Latterly he had been much depressed, owing to having lost the securities for some money lent to a friend. He was found in a water-closet with his throat cut, lying in a pool of blood.

On admission, there was a wound four inches long, which commenced on the left side of the neck over the carotid sheath, and, passing across to the right side through the

thyro-hyoid membrane, terminated close to the right carotid vessels. The incision passed through the epiglottis, the larger part of which was left attached to the base of the tongue, and, having completely divided the middle constrictor of the pharynx, had laid bare at one spot the vertebral column, so that the upper part of the pharynx was severed from the lower, and the larynx and trachea had receded towards the chest for fully an inch and a half. There was no hemorrhage except some slight venous oozing. The house-surgeon, Mr. Page, brought together the divided edges of the middle constrictor with fine catgut sutures, having first passed a gum catheter through the mouth into the œsophagus. On temporary closure of the skin wound, intense dyspnœa came on, so as to endanger the man's life. A stout silk ligature was now passed on each side through the upper border of the thyroid cartilage below, and the tissues surrounding the hyoid bone above, and then by gradually drawing them tight the larynx was raised to its proper position. The ends of the ligatures were left long, and were brought out at the corners of the skin wound. Laryngotomy was performed, and a silver tube introduced. The skin wound was united with silver sutures and dressed with carbolized gauze. The patient was placed in a tent, the air of which was kept moist by a eucalyptus steam spray. The man was fed every four hours through the catheter. He passed a quiet night, but was a little restless next day. Owing to his attempting to bite through the catheter, it was thought advisable to remove it, and introduce one through the nose; this was more comfortable, and for twelve days he was fed entirely through the nose. On the twelfth day the stout silk ligatures came away, and sufficient union had taken place to retain the larynx in its normal position. The power of deglutition returned, and the nasal tube was removed. Afterwards there was no trouble in swallowing. In a few more days the tracheotomy tube was removed, the original wound having nearly healed, the tent and spray were dispensed with, and the man was allowed to get up. For several days rapid improvement followed, but on the tenth day after the removal of the tracheotomy tube there was difficulty in breathing, which culminated in an attack of spasmodic dyspnœa. Fortunately this was not fatal, but it was deemed necessary to reintroduce the tube through the crico-thyroid space. After wearing this for a week he was able to leave it off for several hours at a time, being trained to this by closure of the tube with a cork, respiration taking place through an aperture in the upper convex surface of the tube. On June 26th he was made an out-patient, wearing a silver tube, and came up daily to be watched while it was removed. At the end of August he left the hospital, being able to breathe freely in the normal way. The only change noticeable was a slight huskiness in the voice.

The Venom of Poisonous Snakes.

The investigation of the poison which in the form of snake-bites kills nearly 50,000 human beings per annum in India alone, cannot fail to present many points of interest, and has just been undertaken by Dr. R. Norris Wolfenden, whose results are published in the last part of the *Journal of Physiology*. The poisons with which he experimented were obtained from the Indian cobra, the scientific name of which is Naja tripudians, and the Indian viper, named the Daboia Russellii. In the report of the last Snake Commission, Dr. Wolfenden tells us, Mr. Pedler, one of the commissioners, sums up the results of his chemical examination into the nature of the poison, with the remark that it is quite impossible to draw any deductions as to its nature, and he thought it was more than possible that the poison was a mixture of albuminous principles with some specific poison. Sir Joseph Fayrer and Dr. Lauder Brunton compared the action of cobra poison to the alkaloid conia. Blyth thought that the poison could be separated from the proteids in the venom, and that it was not thrown down with the albumens on the addition of alcohol. Walls, however, with whom Dr. Wolfenden agrees, ascertained that this is an error, and attributable to the circumstance that the alcohol used was not sufficiently pure. If to a solution of cobra poison absolute alcohol be added, a white precipitate is thrown down. After the precipitate has been thoroughly washed with alcohol, it can be redissolved in water, and the solution produces all the effects of cobra poison. Moreover, if dried cobra poison in a state of fine powder be added to absolute alcohol, and the mixture be frequently agitated, the alcohol will derive no poisonous property from the cobra venom; but if rectified spirit be employed, the water in the rectified spirit is capable of taking up a certain amount of the poison. This is just what might be expected of an albuminous fluid, and tells in favor of the view that the cobra venom is of a proteid nature. The observations and experiments of Weir

Mitchell and Reichert upon the venoms of several American snakes tend to prove that the poisonous principle is resident in the proteid constituents. Dr. Wolfenden finds the venom is generally acid when quite fresh, but that it may become neutral when it has been kept for a few hours. Experiment showed that the dialysates of the venom, free from proteid, were quite harmless; but that if they contained any proteid they became toxic. The activity of the venom, though reduced, is not entirely abolished by the exposure to a boiling temperature. It is rendered innocuous by the permanganate of potash outside the body, as well as by tannic acid, metallic salts, and other agents which precipitate albumen. The albumens which Dr. Wolfenden finds are present in the venom of the cobra are: First, a globulin, which is always present, and probably kills by interference with the respiratory mechanism—that is, by asphyxia, and without paralysis, causing local inflammation, but not of great intensity. Secondly, an albumen resembling acid albumen, which is precipitated, together with globulin, by saturation, and which is in some degree dialysable; this proteid probably acts on the respiratory apparatus chiefly like the globulin, but less intensely. Thirdly, an albumen which is precipitated by sodium sulphate out of the magnesia filtrate, and appears to be serum-albumen; this is also toxic, and produces a kind of ascending paralysis, with fatal termination by suppression of the respiratory function due to paralysis of the respiratory muscles. Lastly, he found some traces of hemi-albumose and of peptone. Similar compounds were found in the venom of daboia.

A Case of Removal of the Scapula for Osteo-Sarcoma.

Mr. Charters Symonds read notes of this case before the Clinical Society of London (Oct. 22). The patient was a man, aged 34, who remained well, and was shown at the meeting, two years having elapsed since the operation. Six months before admission, he fell and bruised his shoulder, attending for a month the Croydon Hospital, where he was told he had ruptured a muscle. One month after the accident a swelling appeared, and from that time advanced steadily, though without pain. The inconvenience was due entirely to its size, the man being unable to do heavy work. When admitted, he was healthy in other respects. To the dorsum of the scapula was attached a tumor, measuring nine to ten inches across, and projecting five inches from the surface. It moved with the scapula, and did not quite reach the glenoid cavity. The spine of the scapula could just be traced. On April 1, 1884, the whole bone was removed, except the acromion and coracoid processes. The usual transverse and vertical incisions were made, one flap only being reflected at a time. First, the inner flap was dissected off, and the posterior border of the bone freed. Next, the inferior angle was isolated, and then the anterior flap was reflected and the axillary border freed, the various muscles being divided. The deltoid and trapezius muscles were divided close to the spine of the scapula, and the superior border was freed. The growth was found to extend to the glenoid cavity; so, after sawing off the acromion and coracoid processes, the capsule of the shoulder-joint and the muscles covering it were severed. The whole mass was then raised from the chest, and the serratus magnus divided. The subclavian was compressed during the operation, and all the large vessels were seized with two pairs of forceps before being divided. In this way little blood was lost. The same evening the man had an unexplained attack of dyspnœa, which lasted twenty-four hours, and interfered with sleep. The temperature rose quickly, reaching its highest point 103.6°, on the fourth day, but instead of falling it passed into a hectic fever, which lasted till May 9th, and then suddenly ceased on the removal of the cause of suppuration—namely, the head of the humerus. Rapid recovery ensued.

Another clinical feature of interest was œdema of the arm without redness, and with no special fever. This was attributed to thrombosis of the axillary vein, but as it disappeared within a few days of the removal of the head of the bone, some other explanation seemed called for. Mr. Symonds called attention to the fact that the continued suppuration seemed due entirely to the cartilage covering the head of the humerus. This structure was found in a suppurating state, and was being thrown off by granulating tissue, and the moment the entire surface was removed recovery began, and was so rapid that, within a few days, he was up, and the parts nicely healed, the man getting flesh within three weeks. The supposition was that the complication was due to traumatic fever, which determined suppuration in the wound, and that this involving the joint structures, the cartilage, acting like a foreign body, maintained the suppuration. On these grounds, Mr. Symonds said he now always carefully removed all cartilage in operations

involving joints, for that while, in many cases, immediate union did occur, when the cartilage was left, an occasional result, such as the present, would happen. The man was shown to the Society two and a half years after the operation, and had a useful arm. He could do much of the lighter work of his trade of a carpenter, being able to drive nails and screws and use a plane. He was able to earn a good living. The rhomboid muscle acted well, having obtained a partial attachment, so that the man could throw both shoulders back. He could rotate the shoulder and carry it backwards and forwards, but was unable to raise it from the side. The tumor was a hard osteo-sarcoma, having a basis composed largely of fibrous tissue.

Reviews and Book Notices.

BOOK NOTICES.

A Compend of the Diseases of the Eye; including Refraction and Surgical Operations. By L. Webster Fox, M. D., etc., and George M. Gould, A. B. 12mo., 150 pp. 60 illustrations. Cloth, $1.00. P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia.

Ophthalmology has made wonderful advances during the last fifty years. In the United States its progress has been upwards and onwards from the year 1820, when the first public institution for the free treatment of diseases of the eye was opened to the public in the city of New York. Since that time we have not only had numerous special hospitals, but some of the most brilliant results have been achieved in general hospitals. In these latter institutions, ocular diseases are treated as associated with other diseases of a chronic character. In the little work before us we have the results of the careful labors of two of our young ophthalmologists, giving a resume of the general principles and therapeutics of the subject. The authors dwell with much minuteness on the method of correcting errors of refraction and the fitting of glasses.

Part II. treats of functional disorders affecting vision, as paralyses, etc.

Part III. There is a very good account of the special diseases of the eye. Under the head of gonorrhœal ophthalmia, he employs the utmost cleanliness, reducing the inflammation by leeches with cold applications, and after the early stage of the disease has passed, he touches once a day with the mitigated solid silver nitrate stick. But he omits a very important agent in this fatal disease, as well as in ophthalmia neonatorum, the local application of cocaine, which reduces the intense congestion of the conjunctival vessels, and prevents ulceration and sloughing, as well as giving prompt relief to the ocular and circumorbital pain. Mr. Leahy, who first employed this treatment (*Indian Medical Gazette*, July, 1886), recommends a mixture composed of ½ grain of sulphate of atropine, and 4 grains of sulphate of cocaine, incorporated in 100 grains of vaseline. This mixture is introduced beneath the upper eyelids. In the case of young infants, the strength of the ointment must be reduced one-fifth, also the hydrochlorate can be substituted for the sulphate, and boracic acid for the atropine.

Part IV. is devoted to surgical operations on the eye, with admirable illustrations and some valuable statistics of operations from European and American ophthalmological institutions.

In the appendices we have a full list of formulæ, not omitting cocainæ hydrochloratis gr. x–xx, aquæ destillatæ f℥j, which we think is too strong for eye operations. It should not, we find, be more than gr. iv to f℥j of water, with an antiseptic, as it soon forms pencillium,* and nothing but fresh solutions should be employed in the eye.

With these slight omissions, we can most heartily recommend this hand-book to the student and general practitioner. The first will find in a limited space much valuable material, not only for study, but also for the practice of his profession.

A Generous Donation for the Promotion of Medical Science.

Edinburgh University has recently received a large donation from Dr. Gunning, of Rio Janeiro, to be used for the establishment of funds for prizes. The sum is large enough to establish eleven triennial prizes of $250 each. The prizes have received names which commemorate previous professors of the University. They are the Munroe Prize for Anatomy; the Bell Prize in Physiology; the Edward Forbes Prize in Zoölogy; the Hatton Balfour Prize for Botany; the Joseph Black Prize for Chemistry; the Christison Prize for Materia Medica; the Lister Prize for Surgery; the Gregory Prize in Practical Physic; the John Thomson Prize in Pathology; the Simpson Prize in Obstetrics; the Alison Prize for Medical Jurisprudence and Public Health.

*Hyphomycete, or mould.

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HYSTERIA IN CHILDREN.

Volumes and volumes have been written on hysteria, and an enormous amount of material, consisting of carefully reported cases of the disease, has accumulated, but of the variety occurring among children, especiallyyoung girls, comparatively little has been said. And yet hysteria, when attacking children, is a far more dangerous malady, and demands far more the closest scrutiny of the skillful physician, than the same complaint when met with in the adult. In the latter there usually is something about the patient that tells the doctor that he has a case of hysteria before him; but in children such rarely occurs.

Then the disease in the young is apt to simulate grave lesions of the brain, and the diagnosis, while naturally of great importance, if only for prognostic purposes, at times becomes difficult indeed. An article published by Dr. Inezek (*Berl. Klin. Woch.*, September 29,) and describing in detail two two cases of hysteria in children, is therefore, of great interest.

The first case concerned a girl æt. 9, who had probably inherited the disease, and want of education did the rest. The immediate cause was a trifling one, viz., sprain of an ankle. In consequence of too severe treatment, contractures first developed. Next trismus-like rigidity of the jaw set in, then various pareses made their appearance, and besides difficulty in swallowing and in speaking the patient suffered from local anæsthesia, insomnia, and psychical disturbances. The group of symptoms was grave enough to scare the uninitiated, for following an injury a traumatic lesion of the brain might well have suggested itself. But under anti-hysterical treatment the symptoms disappeared rapidly and completely.

The second case, a girl æt. 13, had been harshly treated. Though so young, she had been doing for four years all the work of a servant-girl, and especially the frequent washing near a large fire, which she had to do, seemed to have developed the disease. Besides, the child had been given comparatively very large quantities of miserable alcoholic drinks, apparently to prevent her from eating too much, as the woman, a real Satan, with whom she lived, had made the observation that such drinks diminished the child's appetite. Other causing elements could not be discovered.

The disease here was at once ushered in with psychical and motoric disturbances, tremor, palsy-like debility, difficulty of speech, differences between the actions of the two

facial nerves; later sensory troubles, hyperæsthesia, tenderness over the spinal column, symptoms of vaso-motor affection, paleness, low temperature, difference in the two pupils, trophic disturbances of the skin, and remarkable slowness of the pulse, all occurred almost at one and the same time, and made the poor child appear a very sick patient. Here also proper treatment in an institution rapidly brought about a perfect cure, and as I. notified the authorities, so that the child, when discharged from the hospital, came to people that treated her well, no symptoms of the disease had occurred up to date of report, nearly a year after her admission to the hospital.

In conclusion, I. lays stress on the well-known saying that it is not the medicine that cures hysteria, but the physician who does it.

STAINING OF TUBERCLE BACILLI.

Rapidly to prepare an anilin-water-fuchsin-solution, Dr. Saccharow (*Russkaja Med.*, 11, 1886, Russ.,) has discovered the following practical apparatus:

To a common holder with stand, as used in laboratories to keep reaction tubes, etc., in an upright position are attached:

1. A glass bottle with the bottom upside down and filled with anilin water. Whatever too much anilin is present accumulates in the lower part. Through the neck pass two glass tubes. One is intended to admit air, the other is provided with a piece of rubber hose and some little arrangement, as a clamp, for stopping the flow of the anilin-water.

2. A funnel and paper-filter, which fits into a glass tube just beneath the bottle, and which contains fuchsin-crystals, and has a pointed end.

3. Underneath this is another funnel and filter, through which the anilin-water, now containing fuchsin, gradually passes from above into a watch-glass, so that the solution is filtered the second time.

With this simple apparatus one may prepare at any time a fresh solution of fuchsin in anilin-water. As soon as the fluid is obtained the clamp on the rubber hose is closed, and the apparatus ceases working until the clamp is opened and the anilin-water allowed to flow out over the fuchsin again.

Though there still are a few skeptics who deny that microbes ever can be the pathogenic cause of disease, nobody disputes the importance of demonstrating the presence or absence of tubercle bacilli in the sputa of a patient supposed to suffer from phthisis, but where the physical examination does not throw light on the case. These bacilli, however, so greatly resemble other microbes, that their staining is of the utmost importance. The apparatus above described greatly diminishes our labor, and thus facilitates the demonstration of the germs, when present.

The writer of this, not long since, attended a patient who four weeks before had contracted a bronchial catarrh. The man had always been in excellent health, and though he had been suffering from bronchitis previously, he never had felt so weak, nor had he lost as much in weight as during the last attack just mentioned. The most careful physical examination failed to reveal any other indication of lung disease, but tubercle bacilli were present in the sputa. About seven weeks later there was no doubt about the diagnosis—miliary-tuberculosis. The disease ran a very rapid course; for before the third month was passed, the patient was dead and buried.

FISSURES OF THE TONGUE.

In some people, especially where gastric disturbances are present, the tongue suddenly becomes fissured all over, without however becoming coated, changing its color, or losing its moisture. Prof. Schwimmer (*Wiener. Med. Woch.* 10, 1886,) had the opportunity to experiment on some cases at his clinic. Although he tried chromic acid, which had been recommended by Vidal, and though he applied iodoform, which Dr. Unna, a dermatologist of Hamburg, had greatly praised, in none of his cases the tongues evinced any improvement. If anything, they became worse, especially under iodoform. As the patients were greatly annoyed by this morbid state of their tongues, Prof. S. tried a series of remedies in the hope to bring about some alteration, but utterly in vain, even Kaposi's treatment with nitrate of silver was useless. Some improvement was noticed after the applications of soda solutions and the lactic acid, first employed by Schiff, gave the patients decided relief, and the latter in one case almost established a cure. Finally S. used papayotin, and the result was surprising. In every case an amelioration was at once noticed, and within a few weeks a perfect cure was obtained. S. applies the papayotin as follows:

℞.	Papayotin,	.05 to 1.0 (8–16 gr.)
	Aq. destill.,	
	Glycerin,	āā 5.0 (80m).

This solution is applied with a camel's hair brush from 2 to 6 times every day after the parts have been previously well dried.

The effect is not a macerating one, as one would think from the action of the drug on digestion, but it acts by stopping the pain in the parts deprived of their epithelium, and causes a renewal of the latter.

In 25 cases, many of which were of many years' duration, a complete and permanent cure was established in all with the exception of one, where a syphilitic dyscrasia existed, but where specific treatment brought about no result either. But even in this case a great amelioration was obtained.

Notes and Comments.

Aseptic Surgery.

The President of the Sheffield Medico-Chirurgical Society, Dr. Cleaver, gave an address, October 14, on this subject, and laid particular stress upon the fact that many surgeons imagined they were practicing aseptic surgery, when, in reality, they were only treating with antiseptics, of which there were many methods, and all of them more or less imperfect, whereas, in aseptic surgery, there was only one method, namely—that introduced by Sir Joseph Lister, which aimed at, and attained, a complete absence of putrefaction, and is therefore designated aseptic. Another fatal error was that aseptic or Listerian surgery was spoken of as treatment by the spray. On the other hand, Sir J. Lister, in an address to the Surgical Section of the International Medical Congress in London in 1881, brought forward results of investigations he had made, tending to show that the atmospheric dust is not nearly so much to be dreaded as we used to assume, and that the various forms of virus are far more likely to be introduced by contact with infected liquids or solids than from the air. Dr. Cleaver had reason to believe that other considerations had confirmed Sir J. Lister's impression that, as a purifier of the air, the spray is of little value, and that, therefore, he used it less than formerly. It should be borne in mind that if the spray were not used, greater care was necessary in other respects. Dr. Cleaver claimed as one of the results of aseptic surgery complete immunity from infective disease, including pyæmia, septicæmia, erysipelas, and hospital gangrene, diseases which, twenty years ago, were rife in hospital practice. In upwards of 300 cases of major operations performed at the Sheffield Children's Hospital during the last few years, not one single case of these diseases had arisen.

Amputation for Senile Gangrene at the Age of Eighty-two: Recovery.

In consultation with Mr. Laurence Potts, of Leatherhead, in April, 1886, and again in July, Dr. James Cantlie had (*Brit. Med. Jour.*, October 30,) the opportunity of witnessing the progress of senile gangrene, commencing in the great toe of the left foot. The patient was an old lady, eighty-two years of age. She believed at first that a chilblain was affecting the toe; and, following the advice of her neighbors, she planted her foot in snow at various periods during the winter. As no improvement followed, she received further sage advice, and accordingly painted the toe freely with hydrochloric acid. When first he saw the case with Mr. Potts, gangrene of the great toe was fairly well advanced. Hypodermic morphine injections were being administered to relieve pain; and so bad was the nutrition of the limb that the punctures, where the nozzle of the syringe had entered at the affected (left) leg, remained unhealed for weeks. Temporizing measures were recommended; but, as the gangrene slowly spread to other toes and the dorsum of the foot, it was resolved that a Teale's amputation just above the ankle presented the only chance of doing any good. This was accordingly done. The parts healed up, and a well-nigh perfect stump resulted.

The advanced age of the patient was the only interesting circumstance in the case, combined with the indications of abeyance of the recuperative powers from the previous punctures not healing. The fact of age was brought more acutely home to him at the time, as, three days previously, he had operated on a case of strangulated femoral hernia on a woman seventy-nine years of age, in Charing Cross Hospital, and she made a rapid recovery.

Purpura Hæmorrhagica in St. Petersburg and Hamburg.

Dr. E. Masing compares (*St. Petersburger Medicinische Wochenschrift*, Nos. 39 and 40) a case of purpura hæmorrhagica of his own, together with 13 cases culled from the case-books of the Mary Magdalen Hospital in St. Petersburg, with the 73 cases collected by Dr. Scheby-Buch, from the records of the Hamburg General Hospital. Of the 14 Russian cases, 10 were complicated with pyrexia and 8 with diarrhœa. Eight presented painful and swollen joints and muscles, whereas in the 73 Hamburg cases only 27 are reported as having had rheumatic symp-

toms. Hemorrhage from the nasal and other cavities of the body occurred in 6 cases; *i. e.*, in about the same proportion as in Hamburg. Urticaria was not observed at all, though it was frequently present in the Hamburg series. Youth is the most common time for the disease to occur, 9 cases being under twenty-five years of age. The disease would appear to be even more rare in St. Petersburg than in Hamburg, for there were only 13 cases found in the Mary Magdalen Hospital Reports for the last twenty years, during which time the total number of patients was over 82,000; while the 73 Hamburg Hospital cases occurred in the space of forty-one years, out of a total of 100,000 patients. The mortality was greater than in Hamburg, 4 out of 14 being fatal in St. Petersburg, and only 10 out of 73 in Hamburg. One of the former series, however died of phthisis. The author is quite unable to throw any light on the etiology of hæmorrhagic purpura, but he expresses the hope that bacteriological research may help to clear it up.

Two Cases of Lupus Treated Successfully With Iodoform; Remarks.

For the following notes we are indebted to Mr. Guy Tyrrell, who publishes them in the *Lancet*, Oct. 30:

Case 1. Alfred R——, aged sixteen, was admitted to the hospital on Feb. 4, 1884, suffering from lupus of the nose and lip. The disease had existed for eighteen months, and had already destroyed the lower half of the ala of the nose and almost the whole of the upper lip. The patient was ordered cod-liver oil, and the sore was dressed with an ointment consisting of one drachm of iodoform to one ounce of vaseline, plugs of lint covered with the ointment being inserted into each nostril. The sore immediately began to assume a healthy appearance and healed slowly but uninterruptedly, and the patient was discharged cured on July 29th.

Case 2. William V——, aged sixteen, was admitted on March 13, 1886. The disease had existed for two years, and extended over nearly the same area, but the lip was not so deeply involved. The same treatment was adopted, and with an equally good result. The patient was discharged cured on August 3d.

Remarks by Mr. Tyrrell.—I am inclined to publish these cases, as I do not know that this remedy has been tried before, not having seen it mentioned in any books; but the results in these two cases were certainly most striking, and I think it worthy of a further trial, as it is certainly a less painful method than scraping or cauterization.

Pelvic Hæmatocele.

Mr. Lawson Tait thus concludes an article in the *Lancet* (Oct. 30):

"We come, then, to the following conclusions: That in the great majority of cases of extra-peritoneal hæmatocele the disease may be left alone, being rarely fatal, and that it is to be interfered with only when suppuration has occurred. That, on the contrary, intra-peritoneal hæmatocele is fatal with such almost uniform certainty that so soon as it is suspected the abdomen must be opened and the hemorrhage arrested. In the overwhelming majority of cases the source of the hæmatocele will be found in the broad ligament, and then it can be dealt with, and with every prospect of success. If any one objects to this, I appeal again to the canon of surgery, which is of uniform application. For surgical hemorrhage cut down and tie the bleeding point; if a big branch of the femoral artery were bleeding, my colleagues who deal in such cases would cut down and tie it. Why should Poupart's ligament be a line of demarcation within which this surgical writ will not run? Why should my friend, Dr. ———, be allowed to do to the external iliac artery what I am prohibited from doing to the internal iliac division? Indeed, at page 202 of Bernutz and Goupil's work they assert this principle: 'The indication in such a case is plain—we must stop the hemorrhage.'"

Pouch of the Penile Urethra.

Before the Medical Society of London, October 25, Mr. E. Harry Fenwick showed a case of pouch of the penile urethra in a patient aged fifty-seven, who had suffered from stricture for the last eighteen years. The difficulty of micturition culminated in extravasation of urine a year and a half ago. Perineal incision was performed, and a large sac with several small facetted stones and one large one was removed. Urethral fever followed, but the man ultimately recovered. The pouch was probably due to distension of the canal behind an anterior stricture. It was proposed to pare the edges of the ante-scrotal sac at the same time that the bladder was drained through the perineum.

Mr. J. H. Morgan considered that Mr. Fenwick's explanation of the nature of the

pouch was correct. Instead of performing any cutting operation, he would be inclined to employ steel sounds with a view to dilating the strictures, and trust to the mechanical stimulus to improve the tone of the muscular coat.

Mr. Bruce Clarke thought something more than sounds and catheters would be required: excision of a portion of the urethra and joining together the cut ends.

The Infectious Capacity of Chronic Gonorrhœa.

Neisser, the discoverer of the gonococci, addressed the meeting of German physicians at Strasburg on the subject of the infectiousness of chronic gonorrhœa (*The Therapeutic Gazette*, September 15, 1886). He believes that the question whether chronic gonorrhœa is infectious or not cannot be answered summarily, but can solely be decided from case to case by repeated examinations of the gonorrhœal secretion for gonococci. Examining one hundred and forty-three cases of chronic gonorrhœa for gonococci, he found the proportion of cases giving a positive result to be almost equal to that giving a negative result. Neisser recommends, as the most effective treatment, nitrate of silver in a proportion of 1 to 3,000 to 2,000, or a five per cent. solution of salicylate of sodium, the remedy being best injected with a soft, thin catheter, having at its point several openings. In a case presenting, even on repeated examinations, no gonococci at all, treatment is better wholly avoided. The internal administration of the balsam of copaiba appears to be a useful measure. This recalls a statement of two French observers, Sinety and Hennegue, which is in opposition to Neisser's claim. In their experience injections of nitrate of silver were unable to kill the gonococci found in the urethritis of females. The same negative results they obtained also with permanganate of potassium, ozone-water, and even with corrosive sublimate.

The Treatment of Thread-worms in Children.

Dr. Sidney Martin writes as follows to the *Practitioner* of October, 1886:

The complete cure of thread-worms in children is often very difficult. While the ordinary methods used, such as rectal injections of salt and water, infusions of quassia, and other remedies, do good for a time, yet they often fail to relieve the attendant symptoms of "worms," symptoms usually very irregular, and in some cases severe, in character. In many cases, though the irritation about the anus is relieved by injections, the irregularity of the bowels and the disturbance of sleep remain the same. This is probably due to the fact that the habitat of the worms is higher up in the large intestine, where no remedy introduced by the rectum can reach them.

In many cases I have found that rhubarb in small doses brings away large numbers of worms, and at the same time regulates the bowels: so that the use of injections may in most cases be dispensed with. The formula which I have found most useful is as follows, varying slightly with the age of the child:

R.	Tincturæ rhei,		♏iij.
	Magnesii carbonatis,		gr. iij.
	Tincturæ zingiberis,		♏j.
	Aquam,	ad.	℥j.

This is to be taken twice or three times daily, according to the effect on the bowels. Whether the rhubarb acts as a vermicide or simply by "moving the worms on," I am unable to say.

The Term "Rheumatism."

In the course of a paper on rheumatism, read at the recent Berlin Congress of Naturalists and Physicians, Professor Senator, who adduced evidence to prove that rheumatism is a specific disease, made some remarks upon the popular acceptation of exposure to cold being a cause of disease (*Deutsche Med. Woch.*, No 41). He said that undoubtedly many painful affections of the locomotor system, many neuralgiæ and paralyses—e. g., facial—arise from sudden exposure to cold, especially if the surface be heated and bathed in sweat. But the term "cold" should only be applied to cases where the history of such exposure was quite clear, and the diseases produced thereby should be termed "refrigerant" rather than "rheumatic." The use of the words "rheumatism" and "rheumatic" should then be reserved for such cases of disease as are not due to mere cold, but to a special kind of miasmatic infection, like that which excites acute rheumatism—the prototype of rheumatic disease—and are amenable to specific treatment. Although this may be merely a matter of words, yet, as he truly remarked, correct nomenclature implies correct conceptions of the conditions named.

A Collection of Pine Leaves in the Bronchi Causing Repeated Hemorrhage.

Dr. Axel Key has recorded (in the *Lancet*) the case of a man, thirty-six years of age, who had suffered for seventeen years from

violent hemorrhage from the lungs. He died in the Serafim Hospital, December 1, 1885, after a short residence there. At the post-mortem examination the body was found to be robust, and not emaciated. In both of the larger bronchi there were a number of circumscribed blood coagula. The right lung was unaltered; in the left there was a slight enlargement of a smaller bronchus, with induration of the walls and immediately surrounding lung tissue. In the cavity of the dilatation there was a quantity of coagulum. Outside the cavity there were six pine leaves partly massed together, but with the points free; the leaves were of a brownish-gray, faintly changing into green, stiff, and with sharp points. The marks of the points appeared on the mucous membrane, and were several millimetres long. The lung was in other respects healthy. The leaves were, in the opinion of Dr. Key, the cause of death, owing probably to the fact that latterly they had embedded themselves more deeply in the lung, or that their position had changed to a new and more dangerous place.

A New View on the Causation of Bright's Disease.

At a recent meeting of the Académie de Médecine, Prof. Semmola, of Naples, brought forward, in an exhaustive paper, his peculiar views on the causation of Bright's disease. According to this inquirer, the nephritis which accompanies the malady is not primitive, but consecutive. Albuminuria is produced independently of alteration in the structure of the kidneys, and even, in his opinion, the real cause of the changes witnessed in those bodies is due to the constant passing of the albumen through their canaliculæ. Sufficient proof of this assertion might be found in experimenting on the lower animals. If the white of an egg was injected subcutaneously albuminuria was determined, and subsequently nephritis. On the other hand, the skin seems to undergo changes which are striking, and sufficient to account for the presence of the affection. The sweat-glands are atrophied, and the conjunctive tissue of the derma is very proliferous. He deduced from this that the skin was the first organ to be affected in Bright's disease, and not the kidneys, and all the attention should be turned toward that structure.

Shoemaker's Ulcer.

The *Brit. Med. Jour.* (Oct. 30) says that Dr. Danford Thomas has done well in drawing public attention to this peculiar form of industrial disease. While holding an inquest recently on the body of a shoemaker who had died suddenly at Queen's Road Station, Bayswater, from the bursting of an ulcer in the stomach, Dr. Danford Thomas said it was a pity that shoemakers persisted in pressing the boot to the stomach when engaged on their work, for the pressure was apt to produce an ulcer. We are informed by Dr. Lomas, an excellent authority on the subject, that a very large number of shoemakers suffer from stomach diseases. Some years ago an upright bench for shoemakers was exhibited by the Society of Arts, which, it is believed, is now used in many boot factories. The repairers of boots and shoes are the people who still carry on their work in the old way. In hospitals and dispensaries, he has met with some cases of hæmatemesis from pressure over the stomach. As a class, shoemakers are not healthy; many of them become very feeble at the age of 40 to 50.

Spontaneous Shedding of Nails in Hysteria.

Dr. T. Falcone, of Naples, records a case of hysteria, prolonged and aggravated, in the course of which there was spontaneous shedding of the finger and toe-nails (*Deutsche Med. Woch.*, Oct. 14th). The patient was fifty years of age,, and since 1870 had, after a mental shock, been subject to hemicrania and other nerve symptoms, including paraplegia, hyperæsthesia, globus, etc.. She recovered, but after remaining well for six years the symptoms returned on the occasion of her visit to the grave of her son, whose death had in the first instance been the exciting cause of her attacks. The affection of the nails was preceded by tingling in the fingers and toes, especially the thumbs and great toes, followed by suppuration in the bed of the nail. It was noted that on the right thumb the new nail was formed directly from the bed of the nail by proliferation of epithelium, which assumed a horny character; but on all the other affected fingers and toes the repair took place in the usual way, viz., by growth from the matrix. The condition altogether was regarded as a dystrophic one due to disordered nerve function.

Remarkable Tolerance of Opium.

At a meeting of the Société Médicale des Hopitaux, M. Moutard-Martin mentioned the case of a patient, aged 50, suffering from tuberculosis, to whom he had given 45 cen-

tigrammes (4½ grains) of opium in progressive doses, without producing poisoning, contraction of the pupil, constipation, or dryness of the tongue. M. Rendu, who attended the meeting, suggested the advisability of giving the best quality of the extract of thebaine, in progressive doses, to the same patient; by that means it would easily be proved whether the man's tolerance of opium was not owing to the poor quality of thebaine dispensed in hospitals. Other cases were quoted at the same meeting by MM. Desnos and Sevestre of patients who had taken 2 grammes (30 grains) of morphine daily. In conclusion, M. Martin said that what appeared strange in the case of his patient was the fact of his being able to take the rapidly increased doses, from 20 to 45 centigrammes, in the course of five days.

A Specific and Prophylactic for Scarlet Fever and Diphtheria.

Dr. C. R. Illingworth thus writes to the *Brit. Med. Jour.*, October 30:

"In your issue of May 1, you inserted a communication of mine relative to the biniodide of mercury as a specific for scarlet fever and diphtheria.

"That it is a true specific for the former, is proved by the defervescence commencing immediately upon the administration of the medicine, instead of upon the fifth day, and by the absence of desquamation in consequence. That it acts as a specific in the latter, is shown by the rapid disappearance of the membranous effusion and reduction of temperature. The efficacy of the medicine depends, I think, upon the diffusible potassic iodide carrying the germicide biniodide to every portion of the circulation. Prescribed in this form, the biniodide of mercury has not, so far as I am aware, been used before for these diseases."

Lung or Liver?

The great difficulty in diagnosis that the physician has to contend with in the region that contains the right lower lobe of the lung and the liver, is one of the most patent facts of clinical medicine. And yet hardly a week passes that does not afford some illustration of the difficulty of surmounting even a well-recognized obstacle. M. Guyot has published a case of hydatid cyst of the liver which he mistook for a pleurisy of the diaphragm associated with pulmonary tuberculosis. It is said that all the physicians who saw the case were of M. Guyot's opinion. The hydatid cyst had suppurated, and the friction-sound was the result of spread of the inflammation to the serous surfaces. The rule laid down by many physicians, that the liver should be thoroughly explored in the presence of friction-sounds in the hepatic region, when there are the ordinary signs of suppuration, cannot be too strongly insisted upon.

A Case of Quinine Rash.

Dr. M. A. Veeder, of Lyons, N. Y., writes to the *Med. Record* that he has recently observed a case of quinine rash in which the condition of the skin closely resembled that existing in scarlatina. The patient, without consulting a physician, had for a day or two been taking quinine in small doses for some slight disorder, supposed to be malarial; but, becoming alarmed at the appearance of the rash, and imagining that the disease might be scarlet fever, medical advice was sought. The slight malaise and feverishness, together with the cutaneous conditions, formed a group of symptoms sufficiently obscure; but fortunately, for the credit of the profession, the source of the difficulty was at once suspected, and the taking of quinine forbidden. The rash disappeared with great promptness, but returned again repeatedly when, as an experiment, quinine was again administered in small doses.

A New Manifestion of Argyria.

M. Lewin has reported to the Berlin Medical Society his observation of an affection that seems to be peculiar to workers in silver. It appears in the form of round or oval bluish spots on the skin, which in extreme cases may be as large as a nickel five-cent piece, generally on the back of the left hand. Workmen in metals who do not use silver are free from it. The manner in which the spots are produced is not clear, for experiments with the direct application of silver in various forms have failed to generate them. The silver probably falls upon some scratch—for the spots are usually developed where there has been a lesion—in a solution, and afterward undergoes some chemical change by the action of the bodily fluids which induces this peculiar color.

Hæmatemesis in Hysterical Patients of Both Sexes.

M. Auguste Ollivier, of Paris, read an important paper at the Congress at Nancy on hæmatemesis in the absence of the catamenia. In cases of hysteria in both sexes hæmateme-

sis was met with, and appeared due to a special condition of the nervous system. He asserted that this variety of hæmatemesis, which was too often regarded as symptomatic of ulcer in the stomach, was, in reality, a form of local hysteria, with gastralgia, accompanied by hemorrhage. The absence of any disturbance of the nutrition, the suddenness of the onset, the presence of nervous disturbance, and the prompt re-establishment of health, would generally serve as indications of the true nature of the complaint.

Hernia of the Cæcum.

Mr. Frederick Treves read a paper on hernia of the cæcum before the Medical Society of London (October 18), in which he particularly called attention to the error which had crept into the text-books. It was generally stated to be devoid of a sac, but he had almost invariably found a sac to be present. Mr. Lockwood said that after an examination of many specimens in the museum of London and Paris, he had come to the same conclusion as Mr. Treves with regard to the sac. Mr. Sidney Jones wished to endorse the observations made by Mr. Treves, and added that the considerable volume of this kind of hernia was often an obstacle to reduction.

Cure of Rheumatic Tetanus by Pilocarpine.

Brünner describes (*Centralb. f. klin. Med.*, September 18, 1886,) the case of a peasant woman aged forty, suffering from rheumatic tetanus, whom he treated for five days without result, despite the administration of morphia, chloral, quinine, etc. Pilocarpine was then used in the single daily dose of one third of one grain. The induced perspiration was moderate, but the increased salivary secretion was very great. Chloral hydrate was given at night. On the ninth day of treatment the convulsions disappeared completely.

Case of Paralysis Agitans, Apparently of Traumatic Origin.

To the Medical Society of London (October 25), Dr. Samuel West showed a man in whom peculiar tremors of the right arm came on immediately after a blow on the head. The symptoms had gone on increasing in severity for ten years, and now extended to the legs, rendering walking difficult. Sensation was diminished in the affected limbs, and he had occasional attacks of vertigo, but no distinct evidence could be obtained of any cerebral lesion.

Antipyrin in Pyrexia.

Brigade-Surgeon J. B. Hamilton, Medical Staff, Lucknow, communicates to the *Indian Medical Gazette* a paper on the above subject. His conclusions are that antipyrin is decidedly beneficial in reducing the temperature in cases of enteric fever, pneumonia, and insolation. In a few cases the drug was given subcutaneously. In no case did it produce skin eruption or vomiting. It acts well in children; but he would hesitate to give it to debilitated patients.

Cocaine in Gonorrhœal Ophthalmia.

A. Leahy recommends (*Indian Med. Gazette*, July, 1886,) a trial of cocaine in gonorrhœal ophthalmia. In his hands he has found that the ocular and circum-orbital pain is much diminished, the chemosis reduced, and the congestion of the conjunctival vessels much diminished. He used the following preparation: Cocain. sulph. 4 gr., atrop. sulph. ½ gr., vaseline 100 gr. To be applied with a camel's hair brush.

The Treatment of Felon.

Dr. W. H. Halbert is an advocate of the conservative treatment of paronychia. He treats it with salt and turpentine, allowing the mixture to remain on the finger several days, moistening the salt twice a day with the oil of turpentine. In the forming stage of a felon, he wraps the finger firmly with surgeon's silk isinglass plaster, and applies the mixture over it, leaving it undisturbed for two or three days.

A Substitute for Circumcision.

Mr. Herbert Snow, writing in the *Lancet*, suggests that circumcision may often be avoided by the introduction of a pair of dressing forceps under the prepuce, and stretching the skin by separating the blades. This can be accomplished without pain by means of an application of cocaine. After the tissues have been thoroughly stretched, the foreskin should be drawn back every morning for a few days.

—Irish moss, with one per cent, of cane sugar and two per cent. of beef peptone, is one of the cheapest and best culture media for micro-organisms, according to Dr. Alexander Edington, of Edinburgh.

Correspondence.

Convulsions.

Eds. Med. and Surg. Reporter:

On the 30th of June, Mr. A. sent after me to come and see his daughter, who he said was dying. She was 11 years of age. When I arrived I found her laboring under a very severe attack of convulsions, frothing at the mouth; and there was no possibility of administering medicines in any way. Applied cold cloths to her head, sinapisms to her wrists and ankles, and hot cloths to her feet. But the convulsions continued. We then put her into a tub of warm water and kept her in some 10 or 15 minutes, but owing to her convulsions the warm bath could not be satisfactorily administered, as any one who has had similar cases will imagine.

What now was to be done? My patient had been in convulsions four or five hours, and if anything getting worse instead of better, without the ability to take medicine. I then commenced to give her ether, and continued the inhalation until I had quieted her down; but as soon as the effect of the ether commenced to wear off, the convulsions commenced to return. What next? I put her again under the influence of ether until entirely quiet. I then injected hypodermically ¼ grain of morphia in solution, and as my patient had a high fever, I immediately injected six drops of tr. veratrum, and as soon as the convulsions showed the least symptom, I renewed the inhalation of ether. In something like half an hour the symptoms of convulsions ceased, and the patient could swallow. I administered ten grains of bromide of potash, and ordered one to be given in two hours and a half after that. I took leave at 2 o'clock a. m., to return in the afternoon at 1 o'clock. When I returned she had had no more symptoms of convulsions nor fever, but had vomited every half hour for two hours. I applied mustard plaster over her stomach, and administered half-grain doses of calomel rubbed up in a little loaf sugar, until four grains were taken, which was indicated also otherwise. Vomiting soon ceased; she became conscious, and wanted to know what had blistered her wrists and ankles.

E. A. Oppelt, M. D.

Connellsburg, Ind.

The Morals of Massage.

Eds. Med. and Surg. Reporter:—

On page 542 of the Medical and Surgical Reporter, October 23, 1886, I notice a statement made that "massage" is used for the purpose "of exciting the sensual feelings of the patients, or rather victims, and that the success of the professional rubber is closely connected with effects on the system in this direction." This you quote from the English journals. This may be so, but if it is, I think I am safe in saying that when massage accomplishes this purpose it is not performed properly, and will not only fail to effect any good, but do very much serious harm to the trouble one may be trying to relieve, and doubtless to the patient's morals also.

From an experience of several months on my own person with "rubbers" of various kinds, but well trained in their different teachings, I was able to confirm what I say above. Being of an extremely sensitive disposition, which was heightened by a long sickness, I was able to observe the effects with the greatest nicety. Whenever the rubbing consists of a friction of the skin, whether strong or light pressure be used, but especially the latter, the result is invariably more or less sexual excitement. This tends always to destroy any benefit one may have had from previous rubbings of the right kind. Desiring to gain all the good possible with the least expenditure of time, energy, and money, I performed a series of experiments to ascertain the exact value of different kinds of massage. I found that the deep, heavy pressure with rolling motion, so that the deep tissues were affected, with *scarcely* any friction of the skin, accomplished good results. My trouble was a muscular and nervous weakness of the bowels, in fact, complete collapse of those organs, arising from an aggravated constipation. I was obliged to desist from my experiments after having determined this point, as every time I neglected to follow the rules which I had laid down, I undid all the good which had been done by former rubs. I also arrived at some general principles regarding the locality in which the patient should be rubbed, but I cannot go into that here. In troubling you with these remarks, I can only say that I do not like to see the notice of an abuse pass without showing, if possible, that it is only an "abuse," for fear that popular prejudice may bring into disrepute a practice which in every way is worthy of our most attentive culture. The explanation of the fact I give, and which you also notice, is not far to seek for those who believe in some principle of "vital force."

F. B. Mickle, M. D.

512 *John St., Baltimore, Maryland.*

A Remarkable Injury of the Finger.

EDS. MED. AND SURG. REPORTER:

I see in your issue of October 23 an article under the title of "A Remarkable Injury of the Finger." I had a very similar case about two years ago. A boy eleven years old fell from a ladder, and a ring upon his third finger caught upon a nail, stripping the coverings from the bone like a glove from the finger, as far as the third phalanx. The coverings contained the bone of the third phalanx, to which was attached the flexor tendon, which was pulled from its sheath in the forearm, and measured thirteen inches from the tip of the finger. The finger was amputated.

HENRY B. PALMER, M. D.

Phillips, Me.

NEWS AND MISCELLANY.

The Army Medical Service of France.

A recent return shows that on October 15 the strength of the French Army Medical Department (Corps de Santé Militaire) was 1,174 officers, and that there were on that date, altogether, 126 vacancies in the various grades, the strength sanctioned being 1,300 of all ranks. The numbers, according to rank, on active employ were: Médecin inspecteur général, 1; médecins inspecteurs, 9; medecins principaux, 1re Classe, 40; 2me Classe, 45; médecins majors, 1re Classe, 295; 2me Classe, 468; médecine aides-majors, 1re Classe, 208; 2me Classe, 108; total, 1,174. There were, in addition, 134 commissioned "pharmaciens" of various grades, on active employ in the army, with altogether 52 vacancies in this branch of the medical service. The "pharmaciens militaires" in the French service all hold a diploma, either of Master in Pharmacy or of Pharmacien of the 1st Class; some possess a university title of doctor, in addition to the 1st Class diploma of Pharmacien. The foregoing numbers show the strength of the medical department with the French army on active employment, but, beyond this establishment, there are two large bodies of medical officers, of different grades, borne on the rolls of the army of reserve, and of the territorial army of France.

The French Army in the East and its Hospital Service.

The French army of occupation of Tonkin and Annam has an effective strength of about 34,000 troops, of which number 15,000 are Europeans, 16,000 natives of Tonkin, and 3,000 natives of Annam. The army is organized as a division, divided into three brigades; and a certain number of hospital establishments are alloted to each brigade. The hospitals are of two kinds—fixed hospitals, organized on the ordinary regulation scale for field-service; and movable hospitals annexed to them, under the name of *infermeries ambulances*. There are altogether fourteen stationary hospitals, and twenty-five of the ambulance infirmaries. Owing to the nature and extent of the territory occupied by the troops, the difficulties in administering the hospital service have been unusually great; all the more so from the wide-spread and incessant demands made on the hospital establishments, and on the services of the medical officers, in consequence of the prevalence of remittent fevers of a severe type and other climatic diseases. The direction of the whole medical service of the army of occupation is in the hands of Médecin-Principal Dr. Dujardin-Beaumetz, whose headquarters are at Hanoï.

The Consumption of Alcohol in Belgium and Other Countries.

According to M. E. Laveleye, the consumption of ardent spirits in Belgium has nearly doubled in fourteen years, and is now surpassed only by that of Denmark and Russia. Everything is done to encourage it, as if drinking alcohol was a good thing, and one needing to be fostered by the State. The duty is only about 50 francs per litre, while even in France it is 200, and in England nearly 500. There is a place for the sale of drink to every forty-four inhabitants, or one to every ten families. What demon can be in possession of governments that leads them so to foster misery, crime, and poverty—to say nothing of disease? Such a licensed use of alcohol paralyzes and mocks all legislation for the improvement of the people, all social efforts, and all progress in medical science.

A Sensible View of the Temperance Question.

The *Medical Record* says that Dr. Huntington, rector of Grace church (New York), preached the temperance sermon in the Church of the Holy Trinity, Fifth avenue and 125th street. He said: "The Bible nowhere makes total abstinence necessary to righteousness, and it ill becomes advocates of total abstinence to maintain that any one cannot be really good unless he is a total ab-

tainer. Temperance does not mean total abstinence, but moderation. Yet it is true that, under the social conditions of this country, the cause of temperance can best be served by the adoption of habits of total abstinence. The remedy of the widespread evils of drunkenness can best be secured by the quiet method of personal example and influence, rather than by noisy and demonstrative parade. I am not one of those who expect that legislation is going to effect a remedy of the evil. We must look to the personal example of abstinence set by men for the benefit of their weaker brethren, to gradually reduce the pitiable evils of intemperance." Well said, Dr. Huntington! Science, morality, civilization, and religion, are on your side.

Unusual Coincidence.

On the 18th of last month a man and his wife were admitted into St. Thomas's Hospital (London), suffering from acute pneumonia of respectively three and four days' duration. Each was aged thirty-two years. The disease ran an acute course, being little influenced by treatment, and they died at the end of four days, within a few hours of each other. At the post-mortem examinations, which were made on the same day, acute inflammation of the right lung was found in each; this had attacked chiefly the base in the case of the man, and the apex in the woman. It would appear that they had left their house and moved into lodgings only two or three days before the commencement of the disease, on account of the bad smells, making it probable that the disease was of septic origin.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED NOVEMBER 13, 1886.

Ames, R. P. M., passed assistant surgeon. To proceed to Vineyard Haven, Mass., as inspector, November 10, 1886.

Urquhart, F. M., passed assistant surgeon. Granted leave of absence for seven days, November 8, 1886.

Wasdin, Eugene, passed assistant surgeon. Granted leave of absence for seven days, November 11, 1886.

Magruder, G. M., assistant surgeon. Relieved from duty at Norfolk, Va.; assigned to duty at Marine Hospital, Chicago, Ill., November 10, 1886.

A Curious Wager.

The following is extracted from the *Indian Medical Journal* for July: "Two Mahometans in Hyderabad City made a curious wager the other day, which resulted in the death of one of them. The deceased accepted a challenge that he would stand facing the sun from 8 a. m. to 6 p. m. A certain day was appointed, when a large gathering assembled to witness the *tamasha*, as they styled it. The deceased took his stand, gazing at the sun from the agreed time up to 3 p. m., when suddenly he dropped, foaming from the mouth. Medical aid was soon summoned, but before assistance arrived life was extinct.

Poisoning by Ptomaines.

Two deaths are again recorded, believed to be due to the formation of alkaloidal poison in the arrested putrefaction of smoked meat. Two women, at Bangor, in the north of Ireland, were recently seized with all the symptoms of irritant poisoning, which terminated fatally. The whole of the family partook of German sausages, and all suffered subsequently from vomiting and diarrhœa. After a thorough investigation, the result arrived at was, that death was due to the development of poisonous alkaloids in the German sausages, of which the whole family had partaken.

Republican Austerity.

Dr. James R. Chadwick, who was delegated to represent Harvard University at the recent festivities at Heidelberg, tells a story of the "republican austerity" which he was supposed to illustrate. For while other delegates presented their credentials emblazoned upon parchment, and enclosed in cases of velvet and gilt, all that he had to offer was an informal note, written on a half-sheet of paper by President Eliot, and bearing date at his summer residence at Mt. Desert.

The Pasteur Institute.

M. Pasteur now finds, it is stated, that the 2,000 square metres of ground, of which the city of Paris has granted him the free use for ninety-nine years, are insufficient for his purposes. The plan for his future institute is said to be an ambitious one; and he, therefore, asks the Municipal Council to let him have a large plot of ground adjoining his allotment, for which he is willing to pay. It is thought that M. Pasteur will obtain it at a rent scarcely more than nominal.

Nitrate of Silver Stain.

Dip the fingers into a strong solution of cupric chloride. In about a minute the silver will be converted into chloride, and may then be washed off with hyposulphite of soda solution.

Personal.

—Dr. J. R. F. Bell has removed to No. 2028 North Broad street.

—Dr. F. B. Hazel has removed to 841 North Broad street.

—Dr. Charles S. Turnbull has removed his office and residence to 1719 Chestnut street.

Items.

—The British Medical Association have decided to hold their annual meeting for 1887 in Dublin, and Dr. J. T. Banks, Professor of Physiology in the University of Dublin, is the president-elect. The meeting will be held on August 2, 3, 4, and 5.

—It is stated by a St. Petersburg journal that the first experiences of the Odessa Pasteur Institute have been far from encouraging, five patients having died out of a very moderate number treated by Pasteur's method.

—Some one has discovered certain points of similarity between a baby and a widower: He cries a great deal the first three months; after this he becomes quiet, and begins to notice; and it is with considerable difficulty that he is made to survive his second summer.

—The friends of Charles Robin have opened a subscription list, in order to obtain the funds necessary for the erection of a monument to his memory. Quite a sum has already been collected, the subscriptions running from five francs up to five hundred francs.

—The Memphis City Hospital is a very poorly-conducted institution, according to the *Mississippi Valley Medical Monthly.* The mortality rate is high (nearly fourteen per cent.); the wards are not well built, and are not kept in a cleanly condition. The cause is want of money.

—By the use of cotton filters and respirators Dr. David Prince, of Jacksonville, Ill., proposes to keep the infectious germs from spreading out of an infected room and from entering the system of persons exposed. Cotton filters arrest the passage of all particulate matter.

—Intelligence has been received of the existence of an epidemic of small-pox at Kingston, Jamaica. On the 13th ult. there were no fewer than 362 cases under treatment, and the deaths had been exceptionally numerous. The inhabitants were leaving the town in very large numbers, as the disease was rapidly increasing.

—The medical advantages of Vienna now lie mainly in the departments of dermatology, laryngology, and venereal diseases, says a correspondent of the *Cleveland Medical Gazette.* The two leading men in the second branch, named Schnitzler and Schrötter, have only four vowels between them, to make up for which there is a regular inebriism of consonants.

—Paralytic ataxia of the heart is the name given by Prof. Sammola to a cardiac neurosis which comes on at the age of forty to sixty, as the result of emotional strain and venereal excesses. It is characterized, first, by severe dyspeptic troubles, then by cardiac symptoms, palpitations, and irregular heart action, marbled extremities, dyspnœa, and slight œdema.

—A pale, cadaverous-looking Irishman entered a doctor's office, and with both hands pressing heavily his right chest, in much agitation addressed the medical man in a whisper as follows: "Doctor, I'm in a very bad condition; my right lung is clean gone, and I have lost my voice entirely," then changing both hands to the opposite breast, he continued, in a loud, clear voice, "but this lung is all right, doctor."

—At the annual meeting of the American Rhinological Association, held at St. Louis, October 5, 6, and 7, the following officers were elected:

President.—J. A. Stuckey, M. D., of Lexington, Ky.

First Vice-President.—Carl H. von Klein, M. D., of Dayton, O.

Second Vice-President.—Theodore North, M. D., of Keokuk, Ia.

The Association adjourned, to meet on the last Tuesday in September, 1887, at Dayton, Ohio.

QUERIES AND REPLIES.

THE ROTTING INFLUENCE OF A DRY CLIMATE ON RUBBER GOODS.

EDS. MED. AND SURG. REPORTER:

Can you, or any of the readers of the REPORTER, tell me how I may prevent the effects of this dry climate on rubber goods? All my catheters and rubber tubing of every description, dry, crack, and rot, after keeping them a short time in this climate. Elevation, 6,000 feet.

Arizona Territory. W. N. SHERMAN, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

A CLINIC ON HEART DISEASE.

BY STEPHEN SMITH BURT, M. D.,

Professor of Physical Diagnosis, New York Post-Graduate Medical School and Hospital.

Because of the close proximity of the valves of the heart to one another, the sounds and the murmurs are best distinguished at points somewhat removed from their origin. These positions are found in the direction of the blood current, and also where the heart approaches the surface of the chest. Cardiac sounds must be dissociated in your minds from heart murmurs. Sounds are normal, and therefore audible in health, while murmurs are abnormal, and hence occur only in disease. Heart sounds, it is true, may be heard in disease, but they are then modified in quality. The place selected for listening to aortic sounds is close to the sternum in the second right intercostal space; for the pulmonary sounds, at the left edge of the sternum in the same relative position. Sounds from the mitral valve are conducted to the left apex, and those of the tricuspid valve are best heard just over the ensiform cartilage. Here are the points of maximum intensity, not only of heart sounds, but also, with few exceptions, of valvular murmurs.

Now, what is the accepted explanation of the mechanism of heart sounds? The first sound, which is synchronous with the apical impulse, is produced by closure of the auriculo-ventricular valves, by contraction of the muscular fibres of the heart and by the impulse of the organ against the chest. The second sound is due solely to the sudden closure of the aortic and pulmonary valves. First a sound, then a short silence, followed by a second sound, and then a longer silence, comprise rhythmic cardiac action. Both these sounds are audible at the apex, and both are heard also at the base, but in the former instance the accent is upon the first, and in the latter upon the second sound. In order to fully appreciate this cycle of the heart's action, let me give you in a few words what is taking place within the organ. While blood is being thrown from the right ventricle into the pulmonary artery, and from the left ventricle into the aorta, the auricles are filling. Then upon closure of the aortic and pulmonary valves, blood flows passively into the ventricles; and, just before the first sound of the heart, auricular systole drives the remaining blood from the auricles into the ventricles, which in turn propel it onward, the one into the pulmonary and the other into the systemic circulation.

I shall first present to you a man whose heart is unaffected, so that we may have a standard for comparison. The same methods serve to explore the heart that are employed in examination of the lungs. By inspection we see the impulse of the apex in the left fifth intercostal space, about two inches from the sternum. Pulsation is sometimes noticed in the epigastric region, which may not be abnormal. It is not necessarily incompatible with health for the apical impulse to be absent. The position of the apex can then be determined by auscultation. Palpation enables us to detect the force of the heart's impact against the chest. Mensuration would give the actual distance of cardiac enlargement or of displacement.

By thermometry we decide between acute and chronic heart affections; there is no fever in the latter. Percussion defines the limit of præcordial flatness and of dullness. As I percuss from above downwards one inch to the left of the sternum in the parasternal line, there is a rise in pitch that amounts to dullness at the lower border of the third rib, which changes to flatness at the lower edge of the fourth rib, and thus continues into the left hepatic area. Beginning at the outer side of the left nipple line, on a level with the fourth rib, to percuss towards the sternum, there is dullness just at the inner side of that line which extends to the border of the lung, and flatness thence over the superficial area of the heart as far as the sternum. The area of dullness shows where the heart is covered by lung tissue. Percussion in health to the right of the sternum and over that bone is unsatisfactory. But having located the apex and defined the upper and left borders of the heart, and knowing that the right border extends about one inch to the right of the sternum, we are able to delineate the position of the organ well enough for all practical purposes. On placing the stethoscope over the apex, which is the mitral area, I hear a dull, prolonged tone, low in pitch, and accentuated; this is followed by a brief pause, and then by a short, sharp, high-pitched note, that in turn is succeeded by a somewhat extended silence.

This is the circuit of one cardiac revolution, with systole and diastole as heard in the mitral region. Next adjusting the instrument to the aortic area, the second right intercostal space, those two sounds are again heard, and with rhythm unchanged, but with the accent transferred from the first to the second sound. Apical impulse is synchronous with the heart's first sound, yet when there is no perceptible shock, the first sound can be determined by placing the fingers upon the carotid artery, which pulsates also in synchronism with cardiac systole. Enlargement of the heart increases the superficial area of the organ in the direction of the enlargement. With hypertrophy the impulse is forcible and somewhat concentrated; in dilatation it is weak and diffused. From dilatation the first sound loses its muscular element, and is, therefore, short and sharp like the second sound. In hypertrophy there is intensification of the first sound, and the second sound is accentuated by the increased pressure on the valves at the base of the heart. Finally, the first sound is weak in all diseases that cause failure of the contractile power of the ventricles.

Changes in the valves that cause either obstruction or patency, or both, give rise to murmurs, but all murmurs of the heart do not necessarily indicate lesions of the valves. And, too, now and then the valves are seriously affected without producing murmurs. A murmur may be due to simple roughening of an orifice, or of a ventricular cavity; and, moreover, to a perverted muscular action as well as to spanæmia. It is far easier to detect these murmurs than to determine their import, and I can not too emphatically impress upon you the importance of a scrutiny of the heart cavities for the full explanation of what a murmur means.

If there is one with systole at the aortic orifice due to obstruction, there will be hypertrophy of the left ventricle. If one in diastole, there will be dilated hypertrophy of that ventricle as a result of the regurgitation. Insufficiency of the mitral valve has a systolic murmur, and gives rise to enlargement of the left auricle, right ventricle, and eventually of the whole organ. Obstruction at this opening develops a presystolic murmur, and results in enlargement of the left auricle, right ventricle, but not of the left ventricle.

Having discovered a murmur over the heart, the first thing to do is to locate its point of maximum intensity, and next its area of diffusion, and then to determine its rhythm. A valvular murmur takes the place or part of the place of a sound, or precedes it. Aortic systolic murmurs have their point of greatest intensity in the right second intercostal space close to the sternum, and their area of diffusion upwards. Mitral systolic murmurs are heard best at the apex, and are carried to the left and often through the chest to the back, near the lower angle of the left scapula. An aortic diastolic murmur is usually heard plainest at the second right intercostal space, and extends both upwards and downwards. Its point of maximum intensity, however, is not infrequently at the lower end of the sternum.

Murmurs of mitral obstruction are loudest a little above the apex of the heart, and are not widely diffused. Those of tricuspid insufficiency are systolic in time, most pronounced at the lower end of the sternum, and are carried upwards to the right, though not far. Lesions of the pulmonary valve are extremely rare, and need not occupy our attention at present.

Some of the exceptional points in regard to the heart, its position and murmurs, shall be considered another time. It will suffice for to-day if I make clear to you a few lead-

ing facts respecting the subject of heart disease: That murmurs have but a relative value, and depend upon the condition of the heart walls for their solution. That lesions are constant, while murmurs are not. That some lesions are progressive and others are stationary, and that it is not so much the valve as the integrity of the heart-muscles which concerns us.

With these things in mind let me present a patient for your consideration. Five years ago he had an attack of articular rheumatism. Since then he has complained chiefly of shortness of breath on extra exertion, followed by a slight dry cough, with now and then attacks of flatulent dyspepsia. While all articular rheumatism is not complicated by endocarditis, nor every case of valvulitis the result of that disease, still a damaged valve can often enough be traced to rheumatism to make pertinent an inquiry for that malady. Now, of valvular lesions that of the mitral is most commonly the cause of shortness of breath on exertion, and it is also the oftenest affected by inflammation in rheumatism. Hence we are naturally led to suspect this valve. The apical pulsation is a little below and beyond the ordinary position, and the impact is strong. Too much tissue overlies the cardiac region to enable us to demonstrate, satisfactorily, by percussion, a slight increase in the size of the heart. Auscultation reveals a soft blowing murmur whose greatest intensity is over the apex of the heart, and diffusion to the left. It is audible near the lower angle of the left scapula. Its rhythm is systolic, and it takes the place of the mitral first sound—a mitral systolic murmur. There is no resulting tricuspid affection. Pulsation in the radial artery is neither weak nor irregular. The muscular tone of the heart is good. Apparently little enlargement of the organ has taken place. It is mitral insufficiency, but in my opinion the disease is not progressing. Our patient probably had an acute valvulitis with his articular rheumatism. The scar of that inflammation remains, but the enlarged heart muscles compensate the insufficiency of the valve, so long as he does not over-exert himself.

Consequently, the prognosis is favorable, providing he follows our advice respecting his mode of life. He must not undertake violent exertion, any more than he would were he lame elsewhere than in his heart. A mixture of rhubarb and soda, including five minims each of the tinctures of nux vomica and digitalis, taken three times a day before meals, will help correct his stomach difficulty and restore the passing disturbance of the balance between his venous and arterial circulation.

The condition of this patient teaches us that the presence of a valvular lesion need not necessarily cause alarm. He may live a great many years, and sudden death never happens from disease of the mitral valve. Even in aortic insufficiency, which may justly excite apprehension, it is surprising how long adequate compensatory hypertrophy lasts when properly managed.

Communications.

TRIAL SPECTACLE FRAMES, AND THEIR DEFECTS.

BY LOUIS J. LAUTENBACH, M. D., PH. D.,

Assistant Surgeon to the Eye and Ear Department of the Philadelphia Dispensary.

Trial spectacle frames should have graduated carriers for three pairs of glasses, the distance between them being sufficient to allow of the use of the stronger lenses when necessary. These carriers should be so arranged as to permit the use of handles on the cylindrical lenses; they should be adjustable both for pupillary distance and for the height of the nose; they should be so arranged that the glasses can be placed not only parallel to the facial plane, but also at slight angles thereto:—the glasses ever being in a plane at right angle to the visual line (this is of considerable advantage in the testing of near vision); they must be of light weight if their pressure is borne by the nose; they must have a secure method of attachment, adjustable for different heads, which will not be attended with too much inconvenience, nor occasion unpleasant pressure.

Of trial frames there are a great number of varieties, all of which have marked defects. The most usual defects are great weight and a difficulty of adaptation to the patient's face; the frame requiring to be adapted to the width of face, pupillary distance, and height of nose.

Fig. 1 represents the common double carrier frame; is not adjustable, is however of light weight: handled cylinders cannot be used.

The Nachet frame is adjustable for height of nose and for pupillary distance; it will hold cylinders with handles; it cannot be placed at angles with the facial plane (as is necessary in near vision); its great weight, and the impossibility of fitting it on children,

Fig. 1.

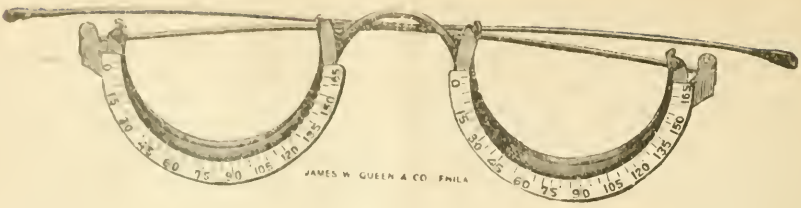


Fig. 2.

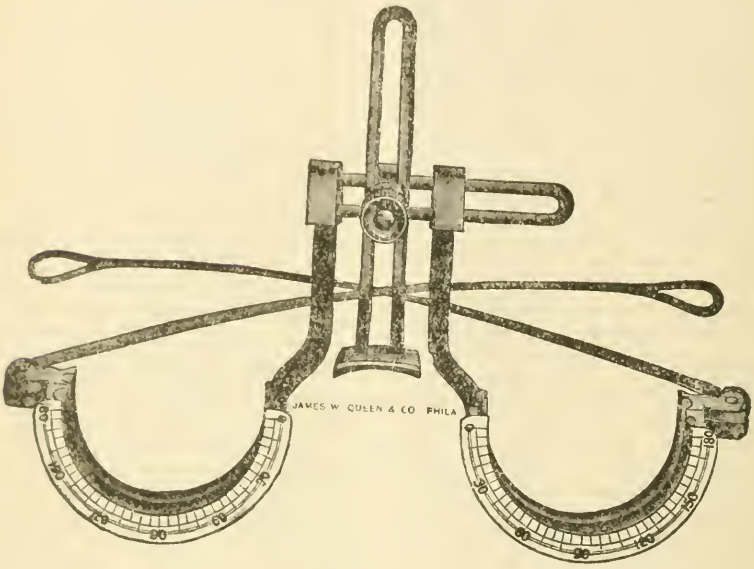


Fig. 3.

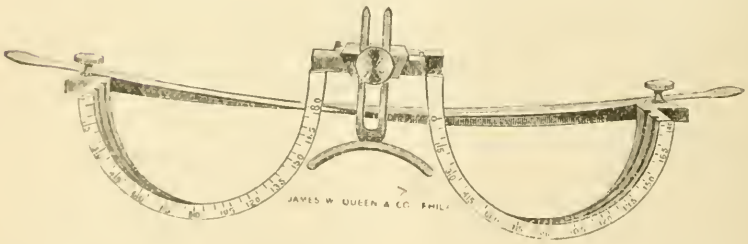


Fig. 4.

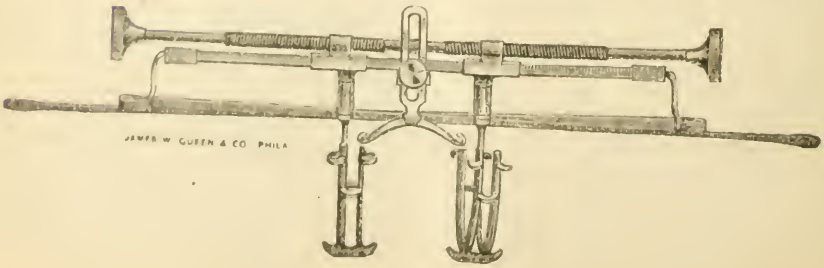


Fig. 5.

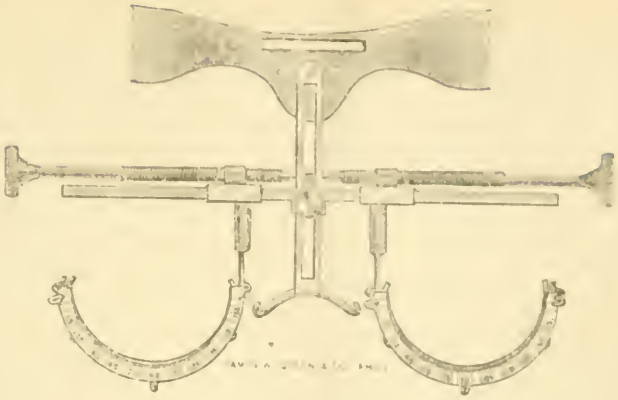


Fig. 6.

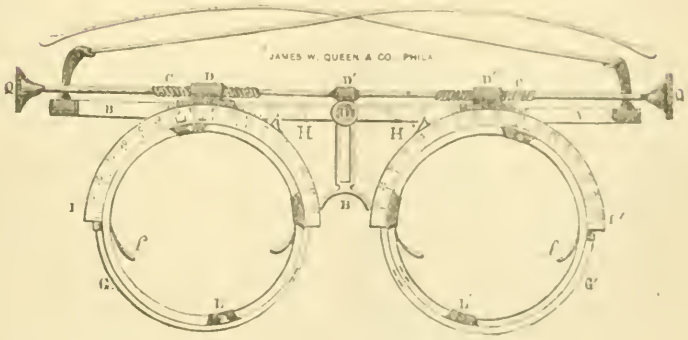
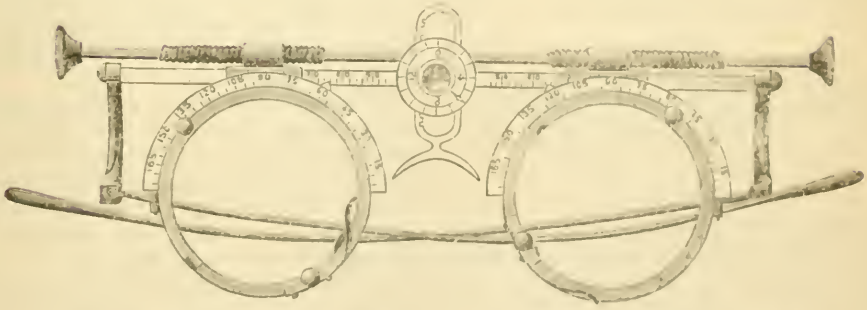


Fig. 7.



well-nigh preclude its use. There is now being used a frame made after the Nachet pattern, its carriers however being fixed, which is of very light weight, but otherwise has the same defects.

The English Hospital frame (Fig. 2) is adjustable both for eye-distance and nose height; it cannot be used satisfactorily for the testing of near vision, nor can it be used with accurateness upon children; its weight is a disadvantage; cylinders with handles cannot be used.

The Randall frame (Fig. 3) has the disadvantages of the last-mentioned, but is decidedly lighter in weight. This frame has, unlike the other frames so far mentioned, three pairs of carriers.

The Ivan Fox modification of the Randall frame allows the use of the handled cylinders.

The Wallace modification of the same frame has the same defects, but it has a ready means of varying the pupillary distance, and also the height of the nose-piece,

otherwise it labors under the disadvantages of its parent.

The Fox frame (Fig. 4), with straight sides, is not heavy, but yet remains on the nose with great difficulty. The forehead nose piece (Fig. 5) overcomes this; but both have the disadvantage of not being valuable for children, not being secure even on adults, nor yet allowing accurate testing of near vision.

The Armaignac frame (Fig. 6) has its sides arranged with a hinge joint, to allow of the glasses being worn at right angles to the visual line, but practically this is not satisfactorily accomplished. It has otherwise the defects of the Nachet frame.

The Meyrowitz frame (Fig. 7) has the advantage over the last-mentioned of lightness, and a quick adjustment of the nose-piece, but otherwise has its defects.

The frame of the Geneva Optical Co., which has a screw adjustment for pupillary distance, and a method of fixing the glasses in a plane at right angles to the visual line, has apparently all the disadvantages of the Armaignac frame.

The frames mentioned are the most important of the many, and yet they all have very serious defects. For use, the Wallace modification of the Randall frame, and Dr. Fox's frame with strong side-pieces, are the most valuable. Of the frames allowing of the inclination of the plane of the glasses, the Meyrowitz may be considered the most satisfactory.

N. W. cor. 6th and Green Sts.

A PARTIAL STUDY OF THE SEASONAL RELATIONS OF CHOREA AND RHEUMATISM.*

BY MORRIS J. LEWIS, M. D.,

Of Philadelphia.

The present paper is based upon a study of the seasonal relations of chorea and rheumatism, and for this purpose the weather at Philadelphia, for the years 1876–1885 inclusive, has been investigated, together with the number of storm-centres, or centres of low barometer, passing across or near the United States. These data were obtained from the monthly weather reports, and from the records kept at the signal station in this city, which have been kindly placed at my disposal.

Recent investigations undertaken by me in 1881, in regard to the relation existing between the number of cases of chorea and the varying states of the weather, showed such a curious resemblance between the chorea and storm-tracings that I deemed the subject worthy of further study.

The former work is embodied in Dr. S. Weir Mitchell's book of *Lectures on the Diseases of the Nervous System, Especially in Women*, and the statistics there mentioned were based upon the study of the months of onset of 170 separate attacks of chorea occurring in the years 1876–1880 inclusive, but at that time the storm records of the years 1878–1880 inclusive only were available, during which time 87 of the above-mentioned 170 attacks occurred. For the present study I have collected all the separate attacks of chorea which have been noted at the clinics of the Orthopædic Hospital and Infirmary for Nervous Diseases during the years 1876–1885 inclusive. These number in all 437, and necessarily include those previously studied.

As it is a well-recognized fact that a relationship exists between chorea and rheumatism, which, it is needless to say, is as yet imperfectly understood, I thought that it would be of much interest to compare with the cases of chorea the months of onset of attacks of acute inflammatory rheumatism occurring during the same period, and for this purpose have carefully studied the notes taken at the Pennsylvania Hospital, which have been placed at my disposal; from these I have collected 467 separate attacks of rheumatism, having excluded those that are at all doubtful, and those which occurred among sailors at sea, who were afterward brought to this port.

It must be borne in mind that while the records of the weather are complete as far as they go, the cases of disease here reported are but a small portion of those that must have occurred in this city during that decade; but, despite this fact, there is every probability that the percentage of chorea cases per month is practically correct, as may be seen by the almost exact resemblance between the two tracings of 170 and 437 attacks, respectively; Nos. 3 and 5.

To study properly the effect of the weather upon disease, there should be a *daily* record of both weather and disease taken, as has been so carefully done in the relation of pain to weather by Captain Catlin, recently reported by Dr. Mitchell before the College of Physicians (*Transactions of the College of Physicians of Philadelphia*, vol. vi.). In the diseases in question, however, the *day of onset* could only be obtained with certainty in

* Read before the Philadelphia Neurological Society, October 5th, 1886.

a few cases, and, therefore, it was necessary to be satisfied with the *month of onset;* this, of necessity, destroys, to some extent, the value of the observations, but sufficient of interest remains to justify the present study. By taking the average of too long a period of weather the effect of sudden changes and all irregularities are lost sight of, and in this way some facts of importance may be overlooked.

In the present study the monthly average of the weather has been taken and compared with the monthly averages of disease, but the peculiarities about to be spoken of are best seen when a table is made which shows the mean of the ten years in question month by month.

The accompanying table* is so arranged by repeating the first half of the year, that any portion of the tracings may be studied in unbroken sequence.

Tracing No. 5 represents the *months of onset* of 437 attacks of chorea, and shows the actual number for each set of months, or the average number for each set, according to the manner of reading the figures; thus, January shows 36 attacks, which means 36 attacks for the ten Januarys, or 3.6 cases as an average for each January.

This tracing will be seen to be lowest in October and November, 18 and 19 attacks respectively (4.1 and 4.3 per cent.); it then rises rapidly, until 36 attacks in January have been reached (8.2 per cent.), falls slightly in February, and again rises, reaching its highest point in March, which shows 67 attacks (15.3 per cent.); the line then falls in April to 38 attacks (8.6 per cent.), and after two more rises—one in May, 47 attacks (10.7 per cent.), and the other in July, 46 attacks (10.5 per cent.)—falls almost perfectly regularly to its lowest point in October. Before attempting to find an explanation for the high percentage in March, I will again draw attention to tracing No. 3, which represents the 170 separate attacks previously reported; this will be seen to resemble, in every essential particular, the tracing we have just studied. These cases I have included in the present paper. Nothing especial is seen in comparing with the chorea tracing, that of the *mean relative humidity* (No. 9), or that of the *mean barometer* (No. 2), except that there appears to be an increase in the number of attacks of chorea with a fall of the mean relative humidity and barometer tracings; neither is much seen in comparing with it the mean daily range of the thermometer (No. 1), which shows the variableness in temperature of the different months; this is greatest in May, and least in December.

A resemblance begins to be apparent between the chorea tracing and the tracing of cloudy days (No. 7). The mean temperature tracing (No. 4) does not throw much light on the subject.

The tracings of the number of days on which rain or snow fell, and that showing the amount of rain or melted snow in inches, also show a slight resemblance to the chorea tracing. These lines are not shown on the table.

The probable cause of the resemblances noted becomes more apparent when the storm tracing is studied, because these meteorological factors may be considered as component parts of a storm.

Tracing No. 8 represents the number of storm centres (or centres of low barometer) passing within a circle of 400 miles radius described around Philadelphia as a centre.

In studying the storms, circles of varying radii were thus drawn around Philadelphia, and the number of storm centres, as marked on the weather bureau maps, counted in each; but the closest resemblance appeared to be with the number of storms passing within the 400-mile circle, and for this reason it is the only tracing that I have placed on the table. In the former study, the great resemblance between the chorea tracing and the storms within the 750 mile circle was pointed out, but the result of the present study, being more exact and more extended, is the one to be the most relied upon.

The small number of storms passing within the 400-mile circle occurs in August; a rapid rise of the tracing then takes place until December and January is reached, then there is a slight fall in February, immediately followed by a rise to the highest point in March, after which there is an irregular fall until the low point in August is reached.

Any one looking at these two tracings, as shown in the table, will have to acknowledge that the marked resemblance which exists is more than accidental; but to decide which factor in this complex disturbance, which we call a storm, is the baneful one, or in what manner it acts, is difficult.

Let us now turn to another disease, and study its tracing, and for this purpose acute articular rheumatism has been selected, on account of its well-recognized relation to chorea.

Line 6 represents the months of onset of

* As the essence of the table is given in the remarks, we have left it out to economize space.

467 separate attacks of this affection, and, like the chorea tracing, represents the actual number for each set of months, or the average per month.

November shows the fewest attacks, viz., 24, or 5.1 per cent.; from this point the tracing rapidly rises until January, with 50 attacks (10.7 per cent.) is reached, then falls slightly in February and March, to rise to its greatest height in April, 81 attacks (17.3 per cent.); from this point it rapidly falls to 32 attacks in June (6.8 per cent.), and then gradually and slightly irregularly falls to its lowest point in November.

While the chorea tracing shows a strong tendency to keep pace, month by month, with the irregularities of the storm tracing, that of rheumatism, while also strongly resembling the latter, may be seen to be exactly *one month later*, looking as if the effect of the meteorological changes was immediate in the case of chorea (as it is now acknowledged to be in some varieties of neuralgia), and preparatory only in the case of rheumatism.

From the close relationship known to exist between these two diseases, one might be led to suppose that the rheumatism tracing would precede, or at least accompany that of chorea, instead of following it, as this study seems to show.

In Zurich, according to Lebert, as quoted by Senator in Ziemssen's Cyclopædia, out of 220 cases of rheumatism during the years 1853 to 1859, the highest percentage occurred in January, 9.5 per cent., and in April, 13.3 per cent., agreeing exactly with the months of highest percentage in this city. A study of the storm records abroad, and their relations to rheumatism and chorea, would be interesting, and probably explain the seeming diversity of opinion.

Many of the statistics of chorea are of but little value in this connection, as the months of application for treatment, and not the months of onset, are given.

The reports of observers in different countries do not agree as to the season of the year in which chorea is most prevalent.

Angel Money (*Brain*, 1882, p. 512) reports the *months of application for treatment* of 224 cases to University College Hospital, and to the Hospital for Sick Children. The greatest number occurred in January, viz., 50 cases, and the smallest number in July, August, and September, viz., 11 cases each. Arranged according to seasons, spring shows 70, summer 47, autumn 44, and winter 63.

Germain Sée (*De la Chorée*, Paris, 1850, p. 460) is the authority for the statement that, in France, chorea is principally observed in the autumn and winter. My cases, arranged according to seasons, show the following order: Spring 152, summer 120, autumn 64, winter 101.

A comparison of the rheumatism tracing of this table with the varying states of the weather, leaving out the storm records, does not explain the reason of the highest point in April. That month shows the lowest mean relative humidity, and also the lowest barometer; but in opposition to this, the next highest month, viz., January, gives the highest mean relative humidity, and the highest barometer. The temperature in April averages a little over 50°, and January about 32°. The most changeable month is May, so that this cannot be the explanation.

It may be well to explain that the mean relative humidity does not show the *mean actual amount* of moisture contained in the air, but the *mean per cent.*, of the moisture that could be held in suspension at the *mean temperature* of each month; the amount representing complete saturation being indicated as 100.

Thus a given bulk of air at a low temperature, if saturated, and ready to drop its moisture, will become dry, if the temperature is raised, although it still holds the same amount of moisture.

This study may be considered as forging one more link in the obscure chain which binds together these two dissimilar affections.

Hospital Notes.

PENNSYLVANIA HOSPITAL.

Medical Clinic, Service of Dr. J. H. Hutchinson.

Secondary Syphilis.

The patient, aged 28, has always been a healthy man till two years ago, when he was exposed to the contagion of syphilis. Following this exposure he had a hard chancre, followed by constitutional symptoms, which have continued ever since. He was admitted to the hospital in general ill health, but having no suspicion of his condition; that is, not knowing he had any constitutional disease.

The whole surface of the body was covered with roseola; the face unfortunately has always been quite free from the eruption. I say unfortunately, because otherwise it might

have attracted attention and induced him to seek early treatment.

The character of this eruption simulates measles. It is slightly elevated above the surface, and varies in size from the head of a pin to a split pea.

The lymphatic glands throughout the body are enlarged, which is generally considered a sure evidence of the constitutional specific taint, and is a valuable diagnostic point.

Eruption is one of the first signs of constitutional syphilis, and generally makes its appearance about six weeks after exposure.

In this case there is some fever. The patient's temperature is 101°. Some authors dwell at length upon the specific fever, comparing secondary syphilis to the eruptive fevers, and tertiary symptoms to the sequelæ.

The treatment of secondary syphilis belongs to the physician, because it is constitutional, vigorous treatment. Here the bichloride of mercury in ⅛-grain dose three times daily. Mercurial inunctions, pushed till the constitutional effects are produced, indicated by a slight touching of the gums.

In the second stage, iodide of potassium has little effect, and mercury a very good effect, but it must be continued for months, in some cases for a year, in some form or another.

On the other hand, for osteoscopic pains and rheumatic syphilis, as it is often called, potassium iodide should be substituted for mercury as the more appropriate treatment.

Under the above treatment, and suitable hygienic surroundings, the patient will undoubtedly show prompt improvement.

Medical Societies.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

Stated meeting, October 25, 1886.

The Vice-President, Charles K. Mills, M. D., in the chair.

Dr. Morris J. Lewis read a paper on

A Partial Study of the Seasonal Relations of Chorea and Rheumatism. (*See page* 710.)

Dr. Wharton Sinkler said that this paper was valuable and interesting, because it showed the close relation between chorea and rheumatism, which has been denied by some authors. For instance, Sturgis had 219 cases of Chorea in the Hospital for Sick Children in London, of which number 20 per cent. also had rheumatism; but he did not attach much importance to this connection, because, as he stated, fifteen per cent. of all children have rheumatism. Other writers have expressed the same views. This paper seemed to prove the relationship between the storm centres and attacks of rheumatism and chorea.

Dr. G. E. de Schweinitz reported

Eight Cases of Tobacco Amblyopia, One Complicated with Disease of the Spinal Cord.

Since 1854, when Mackenzie showed that defective vision might be produced by tobacco smoking, and since ten years later, when the subject was renewed and enlarged by the observations of Hutchinson, tobacco amblyopia has become one of the well-recognized facts of ophthalmological science. As is well known, progressive and usually equal failure of vision, unimproved by optical therapeutics; a feeling of wretchedness on the part of the patient; an ill-defined ophthalmoscopic picture; and a symmetrical oval scotoma in the fields of vision, lying between the fixing point and the blind spot, and often including both, in which the perception of green and red is especially defective, constitute the marked symptoms of this affection.

Case 1. A. G., æt. forty-nine, a bookkeeper, presented himself in the University Hospital, because his vision was failing and because of sleepless nights. He was a large, dark-haired man, with a restless, irritable disposition. Vision in the R. E. $\frac{20}{c}$, L. E. $\frac{20}{c}$. Pupils about normal in size and reaction. Vision best in the early morning. Both optic nerves slightly hazy and gray in their deeper layers. The refraction H, but vision unimproved by the correcting glass. The fields of vision for white and red about normal. Between fixation—*i. e.*, the macula and the blind point, *i. e.*, the optic nerve entrance—there was an oval, slightly sloping, relative scotoma, including both. In this area green appeared dirty white, and red could not be distinguished as such. For twenty years he had smoked excessively, averaging two pounds of Cavendish a month. He drank one pint of spirits a day. He was ordered to stop tobacco absolutely, and to diminish his daily quantity of spirits. In a month his vision had improved to $\frac{20}{XXX}$ in each eye, and with his correcting glass he could read with fair ability.

Case 2. B. E., æt. fifty-three, laborer, came to the University Hospital for failing vision. He was a small, dark-skinned man, with fairly steady nerves. Vision, R. E. $\frac{20}{LXXX}$,

L. E. $\frac{20}{L}$. Pupils normal in size and reaction. Vision worse in a bright light. Both optic nerves were gray-red, and the veins full and dark. The fields of vision showed no marked peripheral change, but perfectly characteristic oval scotomata were present. This man had smoked two pounds of "hard tobacco" a month for many years, and was accustomed to drink one quart of spirits a week. The usual order to stop tobacco was given. Sufficient time has not yet elapsed to prophesy how successful the case will be.

Case 3. J. M., æt. thirty-five, a mechanic, came to the University Hospital because of defective vision, headache, and great nervousness. He was a short, thick-set man, tremulous and despondent. Pupils exhibited no abnormalities. Vision, R. E. $\frac{20}{LXXX}$, L. E. $\frac{20}{L}$. The nasal edges of the optic nerves were hazy and the temporal sides gray; arteries rather small. The fields for white and red not far from normal, those for red, being slightly contracted. In the right eye from fixation, and including it, and passing outward, there was an oval scotoma for red, and green which reached to the blind spot, but did not embrace it. In the left eye a similar rather more irregular scotoma. Up and out from the fixing point a small area of the scotoma was absolute. This man for fifteen years had smoked about six ounces of coarse tobacco a week, and occasionally cigars and cigarettes. He denied taking anything to drink, except a little beer or ale. In eight days his vison in right eye had become $\frac{20}{XXX}$, and in the left eye $\frac{20}{L}$. He then passed from observation.

Case 4. Ida J., æt. twenty-seven, came to the University Hospital because of failing vision and great "nervousness." She was a finely-formed brunette, of rather pallid countenance aad excitable temperament. Vision in R. E. all of $\frac{20}{XL}$ some of $\frac{20}{XXX}$. The L. E. had been removed years ago for disease. Pupil responded freely to the change of light and shade, and was about medium size. The optic nerve was pallid, edges clear, arteries rather small. The field of vision, both for white and red, was somewhat contracted and surrounding fixation in a band-like manner, but not extending to either side, there was a relative scotoma in which this color appeared "brownish," or rather "dull colored." The girl used no tobacco, but had worked for some years in a tobacco factory. On this account she was advised to get other employment, and also to take one twenty-fourth of a grain of sulphate of strychnia three times a day. In two weeks the scotoma was no longer demonstrable, and in about one month the vision had returned to normal and is now above normal.

Case 5. H. H., æt. fifty-eight, a shoemaker, came to the Dispensary of the University Hospital because his eyesight was so poor he could no longer see to do his work. He was a medium-sized man, with dark hair beginning to turn gray, tremulous and easily startled. Vision in the R. E. $\frac{20}{C}$, the same in the L. E. The pupils were small, and failed to respond to the changes of light and shade, although they contracted in the efforts of accommodation. The optic nerves showed a large shallow excavation, widening of the scleral ring all around, and were of a distinctly gray color. There were no changes in the central circulation. The fields of vision showed slight contraction for white, distinct limitation for colors, and oval sarcomata from fixation to blind spot, including both. The man smoked three ounces of tobacco weekly, and drank whisky, but not to excess. Further examination developed the fact that the patellar reflexes were absent, that with closed eyes the upright position was maintained with difficulty, and on attempting to walk the gait became staggering, if not positively ataxic, and that preceding the time of failing vision there was a history of diplopia. These symptoms, together with the state of the pupils, rendered the presence of sclerosis in the posterior columns of the cord a fair inference. There was no history of syphilis. Examination of the urine revealed it normal. The patient was ordered to stop the use of tobacco and take iodide of potassium. Although two months have elapsed since he applied for treatment, no improvement in his vision has taken place, nor have the scotomata changed or lessened.

Case 6. W. H., æt. fifty-eight, a farmer, applied for treatment in the University Hospital because of a "cloud" before his vision and inability to do even ordinary coarse eyework. He was a well-preserved, large-framed man, with iron-gray hair, and presented no noteworthy unsteadiness of the nervous system. Vision in the R. E. counts fingers at two feet, in the L. E. $\frac{10}{C}$. The pupils were small, they responded to the changes of light and shade, and also to the efforts of accommodation. Both optic nerves were small, surrounded by a halo, and their edges and the surrounding retina hazy. The disks were gray-red in color. In the neighborhood of each macula were slight patches

of choroiditis. In the R. E. the field of vision for white was contracted, but not markedly so, and the fields for blue and red showed similar slight limitations. Between fixation and the blind spot, a large irregular scotoma for all colors. In the area surrounding the fixation, and for a small distance toward the blind spot, the loss of color was absolute, from there to blind spot relative. In the L. E. the field for white was limited above, and the fields for red and blue irregular and constricted. A similar scotoma, absolute near its centre, extended between fixation and blind spot, and included both. This man smoked four to six cigars daily, and drank "an occasional glass of whisky." The patellar reflexes were prompt, and greater on the right than the left side. His urine has as yet not been examined.

Cases 7 and 8. These cases occurred in private practice, and were both men over forty years of age, of active business habits, who complained of indistinct vision. In both the vision was not far from normal, viz, $\frac{15}{XX}$, and in both the eye-grounds presented no abnormal feature. There were no true scotomata, only slight dimness of the perception of green and red between the macula and the optic nerve. These men were inveterate smokers. The difficulty of vision disappeared in one patient when he ceased using tobacco; the other declined to abandon his habit. While tobacco was evidently producing deleterious effects, these cases can scarcely be classified as true instances of tobacco amblyopia.

In three of the cases reported, the ophthalmoscopic examination revealed "hazy disks" either with or without full, dark retinal veins (cases 1, 2, and 3); in two, if the last record be included in the list, there were no fundus changes (cases 7 and 8). In one the optic nerve was pallid, the arteries rather small, perhaps the appearance of beginning atrophy (case 4), and in one the nerve showed evidences of gray atrophy (case 5), while in another the appearances were those of a subsiding neuritis (case 6). Three of these cases are perfectly typical instances of tobacco amblyopia (cases 1, 2, and 3); and two of them, if not characteristic cases, at least showed the results of tobacco impression (cases 7 and 8). Case 4 is an atypical one, inasmuch as the scotoma surrounded the fixation, but did not include it or pass to either side; and, furthermore, is noteworthy because of the fact that the tobacco found its entrance into the system by absorption through the skin. This woman worked in tobacco, but did not use it. Case 5 may be one of those rare instances in which a central scotoma appears with a spinal atrophy of the optic nerve; but inasmuch as the man used tobacco, although moderately, its influence cannot be excluded. An almost precisely similar case is recorded by Gowers (*Med. Ophthalmoscopy*, p. 111). In case 4 it is doubtful if the use of tobacco produced the scotoma although, as in the last instance, the patient was accustomed to its use, and hence its influence cannot be excluded. The whole subject of tobacco amblyopia has so often and so thoroughly been discussed, notably by Mr. Nettleship (*St. Thomas's Hospital Reports*, 1878), that it is useless to do more than report these cases and point out the features that are interesting.

Dr. B. Alex. Randall remarked that some ophthalmologists disbelieve in the existence of tobacco amblyopia. Very few cases have been put on record in which the influence of alcohol could be wholly excluded; but the combination of alcohol and tobacco is certainly a serious disturbing element in a number of cases. This affection is constantly coming under notice—occurring some eight or ten times in a thousand cases. While the scotoma is usually of an oval form, he had seen it distinctly angular (as in case 4) in a case typical in other respects.

It has recently been claimed that the absolute quantity of nicotine used does not bear that relation to amblyopia that we should infer, and that those who smoke the finest cigars are more liable to this affection than those who smoke the poorest and strongest.

Dr. Jas. Hendrie Lloyd asked if this affection were due to neuritis or to some disturbance of the intra-ocular circulation? The cases reported suggested an interesting analogy between tobacco amblyopia and peripheral neuritis, especially that form due to toxic agents. Is this a form of toxic neuritis of a special nerve?

Dr. J. Madison Taylor, referring to one of the cases reported, asked if it were not possible to have a powerful effect from the absorption of tobacco by the skin and lungs? In children working or living in tobacco shops, he had, in several instances, seen profound disturbance of the heart as the result of absorption.

Dr. Louis J. Lautenbach remarked that there had always been an element of doubt about these cases, and that of late this had become stronger. There are cases reported in which alcohol has been stopped, while the tobacco has been continued, and the patients have gotten well. Dr. Minor, of Memphis,

reports eight such cases. In addition to the discontinuance of alcohol, he administered in these cases either iodide of potassium or strychnia. Nettleship, Foerster, and a few others, have succeeded in curing some of these amblyopia cases by the discontinuance of tobacco alone. About two years ago, at the Philadelphia Eye and Ear Dispensary, he had experimented in this matter, and had cured a number of cases by removing alcohol, allowing them to use tobacco, without the use of any medicines. The same treatment had resulted satisfactorily in two cases treated in private practice. One case was that of a professional base-ball player, who was in the habit of drinking thirty-five or more glasses of whisky, and smoking from eighteen to twenty-five cigars a day. When examined, both eyes gave V. $\frac{3}{L\,X}$? The patient was directed to stop the use of strong liquors, but to keep on with his tobacco. In four days later V. $= \frac{3}{XX\,XV}$. Vision continued to improve, although no medicines were used.

The condition which causes this amblyopia may be a slight grade of retro-ocular neuritis, involving only the macula lutea fibres, which may be induced not only by tobacco but also by alcohol; lead occasioning it in some few cases. Depressed conditions of the system may probably cause it. This amblyopia with central scotoma is coming to be looked upon not as a special symptom of tobacco abuse, but rather as an indication of the depression of the general system, which may be brought about by various poisons.

Dr. Wharton Sinkler referred to a paper published in one of the New York journals by Drs. Roosa and Ely, giving the results of the examination of a large number of workers in cigar factories, many of those examined smoking a great deal. Only a very small proportion of these cases was found to present any defect of vision or any disorder of the nerve. He asked if in the experience of other members they had found that a large proportion of nervous diseases were attributed to tobacco? He saw but few patients at his clinic at the Infirmary for Nervous Diseases with nervous disorders which could be directly attributed to the use of tobacco.

A point to be remembered in the consideration of this subject is that a person who takes alcohol will use more tobacco than one who does not. If he stops his alcohol he will take less tobacco.

Dr. Morris J. Lewis stated that in studying the subject of writer's cramp, he had found that in the majority of cases the use of tobacco increased the difficulty. A few out of forty-three cases said that it did no harm, and three said that it was of service.

Dr. Francis X. Dercum asked if those who used tea or coffee to excess, especially tea-tasters, presented symptoms analogous to those presumably caused by tobacco and alcohol?

Dr. B. Alex. Randall said that there were some cases in which alcohol *could* be entirely excluded in the causation of this affection. As to the pathology of the trouble, it is interesting to note that he knew of no case on record of true neuritis in the sense of anything like a choked disk, which had any apparent relation to tobacco abuse; although such cases are not rare in lead poisoning and other toxæmic conditions. In all cases of actual neuritis of the optic nerve, as inflammation of other nerves, strychnia has to be carefully avoided in the acute stage. In most cases reported the use of strychnia had no injurious effect, and in fact caused, or was followed by, improvement. In some cases where strychnia has been given and the alcohol and tobacco both continued, recovery has taken place. The amount of poison required to produce a certain effect probably depends upon the constitution and condition of the patient. If the general condition is brought up, a given amount of the poison no longer has the same effect.

Dr. Charles K. Mills, referring to the question of Dr. Sinkler, stated that his experience agreed with that of Dr. Sinkler, that nervous disorders are rarely attributable to the use of tobacco, although some cases of tremor and general nervousness, and a few other affections, undoubtedly originate in this way.

Dr. George E. de Schweinitz, in closing the discussion, said that he believed that in these cases there was an axial neuritis. He has had no experience with the poisonous effects of tea and coffee. Some of the cases reported had recovered, although the free use of spirits had continued. One of the patients continues to drink a pint of whisky a day, and yet his vision has remained normal since the discontinuance of tobacco. The only way to reach a satisfactory explanation of this subject is to continue the experiments.

One object in presenting this series of cases was to call attention to the importance of a careful study of the field in nervous cases. If this were done more frequently, many interesting discoveries would probably be made.

Referring to the question of Dr. Taylor,

he said that tobacco is freely absorbed through the skin, but inasmuch as it is rare to find scotoma under such circumstances, he reported the case.

Dr. Francis Dercum reported

A Case of Unusual Paresis of the Forearms.

Dr. Charles K. Mills referred to three cases which had been reported a few years ago by Dr. Kerlin and himself. These cases were studied at the School for Feeble-minded Children at Elwyn. The patients were brothers, and in them was a marked combination of pseudo-hypertrophy and muscular atrophy. One of the boys, who has since died, presented in the calves the typical appearance of pseudo-hypertrophy, and also in one or two other isolated portions of the body. In the back, however, were all the distinctive signs of progressive muscular atrophy. In the second case the changes were principally those of progressive muscular atrophy. In the third there was a combination of the two conditions. Why in one case we get the pseudo-hypertrophic form, and in another the atrophic form, he was not prepared to say. He believed that in all cases there are cord and nerve lesions, but he did not know which of these was primary. In the treatment of such cases, that pursued in the present instance would seem to offer the most hope. He was in the habit of putting these cases on strychnia, iron, cod-liver oil, and similar tonic and nutrient remedies. He had never seen much benefit from local treatment, but if myositis was present he thought it worthy of a trial.

Dr. James Hendrie Lloyd said, with reference to the age at which this affection may develop, that he had recently seen a case in which a married woman, thirty years of age, who had been under treatment on several occasions without a positive diagnosis having been made, returned after an interval of four months with hypertrophy of the muscles of the calf, lordosis, and other characteristics of pseudo-muscular hypertrophy. This was the first case which he had seen in which the disease had apparently occurred as a primary disease in an adult with no hereditary tendency.

Dr. William Osler remarked that some observations had been made by an English physician with reference to the atrophy which follows great use of the muscles. After examining the microscopic specimens, he agreed with Dr. Dercum in regard to the condition present in this case. There was no essential difference between the atrophic and the pseudo-hypertrophic form of the disease, and both may be present in the same case.

Dr. William Osler exhibited the following specimens:

Pachymeningitis.

J. K., was admitted to the drunkards' ward of the Philadelphia Hospital, on August 26th, with delirium tremens, and died September 4th. I did not see him during life, but from the account given by the resident physician, he appears to have had an ordinary attack of delirium tremens, without any paralysis, local or general. He was not in a condition to give a satisfactory account of himself. Death took place from exhaustion. The post-mortem showed an extensive pachymeningitis of the right half of the dura mater. The specimen presents layers of exudation two lines in thickness over the central portion of the dura, gradually becoming thinner towards the tentorium or the orbital surface. In these regions there was a delicate uniform sheeting on the dura mater and no hemorrhage had as yet taken place; but on examination with a low-power lens there could readily be seen a plexus of wide vessels. In the central part there were several layers of altered blood, alternating with colorless firmer exudation. The surface of the pia mater of this hemisphere was a little stained, but there had evidently not been any pressure upon the convolutions. There were no other lesions.

Phthisis: Tubercular Meningitis; Aphasia.

J. McD., æt. thirty-six, laborer, was admitted to the Philadelphia Hospital, June 5th, with phthisis. There was nothing special in his family history; five of his brothers and sisters had died from causes unknown to him. He had been ill for over eighteen months with cough, fever, chills, and sweats. Had brought up blood, and had had severe diarrhœa. When I saw him first, on September 4, there were signs of extensive disease in both lungs. Ten days before he had two convulsions, after which he had some difficulty in talking. On the 4th he looked bright and intelligent, the pupils were dilated, and there was no paralysis. Expressed himself with difficulty; when asked his name, said *Joseph Mac*, but could not say the *Donald*. After several attempts and a good deal of worry, he did so, and seemed much pleased. Some words he said clearly, others he could not. Thus he could read the letters of the word *shaken*, but could not pronounce it. He was delirious at times during the next two weeks, and one night he got from the ward on the fire-escape. The aphasic condition improved somewhat. The eye-grounds were examined twice, with neg-

ative results. At the time of my visit on September 10, he had an epileptic seizure, strong spasm of respiratory muscles, and great lividity. Tonic spasms of arms, gradually relaxing and becoming choreic. Facial muscles in violent action; face drawn to the left, eyes to the right (strongly) and upward. He became unconscious the next day, and died on the 14th. The autopsy showed extensive disease of the lungs. The brain was large; at the base the membrane was thickened and infiltrated, and tubercles existed along the vessels. On exposing the Sylvian fissures, the pia on the left side covering the insula was very thick, and studded with tubercles the size of a pin's head. The process was most advanced upon the three or four posterior gyri of the insula. The gray matter was reddened and soft. The third left frontal convolution was not specially involved; there were a few isolated tubercles on the pia, but the membrane was not thickened. In the right Sylvian fissure there were tubercles scattered along the vessels, and the arteries of the anterior perforated spaces presented many bead-like and oval swellings. The ventricles were dilated, and their walls softened.

Embolism of Right Middle Cerebral Artery; Chronic Nephritis.

J. W., laborer, aged forty-nine, was admitted to the Philadelphia Hospital, October 7, 1886. No special history could be obtained, as he was very dull and heavy. When I saw him on the 9th he was apathetic, answered questions with difficulty. The face was anæmic, and he had a decidedly renal look. The pulse was slow and hard, sixty to the minute. No increased heart dullness, possibly a murmur at apex, but it was not at all distinct, and at base very ringing. There were albumen and casts—hyaline. The case was regarded as one of chronic interstitial nephritis.

On the morning of the 12th he had a hemiplegic attack. I found him at 1 o'clock p. m., comatose, with puffing respiration and complete left hemiplegia, including face. Right pupil larger than the left. He died during the night.

The autopsy showed cirrhotic kidneys, slight atheroma in large vessels, moderate hypertrophy of left ventricle. The mitral valve presented recent vegetations, three in number, on the auricular face of segments, freely movable, and on the posterior flap, a flattened area looking as if eroded. The right hemisphere of the brain looked fuller than the left, and the vessels were not so full, particularly in the central region. The vessels of the circle of Willis were denuded *in situ*, and the right middle cerebral just beyond the first two branches (temporal) was found plugged with the firm embolism here shown. It was very evident before opening the vessel, as it showed grayish-white throughout the coat, while on either side of it were dark clots, and the branches beyond it were very small. The embolus was firmly adherent, and had a small pale clot on its proximal, and a firm dark one on its distal side. Examination showed it to be an endocardial vegetation, and it doubtless came from the rough spot on the posterior segment. The convolutions of the central portions of the hemisphere were swollen and œdematous, particularly the gray matter, and softer. There was a light gray yellow tint, but there had not been time for much change. The right anterior cerebral was greatly enlarged, three times as big as the left, doubtless a compensatory process.

Dr. Charles K. Mills remarked that cases of pachymeningitis hemorrhagica were somewhat common in the Philadelphia Hospital. He had met with a comparatively large number of cases in making autopsies in that institution. A form of hemiplegia met with in the wards of this hospital, is undoubtedly due to pachymeningitis hemorrhagica. These cases make partial recoveries, and then again break down, and at the autopsy is found the condition exhibited to-night. He had reported one case five years ago, with a number of other cases, in the English journal *Brain*. This condition is sometimes mistaken for embolism, hemorrhage, or some other form of disease producing hemiplegia.

In some of the cases he had seen, there had been distinct naked-eye flattening of the convolutions of the motor region, which he supposed accounted for this peculiar, variable form of hemiplegia.

Adjourned.

The Sanitary Condition of Florence.

Information has been received from the Italian Consul-General to the effect that the Syndic of Florence states that, owing to the precautions adopted for the preservation of health, the sanitary condition of that city and its environs is excellent, there having been, during the months of June, July, and August, a notable diminution of deaths both from common maladies and also from those which especially manifest themselves during the hot season.

Editorial Department.

Periscope.

Solanine—a Substitute for Morphine.

The *Medical Record*, November 20, says: The many disadvantages of opium and its alkaloids are too well known to require mention, and while they are not sufficient to counterbalance the good effects of these drugs, they are of enough importance to make an equally efficacious and more innocuous substitute a desideratum. According to Dr. Geneuil (*Bulletin Général de Thérapeutique*, September 30, 1886), we have such a substitute in solanine, which is not a newly-discovered remedy, but rather one which has fallen, the author thinks, into unmerited disuse.

Solanine was discovered by Defosses in 1821, in the berries of the nightshade (*Solanum nigrum*), and has since been found by others in the stems, leaves, and berries of the bittersweet (*S. dulcamara*), and other varieties of solanaceæ. It is now prepared from potatoes, by boiling the young shoots in water slightly acidulated with sulphuric acid, and adding ammonia to the warm decoction. It can also be obtained from the parings of very young or very old potatoes. The alkaloid crystallizes in fine silky needles, insoluble in water, and but slightly soluble in ether, oils, and cold alcohol, but dissolving more readily in hot alcohol. It has an acrid taste, and imparts a burning sensation when placed in contact with the mucous membrane of the mouth.

This substance was first employed in medicine by Julius Clarus, of Leipzig, who published a memoir on the subject in 1859. The remedy, however, was never used by others to any extent, possibly because given in insufficient doses. Clarus gave it in doses of from one-tenth to three-fourths of a grain, whereas Geneuil states that it has no appreciable effect unless given in doses of from one to five grains per diem. It may be administered in pill, or the hydrochlorate, which is very soluble in distilled water, may be employed subcutaneously in single doses of about one-half grain, repeated three or four times a day.

The author has tried solanine in a number of cases of neuralgia, rheumatism, obstinate vomiting, spasmodic nervous affections, asthma, and bronchitis, and from the results obtained is led to believe that the remedy will prove to be of the greatest value in the treatment of these and similar affections. The following are the conclusions of his paper:

1. Solanine is a poison to the terminal motor plates. It narcotizes the medulla and spinal cord, causing a paralysis of the terminal, sensory, and motor nerves. By reason of this action solanine is to be classed among the best of the analgesics.

2. The drug may be prescribed in large doses without danger, and presents none of the inconveniences of morphine or atropine. There is no danger of cumulative action.

3. Solanine does not cause congestion of the brain, even in the aged, and, probably, a like freedom from this danger exists in the case of children.

4. In all cases where it is necessary to calm excitement, relieve pain, or overcome spasm, solanine promises excellent results. It may be given with advantage in the place of morphine for the relief of any of these conditions.

If the author's exalted opinion of this remedy is borne out by further experience, it will indeed prove to be one of the most valuable of recent additions to the materia medica. But medicine is an uncertain science, and others may not meet with such wonderful success as Dr. Geneuil himself has had.

The Equine Origin of Tetanus.

The *N. Y. Med. Jour.* (Oct. 30) says that a practitioner of Libourne, in France, who states that tetanus is rare in that locality, has written M. Verneuil a letter, in which he says that he has observed three cases of the disease there, one of which was that of a dragoon who wounded his foot in a chase after a runaway horse, and another that of a man whose injury was produced by the bite of a horse. The letter is published in the *Gazette Hebdomadaire de Médecine et de Chirurgie*, the same journal in which, as our readers are aware, M. Verneuil lately broached his theory of the equine origin of tetanus.

On the other hand, in a subsequent issue of the same journal, M. Saint-Vel adduces a number of facts that are hard to reconcile with M. Verneuil's theory, or at least with the assumption that it holds good invariably. The writer first alludes to his own observa-

tions in early life, when, living in a region where tetanus was much more prevalent in man than in the horse, he knew of a number of cases. He then calls attention to the frequency of tetanus in Oceanica, although on many of the islands the horse is unknown, and recalls the case of the frigate Pearl, which anchored in the Bay of Carlisle, Island of Santa Cruz, on the 12th of August, 1875. Those of the ship's company who landed were received by the natives with arrow-shots, and the commodore and five men were wounded. None of the wounds were serious in themselves, but the medical officer, bearing in mind the frequency of tetanus in the tropics, advised the commodore to try to make Australia. On the 17th, the northern point of New Caledonia being abeam, the commodore was attacked with tetanus, and died on the 20th. Two young seamen also died, one on the 18th and the other on the 21st—both of tetanus. Another case was that of a young sailor who injured his foot while handling a cannon on shipboard in the roadstead of Ajaccio, and was attacked with tetanus on the twenty-second day. Finally, after the French attack on the forts of Petropaulowski, four cases of tetanus showed themselves among the wounded—three on one vessel and one on another.

Our readers will remember that M. Verneuil alluded incidentally to the rarity of tetanus at sea in support of his theory of the origin of the disease from the horse. But, even if we grant that, in general, its occurrence on shipboard is unusual, it must be admitted that a single instance will suffice to set the equine theory aside in that particular case, unless we fall back on another of M. Verneuil's suggestions—that the period of incubation may be extremely prolonged. However, stretch the possibilities in this direction as we may, the supposition that all three of the victims on board the Pearl, who died within the space of three days, after recent wounds received at the same time, succumbed to a disease acquired from the horse before the vessel left home, becomes so improbable as to border on the absurd. It must be said, therefore, that the naval observations adduced by M. Saint-Vel go far toward vitiating what little there was of a convincing character in M. Verneuil's presentation of his views.

Anæsthetic Effect of Ointments.

The *Lancet* says that Dr. Toporoff has published in the *Russkaya Meditsina* an account of a series of observations made with the object of determining the absolute and relative effects of various narcotic and anodyne ointments on the sensitiveness of the skin, with reference both to mechanical and electrical excitants. The portion of the surface to be experimented on was first cleansed and moistened, and the sensibility estimated by means of a Weber's compass æsthesiometer with tortoise-shell points, the direction of the line joining these being vertical, as it is known that sensibility as tested by the compass is greater in a vertical than in a horizontal direction. When the least distance at which two points could be distinguished was determined, a drachm of the ointment was rubbed into the surface over a circular area measuring an inch and a half in diameter for ten minutes. After the lapse of another ten minutes the sensibility was again estimated, and a third time after an interval of half an hour from the end of the rubbing. The electrical sensibility was tested by means of the primary current of a Spamer's induction apparatus, the secondary coil being gradually pushed over the primary, so as to increase the strength of the current according to the divisions of a scale. With a 1-to-8 belladonna ointment the tactile sensibility was always diminished, the mean difference being 0.6 centim. at ten minutes and 1.1 centim. at thirty minutes. When lanoline was used as a basis instead of lard, the mean diminution was only 0.55 centim. at ten minutes and 0.95 centim. at thirty minutes. With hyoscyamus, aconite, and conium, much the same results were obtained, but the degree of anæsthesia produced was slighter. With chloroform ointment of the same strength (*i. e.*, 1 to 8), the diminution was 0.66 centim. at ten minutes and 0.8 centim. at thirty minutes. In this case the substitution of lanoline for lard in the composition of the ointment produced a markedly diminished effect, the mean figures being 0.3 centim. at ten minutes, and 0.62 centim. at thirty minutes. Turning now to ointments made of powdered substances, it was found that, so far from any anæsthesia being produced, the sensibility was actually increased by them. This was the case in almost all the observations made with hydrochlorate of morphia ointment (1 to 60), opium ointment (1 to 19), and bromide of potassium ointment (1 to 6), the augmentation being less when lanoline was employed than when the ointments were prepared with lard. No very decisive results were obtained by the observations of the effect of narcotic ointments on electrical sensibility, but the author instituted a series of observations in order to

determine the influence of the friction with lard and lanoline alone, and found that ordinary sensibility was invariably increased, for a short time at least, the mean figures being, for lard, 4.25 centim. at ten minutes, and 1.75 centim. at thirty minutes. In the case of lanoline, the mean increase at ten minutes was 5.5 centim., but no effect at all was detected at thirty minutes. The author remarks that the hyperæsthesia apparently produced by the ointments prepared with powdered narcotic substances — morphia, opium, and bromide of potassium — is therefore probably due to the mere friction with the lard, the medicament being unable in the form of powder to penetrate through the skin. According to these researches, lanoline would appear to be a less advantageous basis for anodyne ointments than ordinary lard, the difference in favor of the latter being especially marked in the case of chloroform ointment. The effect of the ointments seemed also to vary considerably with the region of the body experimented on. Thus, while the diminution produced by chloroform ointment on the forehead is stated as .95 centim., the figure indicating its effect on the inner surface of the thigh is only 0.1 centim.

Ergotism in Cows.

Some discussion has been taking place lately with regard to ergoted grasses producing abortion in cows, and the question does not yet appear to be answered as to whether and to what extent the accident is due to the Claviceps purpurea, which in some seasons is a very common parasite on the herbage of pastures. By some authorities it is believed that ergot is the cause of the widespread epizoötics of abortion which are sometimes reported as occurring among cattle, and which cause heavy loss to stock-breeders. By others this effect of ergot is doubted, and these doubts would appear to be justified by very conclusive evidence of an experimental kind. It has been given in large and repeated doses to cows, bitches, cats, swine, and rabbits, in all stages of pregnancy, but its ecbolic action has not been observed in them, and the conclusion arrived at was that amongst the lower animals ergot, whether given by the mouth or rectum, in single large doses or for some time continuously, has no tendency to expel the contents of the uterus at any period of gestation. Abortion in cattle is undoubtedly due to many causes. When sporadic, it may follow injury or disease; but when it occurs in a herd of pregnant cows, all or nearly all aborting after the first case, then the occurrence looks mysterious, and is popularly believed to be owing to "sympathy" among the cows, a kind of imitative action brought about by the animals' imagination. This notion has, of course, no foundation in fact, and multiple cases of abortion can be truthfully accounted for by infection conveyed from one cow which has aborted to others which are in calf. Veterinary surgeons had long, from observation, come to the conclusion that septic infection, possibly through the genital organs, was the principal if not the sole cause; and some years ago Franck, of the Munich Veterinary School, made some interesting experiments on pregnant cows, which demonstrated that abortion could readily be brought about by introducing a very small quantity of matter obtained from the vagina or after-birth of a cow that had slipped its calf into the vagina of a pregnant one. This matter was found, on examination, to teem with micrococci. In order to prevent outbreaks of abortion, viewing it as an infectious disease, cattle-breeders should be thoroughly aware of the premonitory signs, which are usually well marked, and at once separate the animal which shows them from his fellows. When the accident has happened in a cowshed, then measures of a sanitary kind should be speedily adopted, as if dealing with a most infectious malady. By acting in this way, the heavy losses which are so frequently reported as the sequel of "warping" would be no longer heard of.

The Treatment of Diphtheria.

Dr. James Mercer thus writes in the *Lancet*, October 30:

During the past twelve months it has been my share to treat no less than thirteen cases of diphtheria, with one death. No originality is claimed in the plan adopted by me, though it may somewhat startle a few at the large and frequent doses of certain drugs ordered. Briefly, my cases were treated, with the exception of very young children,

1. By internal treatment.
2. By emetics.
3. By gargles.
4. Hygienically.

1. Where the depression is marked, though there may only be the slightest indication of a certain questionable gray slough, with a moderate amount of elevation of temperature and glandular enlargement, a mixture (preceded by a gentle aperient) of the following should be ordered: Solution of per-

chloride of iron, six drachms; dilute nitric acid, two drachms; glycerine, one ounce; water to six ounces; an ounce to be taken every two hours. After the lapse of a few hours patches may be noticed extending in certain directions, while the original patch or patches will appear somewhat shrivelled, the temperature and glandular enlargements probably increasing.

2. An emetic may now be used. Apomorphia acts in these cases most satisfactorily, from three to five minims promptly producing emesis in from one to three minutes. If now the ejected contents be examined, portions of slough may be detected. The patient, though rather prostrate, will be much relieved of urgent dyspnœa. It is rarely necessary to repeat the apomorphia. The iron mixture is to be continued every second hour.

3. If the patient be intelligent and able to use a gargle, the following will be found most beneficial, establishing a healthy condition to the surface from those portions of the fauces and tonsils where the patches have been recently bared of membrane in the efforts of sickness produced by the apomorphia. The gargle should be made in this fashion: In a six-ounce bottle place a drachm of chlorate of potash, add to it half a drachm of pure hydrochloric acid, and while the nascent chlorine gas is being generated fill the bottle with water, and direct that an ounce of the gargle should be used (the head being well thrown back) every third hour.

4. The patient's strength should be maintained by small and frequent quantities of milk and clear beef-tea unflavored with pepper, salt, etc. Alcohol is urgently demanded, and may be given with a free hand and with much benefit should prostration be marked. It is absolutely imperative that the temperature should be uniform—say 70° F., with a current of fresh air.

Twin Labor Complicated with Rupture of Large Varicosed Labial Veins.

Dr. Ambrose Atkinson thus writes in the *Lancet:*

Some little time ago I attended Mrs. F——, aged thirty-nine, in her eighth confinement. Labor commenced about 8 p. m., though she had been poorly for over twenty-four hours. On examination, a breech presentation was made out. After waiting some little time it came well down into the pelvis, and when near the outlet the right labium began to swell. The delivery was easy, but whilst separation was being effected, the patient was seized with another very strong pain. On examination, made with difficulty, a second group of membranes could be felt, which I ruptured, and the patient obtained ease. This procedure, however, did not affect the tumor, which steadily increased to an alarming size. Another pain coming on, the tumor suddenly burst on its inner side, deluging the bed, etc. Not caring to take the whole responsibility of the case, I sent for Mr. Holmes, of Burmantofts, requesting him to bring the forceps, with the hope of seizing the presenting head. In the meantime, as hemorrhage was freely going on, I made a firm pad of a napkin, and held it to the parts, so as to effectually stop the bleeding. On Mr. Holmes's arrival, he slipped the short forceps on to the second head, when the child was suddenly expelled, the injured part being at the same time firmly compressed. The placentæ were then easily disposed of. On examining the damage, it was found that the inner side of the labium was so torn that four fingers could be passed into the opening, which led to a cavity sufficiently large to hold the whole hand. The bleeding had now abated, so the cavity was filled with strips of lint well dusted with iodoform. Pressure being applied by means of a firm spica, the patient was left for the night. On the following morning opium was administered, and the plugs were removed, very little bleeding occurring. The vagina was syringed out with perchloride solution (1 in 3000), and an iodoform suppository placed well up into it; the wound was then dusted with iodoform. This was done twice a day for a week, the patient making a very good recovery. A piece of vein about three-quarters of an inch long, which lay across the wound, sloughed off about the fifth day, a little bleeding taking place. On questioning the patient about the vein, she told me after all was over that she had had a lump there for some time, which got larger towards night, but she did not think it worth noticing. The question is, supposing I had known about it before delivery, could anything have been done to save rupture?

Optic Neuritis in Head Injuries.

Before the Ophthalmological Society of the United Kingdom (October 21), Messrs. Walter Edmunds and J. B. Lawford read a communication based on twenty-four cases of head-injury, in which the condition of the optic nerves had been observed either ophthalmoscopically or microscopically. The cases were divided into three groups:

1. Cases which ended fatally directly, from the severity of the head-injury; 11 cases, 4 of which had optic neuritis, were included in this group.

2. Cases which ended fatally, indirectly from complications; this group comprised 4 cases, 2 of which had optic neuritis.

3. Cases which recovered; 8 cases, 6 of which had optic neuritis, were included in this group.

As to the cause of the optic neuritis, it was attributed to spread of inflammation from the seat of injury to the optic nerves; this might take place either along nerve-tissue or by the meninges. The authors adopted the latter view, because:

1. While in some of the cases in which there was optic neuritis, basal meningitis was found, it never occurred in those cases in which optic neuritis was absent.

2. Those cases in which the base of the skull or brain was injured, generally had optic neuritis, while those in which the injury was confined to the convexity of brain, such as punctured wounds, had not.

3. In some cases of neuritis, transverse sections of the optic nerve showed the inflammation most marked at the periphery of the nerves, and in the sheath space.

Dr. Brailey, referring to the microscopical drawings that were exhibited, said that it was evident that there were two distinct classes of cases, and his own experience quite confirmed this—one in which there was considerable effusion between the pial and dural sheath, and the other in which the bulk of the inflammation was found in the intertrabecular tissue. How were these differences to be accounthd for?

Mr. Silcock, referring to the case of injury to the vertex where there was no optic neuritis, asked whether there was any meningitis at the base or vertex.

Mr. Edmunds replied that in that case there was meningitis of the vertex, but not of the base. In reply to Dr. Brailey, he pointed out that the drawings represented very different stages of the affection, that where the effusion took place outside the pial sheath was from a case that proved rapidly fatal in a few hours, the other represented the appearances when death took place some days later. He believed that would fully account for the apparent differences.

The Toxical Effect of Tartar Emetic.

Dr. A. H. Langston thus writes in the *Nashville Jour. Med. and Surg.*:

Allow me to give a report of the toxical effect of tartar emetic (*antimonii et potassæ tartras*) in a smaller quantity than I have ever noticed reported from any authority. I wish to do this for the purpose of directing the attention of others, and especially that of the young and inexperienced, to the importance and safety of observing great caution in the administration of this common, useful, but potent, article of the materia medica, and also to warn them against relying with too much confidence on statistical reports in reference to it as a poison, and to impress them with the necessity of considering probable idiosyncracies or constitutional susceptibility to its power before venturing any dangerous risks in prescribing it.

Mrs. Rebecca D——, of a strumous habit, was confined on August 19, 1886, with her first child. In a few days after delivery both breasts became inflamed, which threatened to run into deep-seated abscess. Knowing her scrofulous taint, I was very solicitous to avoid this result, and in order to forestall the formation of matter, besides every local agency usually employed, ordered gr. ss. tartar emetic in solution, with directions, in case it did not produce nausea, to repeat in two hours, with double the dose. In less than an hour afterward I was summoned to her in haste, and found her greatly prostrated, vomiting every few minutes, bathed in a profuse sweat, with cramps in her stomach and bowels, weak and rapid pulse—all indicating a mild case of poisoning by only one-half grain of this medicinal agent, which has never been considered by toxicologists as a poison of any specially active power. I feel sure that half a grain more (or one grain in all) would have thrown her into great peril, and made her condition alarming.

My experience with this drug has been peculiar. In 1861 I gave it to my own wife for threatened mammary abscess, and after three or four days' continuance her arms and all the surface of the upper part of her body broke out with a dense crop of tartar emetic pustules. The eruption was preceded by an indescribable and alarming sensation of numbness or deadness and tingling. To relieve this, brisk rubbing was resorted to, and in a few minutes the eruption came out thickly, bold, and distinct, but disappeared in a few days without further trouble.

Congenital Absence of the Faculty of Co-ordination.

To the New York Neurological Society (Oct. 5) Dr. G. M. Hammond presented a boy four years of age, brought to his clinic

on account of inability to walk. He was born at full term, the labor was natural, and he appeared to be perfectly healthy at birth. Shortly afterward he became sick, and continued more or less ill for six months. The attending physician diagnosticated colic. Since recovery from this attack, the patient had had no sickness. The special senses were normal; the patient understood as well as other children of his age. Perhaps he did not speak so plainly as he should, but two other children in the family, perfectly healthy, talked in the same manner. There was no history of syphilis. The patient was well formed, the muscles of the limbs were well developed for a child who did not walk, muscular reaction to both electric currents was normal, and the reflexes were normal. The only apparent reason for his inability to walk was want of power to retain his equilibrium. He could crawl on his hands and knees perfectly well unless he attempted to go very fast, when he would fall, and he always fell toward the right. He could stand, holding on to a chair, and walk pretty well if held upright. There was also inco-ordination in the upper extremities. He widened his base in standing. Dr. Hammond had not decided whether there was congenital absence of the sensory tract in the cord, or cerebellar disease.

Dr. Julius Rudisch had seen two similar cases—both in girls, one about eight years old and the other about thirteen. The first was seen some years ago and was under observation but a short time, and his recollection of the case was indistinct. But he had been impressed with what he took to be muscular weakness, not simply ataxia, but weakness in the back. The child, if sustained, could walk well; if not sustained, it would fall, like the boy presented by Dr. Hammond. The older patient could walk, but in a peculiar ataxic way, and in the position of marked lordosis. The legs were well developed, and for that reason he thought the trouble was in the muscles of the back. The cases were not, in his opinion, cases of congenital locomotor ataxia.

Treatment of Hernia of a Muscle.

The *Medical News* (Oct. 23) says:

This uncommon lesion consists in the protrusion of a portion of muscle through a rupture in its containing fascia. Two cases of this sort have recently come under the care of Giess, and he has made them the subject of an interesting communication in the *Berliner Klinische Wochenschrift*, No. 11, 1886. The first case was that of a man who had a hernia of the tibialis anticus muscle, caused by a blow with a stone. Palliative treatment by means of strapping and bandaging did no good, and Giess cut down on the hernia and removed the protruding portion of the muscle with scissors. After a few days the hernia had disappeared and suppuration came on. Giess then cauterized the protrusion repeatedly with nitrate of silver. The result was unsatisfactory, as the hernia persisted, although it was reduced in size.

In the second case a similar tumor was treated by incision, removal of the protrusion, freshening of the edges of the opening in the fascia, and suturing of the fascia with catgut. The superficial wound was also sutured, and the limb confined in a plaster-of-Paris dressing. The result of this operation was perfectly satisfactory. The wound healed by first intention; the plaster dressing was removed on the sixth day, and on the twenty-first day the patient left his bed with a solid cicatrix, and in a few days had full use of his leg.

The method adopted in this case seems rational, and the success which followed its employment by Giess confirms this impression.

Uterine Septic Infection.

Dr. Wm. P. Orr thus writes in the *Cincinnati Med. Jour.:*

In all cases of instrumental delivery where there is reason to fear septicæmia, the practice heretofore has been to syringe the vagina with a $\frac{1}{1000}$ solution of corrosive sublimate, and use a suppository of iodoform against the cervix. This plan, while it may be efficient so far as the cervix is concerned, amounts to only a half-way measure, in that the body and fundus of the uterus are not disinfected. The great bugbear has been the fear of iodoform poisoning, but as this is seldom met with in surgical practice, there is really no good reason why the same substance should not be as freely employed by obstetricians. The plan I propose is to dust the uterine cavity (including the cervical canal) with iodoform by means of an insufflating tube. For this purpose a hard rubber tube will answer best, as it can readily be bent by heat to any angle desired.

In non-instrumental delivery, when it is deemed best to use a mild disinfectant, I would recommend the oxide of zinc finely powdered.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Beginning with January next, the *Archives of Gynecology, Obstetrics, and Pediatrics*, published by Leonard & Co., New York, will be issued monthly.

——A neat reprint has appeared of Dr. John H. Rauch's Address in State Medicine before the American Medical Association last May.

——A small brochure on finger injuries, containing various useful hints, appears from the pen of Dr. J. T. Woods, of Toledo, Ohio.

——The Physician's Leisure Library is published by Mr. Geo. S. Davis, of Detroit. Its last issue is "The Physiological, Pathological, and Therapeutic Effects of Compressed Air," by Andrew H. Smith, M. D. Pp. 112. Price 25 cents. It is a good synopsis of the subject, and singularly cheap.

——Dr. W. M. Mastin, of Mobile, Alabama, sends an interesting article on venous blood tumors of the cranium, issued as a reprint.

——Messrs. Reed & Carnrick, New York City, have published a neat little book setting forth the diets suitable in various diseases, with special reference to beef peptonoids as an accessory.

BOOK NOTICES.

First Annual Report of the State Board of Health and Vital Statistics of Pennsylvania. Harrisburg, 1886. Pp. 356.

Eighth Annual Report of the State Board of Health of Illinois. Springfield, 1886. Pp. 556.

Both these publications are meritorious in a high degree, and illustrate how wide is the field which such boards can occupy, and how much solid good they do to the commonwealth which creates them.

The Pennsylvania report gives the official documents which put it into existence, and the proceedings of the meetings. The various appendices are occupied with reports on the sanitary condition of cities and towns in the commonwealth—a special and valuable discussion being that of the epidemic of typhoid fever at Plymouth, Pa., in the course of which Dr. French figures up its cost—figures that ought to be put very squarely at the legislators at Harrisburg, and at the civil officers of towns and cities. Then follow several excellent reports on quarantine and disinfection, and the forms, etc., which the board uses. A number of colored maps and plans are inserted, which add both to the beauty and usefulness of the report. One of these maps includes the whole State, and shows the relative density of the population, a matter of the first importance in statistical inquiries. A material and annoying defect in the volume is the absence of a table of contents. This reduces the value of the volume at least one-tenth.

The Board of Health in Illinois is one of the most efficient in the United States. In its services to the cause of medical education it far surpasses all others. The present report is a thick volume full of valuable material, well arranged and presented. In this also medical education in the United States receives particular attention, and a list is given of all the colleges in the country, with abstracts of their circulars. The volume also contains many important contributions to sanitary science.

Transactions of the Texas State Medical Association. Pp. 691. Austin, 1886.

This portly volume of nearly seven hundred pages, well printed and carefully edited, proves in the completest manner that the physicians of Texas are behind no others in their devotion to the progress of their science. The reports of the chairmen of the various sections on the progress of their respective branches are prepared with care, and in each section there are quite a number of original communications from physicians in the State. Nearly all of these contain valuable matter, and deserve preservation in the volume. It is, in all respects, a meritorious publication.

The Physician's Daily Pocket Record, by S. W. Butler, M. D., for 1887. Published by D. G. Brinton, Philadelphia.

The Medical News Visiting List for 1887. Lea Bros. & Co., Philadelphia.

The Physician's Visiting List for 1887. P. Blakiston, Son & Co., Philadelphia.

These three works are timely at this season, and all have their special advantages, which will be preferred by those who have become accustomed to them. That by Lea Bros. is the latest in the field, and has a more dressy appearance than the others, though the fact that it is larger in size will be a drawback in the opinion of many. Butler's Record has a spring clasp and perpetual almanac, which are favorite features with many.

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AN OFFICIAL REPORT ON CHOLERA.

On Thursday evening, November 18, by special invitation of the College of Physicians of this city, Dr. E. O. Shakespeare delivered an "informal *talk*" before that body, reviewing briefly the main points in his forthcoming official report on cholera. We can truly say that it has been many a long day since those who were present have listened to a "talk" so instructive and so interesting. We do not like to indulge in strong language, but we feel compelled to say that the mass of the profession of this city ought to be ashamed of themselves. To listen to this wonderfully interesting address less than one hundred doctors assembled, although the whole profession was invited. If it had been stated on the card of invitation that fried oysters, chicken salad, and champagne would be served free after the address, the neighborhood of the college would have presented a scene somewhat analogous to the late Chicago riots. We always knew that doctors had stomachs, and we realized that they had a perfect right to enjoy the good things of this world as much as any one else (even though the matutinal headache and sick stomach might follow), but we also imagined that they had brains, and we were foolish enough to believe that they enjoyed a somewhat higher order of cerebral development than is vouchsafed to the common mortal; but we fear that our exalted estimate of our glorious brethren has been placed a niche too high.

We venture to say that had Dr. Shakespeare made this "talk" in a small town, *every* physician for many miles about would have been there to listen. Of course we realize that some of our city doctors are so extremely busy that it would be impossible for them to attend such a gathering, ardently as they might wish so to do; but at the same time, we are equally sure that there were many men sitting idly in their offices who would have been both interested and (what is much more vital) instructed by this address. Dr. Weir Mitchell found time to be present, and proved, by his close attention, that he appreciated what was being said. Dr. Formad was present, and certainly there are many men in Philadelphia who stand much more in need of instruction than he does. So we could go on and mention the names of distinguished men who graced Dr. Shakespeare's valuable address by their presence; but the point we wish to emphasize by these exceptional instances is that in this particular case, as in the majority of instances, the men who would derive the most

instruction, because most in need of it, were conspicuous by their absence. We write thus plainly because we have an earnest desire that this apathy shall be dissipated. We do not wonder that society meetings are slimly attended; we have already given a reason for this, but when such an exceptional literary feast as that of Dr. Shakespeare's is prepared, it is not only incomprehensible, but it is also positively disgraceful that the hall was not packed to overflowing. Let us be clearly understood. It might be inferred from what we have said that Dr. Shakespeare's audience was unexpectedly small. It certainly did come up to the expectations of those who made arrangements for it, as the hall was well filled; but we are somewhat sanguine in reference to the intellectuality of the profession, and we had expected to see a larger crowd than had ever before collected in "The College of Physicians." In this we were disappointed, and we can only reiterate that the profession of Philadelphia ought to be ashamed of itself.

OUR STATE BOARD OF HEALTH.

The physicians of Pennsylvania possess a most potent influence; they little realize how great their influence really is. Let the reader stop and reflect for a minute how important he is to his patient who may happen to be a member of the legislature; we do not mean how important from a purely *political* aspect, for, God save the doctor from politics!—but how much weight his voice will carry.

The State Board of Health *must* ask the next legislature for an increased appropriation. It now has $5,000 per year. Out of this the Secretary receives $2,000 for his annual salary—thus leaving $3,000 for traveling expenses, and scientific, or, indeed, all other work of the Board. That this is simply ridiculous, no one need be told. We were ten years getting such a Board; now that we have it, let us make it effective. It has only been in existence for eighteen months, yet it has done good work; give it money, and it will do much better.

In a word, the physicians of this State should organize themselves into a committee of one to urge upon the members-elect of the legislature the importance of a largely increased appropriation to this most *vital* Board. We do not mean $10,000 or $15,000; this Board ought to have at least $100,000 per year. Then would we see the Keystone State truly the national *Keystone* of Sanitation. The *little* State of Mississippi gives its State Board of Health $45,000 per year. Ought not this great and wealthy State to be ashamed of itself, if it does not liberally discount its small and comparatively poor neighbor?

Notes and Comments.

Painful Hypertrophy of the Breast Dependent upon Uterine Disease.

Dr. L. N. Sharp, of Minneapolis, Minn., writes to the *Med. Record*:

"In November, 1882, I was consulted by a lady for a painful tumor of the left mamma. She had been cared for by several medical men in a city sixty miles distant. She came to me, by advice of friends, with the diagnosis of cancer, and said her attendants had advised amputation of the breast as her only chance for recovery, but she recoiled from such an alternative. I looked the case over. She was thirty years of age, the mother of three children. She was well-built and fleshy; digestion good. The left breast was hypertrophied, the right one well developed, but only half the size of the left. The pain in the enlarged gland was excessive and constant, and the patient said she had not a good night's sleep for more than two years, because of the painful condition. The trouble began about three years before, the breast gradually enlarging and becoming more painful. On inquiry, I found she had uterine trouble, and I came to the conclusion that the hypertrophy was due to the uterine difficulty. I explained my views to her, and suggested an examination of the uterus. She declined an examination, and I declined prescribing. She then went to a city one hundred and fifty miles distant to consult a 'cancer doctor,' who told her he had never seen anything like her case, and dared not do anything for her. When she returned to her home, she was advised again by her friends to place herself under my care, and after some time concluded to do so. On examination, I found endo-cervicitis and erosion. She came under treatment in December, 1882, and as the uterus returned to its healthy condition the pain of the breast declined, the hypertrophy began to lessen, and by the following June the breast was about the size of its fellow, and entirely free from pain."

The Cause of Circular Gastric Ulcer.

Dr. Silbermann, of Breslau, has lately made some experiments on dogs for the pur-

pose of showing that the kind of anæmia characterized by deficiency of hæmoglobin in the red corpuscles of the blood is peculiarly favorable to the production and maintenance of circular ulcers of the stomach. Hæmoglobinæmia was produced by injection of various substances, and then either chromate of lead was introduced into a small gastric artery, or a ligature was applied to it, or the internal surface of the stomach was abraded by means of an œsophageal sound carrying a guarded point. All these animals were found to have contracted gastric ulcers, and it appeared to make no difference whether the hæmoglobinæmia was produced before or after the stomach was injured. With the microscope it was found that a number of the red corpuscles were of a very pale color, and that the blood was less alkaline than normal, which is explained by the experiments of Preyer, A. Schmidt, and Rollet, who have shown that hæmoglobin is a weak acid. Dr. Silbermann considers that in the anæmia or hæmoglobinæmia all the conditions are present which are required by various theories for the production of gastric ulcer—namely, arterial anæmia (Klebs), venous hyperæmia of the gastric mucosa (Key), venous stasis in the hepatic vessels (Gunsberg), circumscribed hemorrhages (Virchow), and, lastly, diminished alkalinity of the blood (Leube).

Brain Lesions following Injuries to the Head.

Popular thought attributes a great many diseases to the agency of falls on the head. Doubtless in many cases the fall and the disease are but accidentally related. But we believe that injuries to the head may be the potent agent in the causation of many cerebral lesions. The belief that traumatisms can cause blood extravasations with laceration of brain substance is of course well founded, but the doctrine that inflammations and new growths may arise as the direct result of injury can at best be based only on greater or less probability. If the fall or blow does not rupture vessels, and causes no obvious bruising of cerebral tissue, can it so disorder the molecular processes of nutrition as to lead to the formation of tumors? An interesting case of aphasia, with loss of "ear" for music, has been placed on record by Kast. A youth, aged fifteen, fell from a cart, and struck his head against the wheel. The accident was followed by loss of consciousness, which lasted several hours, and on restoration to consciousness it was found that the right side of the body was paralyzed, and that, though he seemed to comprehend what was said to him, he could not utter a word. The paralysis slowly disappeared. At the end of two months the aphasia had altered its characters. The boy was no longer unable to say some words, but he had completely lost the artistic use of his vocal cords, though prior to his accident he was a distinguished member of a choral society. Thus he sang falsely and out of tune, and could not correctly follow the lead of another singer. After the expiration of two years, however, he regained perfectly, so it is said, the artistic use of his voice, but still remains largely aphasic as to the employment of words for the construction of sentences.

Asphalgesia in Hysterical Patients.

Dr. A. Pitres, of Paris, has been carefully watching the case of an hysterical patient affected with hemi-anæsthesia of the left side. Pinching, burning, or pricking her on the left side does not produce pain; but if she touches any copper article, her hand contracts, and intense pain is felt, which, if prolonged by contact with that metal, produces a convulsive attack. In two other cases, during wakefulness, the patients were unable to touch either silver or copper without experiencing the sensation of being burned. Dr. Pitres speaks of this curious phenomena under the title of asphalgesia. It is rare to meet with these symptoms in hysterical patients during the period of wakefulness, but they are very general during hypnotic sleep. In the greater number of patients with whom it was possible to induce hypnotic sleep, it has generally been found that, on their touching any metal, a painful sensation, as of burning or of a violent electric shock, was felt. Some patients only experience these sensations on touching certain metals; others are affected in the same manner on touching any glass object. Generally, asphalgesia is present on both sides of the body, whether the patient be affected with only hemi-anæsthesia or hemi-analgesia; but no rule can be given for these symptoms, as, in some cases, painful sensations produced by the contact of any metal may likewise be felt on the side of the body where the sensibility is normal.

An India-Rubber Catheter in the Male Bladder; Successful Removal.

Wm. M., aged sixty-three years, farmer, near Belfast, Ireland, suffered for the past three years from retention of the urine due

to enlargement of the prostate gland, which required him to use an India-rubber catheter. Whilst passing the catheter on the evening of June 6, 1886, it accidentally slipped into the bladder. Being called in consultation, Dr. Henry O'Neill (who reports the case in the *Lancet*) found the patient had been suffering from complete retention of urine for thirteen hours and a half. Having placed the patient on his back and administering methylene from Junker's apparatus, he introduced into the bladder a small Thompson's lithotrite, and after searching carefully for some time, succeeded in extracting the catheter, which was about nine inches long, and in size about a No. 12. After its extraction, on drawing off the urine a small amount of blood was mixed with it. The bladder was carefully washed out with warm water, using Clover's suction syringe. The patient was given one-tenth of a grain of morphia, and the next day a gentle saline aperient was administered. He had the urine drawn off regularly and the bladder washed out with solution of sulpho-carbolate of soda (half a grain to the ounce) twice a day. A poultice of linseed meal was applied over the hypogastrium and kept on for two days. Three days after the operation he was reported as improving, with no bad symptom, and at the end of nine days was going about his usual duties.

Syphilis from Vaccination.

Dr. J. S. Prettyman, Jr., of Milford, Del., reports the following case to the *Medical Record:*

"Mr. N. T., aged thirty, has been married nine years. His wife is healthy, has never aborted, and is entirely free from skin disease. They have two robust children, aged six and eight, who have always been well, but are subject to a 'breaking out.' Ten years ago the patient vaccinated himself directly from the arm of another, who, it is said, had been cured of a 'bad disorder.' In about two weeks an eruption appeared over the entire body, and continued three months, disappearing and re-appearing several times since. From time to time lumps have been noticed over various parts of the body. He has never had ulcers in the throat, but the glands have been enlarged, and several times chronic abscesses have formed. He received no treatment, except such remedies as he would apply locally. He came to my office October 13, with nodes, bullous syphiloderm, and ulcerations upon the neck, arms, back, and legs. He denied all possibility of contagion from any other source, and affirmed that previous to the vaccination and appearance of the eruption he had not even once indulged in sexual intercourse."

Acute Pneumonia in Utero.

Dr. Henry Strachan thus writes in the *Brit. Med. Jour.:*

I am not aware whether the following case is the first recorded—I have been unable to find any account of a similar one; but whether that be so or not, it seems to me of great interest, and worthy of being placed on record:

A patient, Nancy M., was admitted into the hospital under my care in December last, suffering from acute pneumonia (whole of left lung), and a history of illness covering the four days previous to admission. She was eight months pregnant.

On the evening of the day of admission, her temperature was 103.6° Fahr., and she was delivered of a female infant. The infant died in less than twenty-four hours after birth, with symptoms of acute pneumonia. A post-mortem examination showed acute pneumonic consolidation of the whole of the left lung. The mother made a rapid and good recovery.

Whilst there is ample evidence that the other acute specific diseases (so-called "fevers") are capable of being transmitted by the pregnant woman to her offspring yet *in utero*, this is the first time I have had any evidence that the "acute pneumonic fever" could also be so transmitted.

Malformation of Intestine.

Mr. William Thomas exhibited to the Midland Medical Society the stomach and intestines of an infant, five days old, that had been operated on for obstruction. The stomach was of normal size; the duodenum became gradually enlarged as it reached its termination; the jejunum was very large, and formed dilated coils, which had distended the abdomen. It had been opened twenty-two inches from the pylorus, for the relief of the obstruction, and, ten inches further, it terminated in a blind extremity. The small intestine recommenced almost immediately between the layers of the mesentery, being about the size of an ordinary pencil; it formed several coils, and, extending for thirty-six inches, terminated in a well-formed cæcum, from which a perfect, though contracted, colon, could be traced to the anus. The various parts of the intestine were so

firmly matted together by well-organized bands of lymph, the result of previous intra-uterine peritonitis, that the relation of parts could not be made out until the intestine was removed from the abdomen. The child was somewhat relieved by the operation, and lived for about eighteen hours after it.

Pulmonary Phthisis and Ovarian Disease.

It is a somewhat novel idea which Dr. B. Fenwick sets down in the following conclusion of an article in the *Lancet*, October 23:

"In conclusion, I venture to believe that I have shown the distinct probability that the great predisposing cause of ovarian disease is a family tendency to phthisis, and that gestation may be the exciting cause. But in view of the immense importance of the subject, both to the profession and the public alike, as regards questions of diagnosis and prognosis, and the still greater matter of prevention, I would earnestly appeal to all who in future have to treat cases of ovarian cystoma either to publish as complete as a family and previous history of each, or to favor me with the notes, which, of course, I would duly acknowledge. A thousand well recorded histories would definitely settle the important points I have touched upon by the hard logic of manifold facts. I should not base implicit confidence upon a smaller series. Straws show how the wind blows, but mathematical precision can alone determine its force."

Chromic Acid vs. Galvano-Cautery.

M. Poskin has reported to the Liège Medical Society on his use of chromic acid in more than 100 cases of diseases of the nose, pharynx, and larynx, as showing the great value of this powerful caustic in hypertrophy of the turbinated bones, polypi, and granulations in the ears. He remarks that, as it is a violent poison, acting especially on the gastro-intestinal tract, it is necessary to exercise great caution, especially in pharyngeal and laryngeal cases; and he eschews it altogether in the case of children. Its action may be neutralized by a weak solution of carbonate of soda. The best way of employing chromic acid is to heat moderately a very small crystal on a silver probe, to which it will adhere as a dark-brown coating. If the heat is too great a green oxide is formed, which is devoid of any caustic action. M. Poskin finds that chromic acid compares favorably with the galvano-cautery, both on account of the cost and the convenience with which it may be applied. It is, he thinks, also quite as efficacious and less dangerous. The eschar which is produced falls in from three to five days.

Cantharides in the Bites of Rabid Animals.

Dr. Karchevski mentions in the *Russkaya Meditsina* that he has successfully treated some patients who had been bitten by a rabid wolf, with cantharides. The wolf attacked three men, inflicting on the first a large and deep wound in the left groin, a piece of skin several square inches in area being torn off. The other men were wounded in the face, legs, and arms, but more superficially. Still the bites of a rabid wolf are well known to be peculiarly dangerous. Dr. Karchevski remembered a conversation he had had with Professor Lashkevich, in which the latter had suggested cantharides as a remedy in hydrophobia, and he therefore made up his mind to give it a trial. Cantharides plasters were applied to all the wounds, and powdered cantharides was administered to each of the three patients in doses of a grain a day. The internal administration was continued for a week, till the patients complained of some heat in the urethra. Seven months having passed, and all the patients being still perfectly healthy, the author thinks the cases worth recording, though he is quite aware that *post hoc* is not necessarily in this instance *propter hoc*.

Lanolin as an Ointment Basis.

The following statement by Professor Widerhofer is reprinted by the *Fortsh. d. Med.* from the *Allgem. Wiener Med. Zeitung:*

"The eczema which you see about the elbow-joint of this child will be thus treated: It will be rubbed with soap and wet flannel till a lather is produced, then wiped dry; and then will be wrapped round night and morning with linen thickly smeared with lanolin, having five per cent. of bismuth subnitrate added. Lanolin salve is a most excellent remedy for eczema in children; for it is readily tolerated by the skin (in the case of little children especially), on account of its forming very heavy fatty acids; whilst other fats (and vaselin) form very light fatty acids on coming in contact with the skin, and in children the skin is very sensitive to fatty acids."

Treatment of Ingrowing Toe-nail.

Dr. Philip Miall writes to the *Brit. Med Jour.* that he has for many years used tan-

nin for ingrowing nails, and does not find rest necessary. A concentrated solution (an ounce of perfectly fresh tannic acid dissolved in six drachms of pure water, with a gentle heat) must be painted on the soft parts twice a day. Two cases recently had no pain or lameness after the first application, and went about their work immediately, which they could not before. After about three weeks of this treatment, the nail had grown to its proper length and breadth, and the cure was complete. No other treatment of any kind was used, though formerly he introduced lint under the ingrowing edge in such cases.

Note on Cocaine.

Dr. George Elder thus writes in the *Lancet*, October 30:

Cocaine is now so extensively used in minor surgery, and usually with such happy results, that an experience like one I had the other day will come upon most of us as a disagreeable surprise.

Preliminary to opening a superficial abscess, twelve minims of a freshly prepared 10 per cent. solution were injected under the skin; and three or four minutes afterwards syncope supervened, followed by twitchings of the face, falling of the jaw, coldness of the body, clammy perspiration, lividity of the face—in fact, all the appearances of imminent death. The patient was several minutes in recovering consciousness, and during the remainder of the day felt very prostrate. Several similar occurrences have been noted in ocular surgery from time to time, showing that cocaine is not so innocuous as has been generally supposed.

A Bullous Eruption Caused by Salicylic Acid.

Dr. Rosenberg reports in the *Deutsche Medicinische Wochenschrift* a case of rheumatism treated successfully, as regards the articular pains, with salicylic acid. But the patient complained of a severe burning of the skin, and the body became covered with purplish spots. The medicine was discontinued for a time, but on another trial, a month later, the same sensation was complained of, and in addition to the discoloration of the skin there appeared a number of large blebs filled with serum, situated on the back and extremities, and also upon the conjunctiva and mucous membrane of the tongue and lower lip. A third trial resulted in a precisely similar eruption. Examination of the fluid in the blebs failed to reveal the presence of salicylic acid.

Ether Spray in the Reduction of Hernia.

Dr. George R. Fellows, of Moose River, Me., writes: "About two years ago was called to see a case of strangulated hernia of two days' duration. Two physicians had been called, but were unable to reduce the hernia by ordinary means. The patient was suffering terribly, but was unable or unwilling to take opiates of any kind. Thinking to relieve the pain, I sprayed the hernia with ether, using a common hand-atomizer, and was greatly surprised to find the hernia disappearing spontaneously. Since that time I have used ether spray in strangulated hernia in several cases, always with the best results, the operation being painless, and reduction occurring spontaneously or with slight pressure."

Use of Lanoline in Midwifery Practice.

Dr. C. Clark Burman calls our attention through the *Lancet* to lanoline as a particularly efficient means of reducing the rigidity of the perineum in primiparæ. Owing to its penetrative and softening properties, he finds it much preferable to the plan adopted of friction with pure lard. Only recently this rigidity was strongly marked in an elderly primipara, where the forceps were required on account of debility on the part of the patient. He was surprised with what facility he succeeded in reducing it so as to enable him to apply the forceps much sooner than he should otherwise have felt justified in doing on account of the danger of severe laceration.

Expulsion of Thread-Worms.

In treatment of thread-worms in children, Dr. Sidney Martin (*Pract.*, Lond., October,) finds the following most useful:

℞.	Tincturæ rhei,	♏iij.
	Magnesii carbonatis,	gr. iij.
	Tincturæ zingiberis,	♏j.
	Aquam,	ad. ℥j.

Given twice or three times daily, according to the effect on the bowels.

In most cases the ordinary injections of salt and water, infusion of quassia, etc., may be dispensed with: these, the writer thinks, do good for a time, but often fail to relieve the attendant symptoms, which are usually very irregular, and in some cases severe.

The Galvanic Cautery in the Treatment of Membranous Dysmenorrhœa.

At the recent meeting of the Association Française pour l'avancement des sciences (*Ann. de Gynéc.*), M. Landowski expressed

the opinion that, while membranous dysmenorrhœa generally depended on a particular diathetic state or on general debility, local treatment should not be neglected. He stated that for some time past he had been successful with the galvanic cautery, which, heated to a dull red, he applied to the endometrium, the cervical canal having previously been dilated. He makes the application five or six days after the cessation of a menstrual flow, and the patient remains in bed for about eight days.

Mixture to Stop Falling of the Hair after Typhoid Fever.

Bouchard (*Le Concours Médicale*) recommends the following:

℞.	Ol. ricini,	7 grams.
	Goudron,	2 "
	Tinct. benzoini,	20 "
	Chloroformi,	30 "
	Alcohol,	1,000 "

Correspondence.

Charms and Superstitions in the Treatment of Diseases.

Eds. Med. and Surg. Reporter:

My *own personal* experience with "charms and superstitions in the treatment of diseases," was in a certain case very sad indeed.

Once upon a time I found the following message written upon my office slate: "mises S—— is nearly ded cum rite of." I galloped to the scene of disaster, and as soon as I entered the room where my services were so very urgently demanded, I made an instantaneous diagnosis—*post-partum hemorrhage*—for I saw upon the bed a woman the expression of whose face showed that she was almost completely exsanguinated, and around whose little fingers and throat pieces of red yarn had been tied. Around the stove sat two or three granny-women, taking a social smoke, and discussing the best way to dress the "nable" of the yelling infant, whose primary ablutions had just been completed *secundum* (their) *artem*. The husband and father stood at the foot of the bed, unwinding from a ball some more of the remedy, evidently intending to continue treatment by the application of another and larger dose.

Alarmed, I made long strides to the bedside. With one hand I felt the patient's pulse, with the other I felt over the suprapubic region for her uterus, and with my right big toe I felt *something very cold and sharp*, which forced me to retreat one pace. Looking down at my boot I saw a nice clean cut, 2.5 inches long, across the toe, through which *my life's blood* was welling. I immediately sought for the *fons et origo* of this second case of hemorrhage so unexpectedly thrown into my hands (or foot rather), by lifting up the bed curtains, and there lay an *axe!* Inquiring in no choice terms of paterfamilias why that implement was there at such a time, I was informed by him that "We put it there to stop *her* from bleeding!"

The patient made a good recovery, the incision in my toe united by first intention, but the boot shows an ugly, disfiguring, and dragging cicatrix to this day.

Louis Schneider, M. D.
20 *W. 4th street, Williamsport, Pa.*

News and Miscellany.

The Partial Responsibility of Persons Mentally Affected.

At a meeting of the Academy of Medicine of Paris, M. Ball made some observations on the partial responsibility of persons mentally affected. A recent trial in France had again, he said, drawn the attention of lawyers and judges to a question which had always opened up much controversy, namely, the moral responsibility of the insane. A great number of persons mentally affected retained a certain degree of intelligence, and to a certain extent were guided in their actions by the same instincts and motives as persons in full possession of their reason; thus, the same principles of common law might reasonably and in all justice be applied to them. How, then, was partial or limited responsibility to be defined? Apart from criminality, the moral responsibility of the insane would not be contested, and the converse was even more obviously true. Men of the greatest genius and celebrity had shown indubitable signs of mental alienation, but this fact had never been used to diminish their merit, or to deny them due gratitude. Newton propounded his system notwithstanding his having passed through a phase of insanity. Auguste Comte was none the less a great philosopher for having been temporarily confined in a mad-house. If lunatics were open to approval or praise, were they not equally open to censure, and should neither condemnation nor punishment be ever allotted to them? There is, therefore, nothing absurd, as had been affirmed, in the assertion that criminal lunatics exist.

Without wishing to shake the foundations of law, it might be said that the ancient idea of responsibility had been replaced by the more modern and more physiological notion of individual predisposition. Without asserting, with a celebrated alienist, that all criminals were lunatics, there was yet an increasing tendency to consider them a race apart. Great saints, great heroes, and great criminals, said Professor Benedict, in London, were beings outside the ordinary run; they constituted a complete anomaly in human nature.

From the point of view of public utility, Dr. Ball remarked that, if the doctrine of the irresponsibility of the insane, upheld by a considerable number of men in authority, and taken up by modern observers, were to have the support of the law, singular privileges would be suddenly conferred upon a whole class of individuals, more numerous and more dangerous than was generally believed. The outcast, the vicious, and the eccentric would never want alienists ready to raise them to the dignity of lunatics. The justification of punishment was its deterrent power. It was justified by the feeling of fear it inspired in ill-constituted organizations; it was a barrier of defence raised for the protection of honest individuals, who had also some claim to the sympathy of the legislator. No *phrenometer* (according to the ingenious expression of M. J. Fabret) existed for measuring the degree of responsibility that each individual of this category might lay claim to. Moreover, was it not apparent that the same reasoning might be applied to ordinary criminals; and that, in order to satisfy logic, all punishment must be suppressed? Lunatics undoubtedly existed, who, without possessing a complete notion of good and evil, yet had a very clear perception of the danger of being subjected to punishment. Dr. Ball, in conclusion, expressed himself in favor of the doctrine of moral responsibility.

A Thousand Sheep Poisoned.

The mail from South Africa brings tidings of another of those wholesale poisonings of sheep that have happened from time to time, filling the minds of the farmers with consternation in the localities where they occur. This time it is a farmer in the Bloemfontein district whose stock has been so ruthlessly destroyed, and to the extent of nearly a thousand sheep. The particulars of the case must be of special interest to all owners of sheep. The dip used was one of the best known of the class distinguished as powder dips (arsenical), and has long had the reputation of being prepared with great care. We believe the farmer used it with some degree of confidence, in face of the printed statement with each package to the effect that this powder dip might be used with perfect safety if the directions were followed. Unfortunately, the results have contradicted this. The directions were followed with ordinary care, yet nearly a thousand of the sheep dipped were poisoned. How did this occur? It appears the sheep were suffering from scabs, and twice dipping at an interval of a fortnight was considered desirable. A large dipping-tank was used, that contained some of the solution of the same dip held over from a previous dipping. This was added to in the usual manner, and the flock was dipped. Owing to the hot weather or some other cause, this dipping caused some soreness and inflammation of the pelt (or skin of the animal), but much attention was not paid to it. The sheep were dipped a second time, as recommended in the directions accompanying the dip, with the result that afterwards nearly a thousand of them died, and in great agonies, caused, as has since been proved, by the absorption of arsenic through the skin.

The Japanese and Quarantine.

The intelligent and independent judgment exhibited by the Japanese in their application of knowledge acquired in Europe and America is well exemplified by the port sanitary regulations, which the *Indian Medical Journal* states to have been enforced during the prevalence of cholera in 1885. All vessels from infected localities were subjected to medical inspection before any communication with the shore was allowed; if the crew and passengers were found healthy, the vessel was allowed to proceed; if there were cases of cholera on board, or the corpses of persons who had died of cholera, the vessel was detained, the patients removed to hospital, and the corpses burnt, or buried after being disinfected, according as the friends preferred; the vessel and the crew and passengers were disinfected, and then allowed to proceed. These reasonable regulations, founded upon a scientific knowledge of the disease and of the nature of infection, are in striking contrast with the panic-stricken haste with which many European nations impose their so-called "rigorous quarantine." The Japanese appear to possess the rare power of learning from the experience of others.

The Proposed Rush Monument.

The committee in charge of the subscription has issued a circular which concludes as follows:

"It may be approximately estimated that $40,000 will be sufficient to erect a monument that will be fitting and unexceptionable as a work of art, and it does not admit of question that this sum can be speedily raised among the 106,000 physicians and students of medicine in the United States. That no one may be debarred the privilege of contributing, a subscription-rate of one dollar from each individual has been determined upon, and you are accordingly solicited to remit that amount to the member of the committee representing the State, Territory, or national service to which you belong, who will also receive voluntary donations of such other sums as may be tendered by persons interested in this national undertaking."

The New York member of the committee is Dr. A. N. Bell, and the treasurer is Dr. Joseph M. Toner, of Washington.

The Vienna Hospitals.

In the Vienna hospitals some form of tuberculosis is found in nearly 70 per cent. of the deaths. The treatment of acute diseases is generally expectant, and in typhoid fever, milk and other liquid diet is used. Previous to 1879, when the city obtained its water from the Danube river, typhoid fever was almost epidemic in Vienna. In that year they put up new water works, and since that time not one case has developed in the city. A bacteriological laboratory is connected with the pathological department, and cultivations of bacteria are made from typhoid fever, pneumonia, erysipelas, glanders, septicæmia, and other diseases. Experiments with bacterial cultures are made upon lower animals. Nearly every department of the hospital now has a bacterial laboratory, and the search for new forms and confirmation of already discovered bacteria goes on with enthusiasm.

International Exhibition at Barcelona.

An International Exhibition is to be held at Barcelona between the months of September, 1887, and April, 1888. The exhibition, which will be opened on September 15, and remain open for at least six months, will admit all agricultural, industrial, and commercial products, and will have a special section for shipping, fine arts, electricity, medicine, and hydropathy. It is to be held in the park and adjacent grounds belonging to the municipality, in the vicinity of the French and Tarragona railways, and will cover an area of 300,000 square metres. Arrangements have been made with the Spanish railway companies by which a rebate of 50 per cent. will be granted on the rates generally charged on all goods conveyed by their lines for the purpose of being placed in the exhibition, and negotiations for obtaining similar concessions have been opened with foreign railways in connection with the Spanish lines.

The Alcoholic Red Nose.

The Church of England Temperance Chronicle states that the following appeared among the miscellaneous advertisements in a recent issue of the *Irish Times:* "How to Change the Color of an Alcoholic Red Nose.—Recipe, which is effectual in nine cases out of ten, may be had by sending postal order for 10*s.* to 'K.,' 738, this office." There is a very watchful worker in Dublin in the person of Mr. T. Wilson Fair, the energetic Hon. Secretary of the Dublin Total Abstinence Society, so it is not a matter for surprise that the quaint advertisement above quoted was immediately followed by this: "How to Change the Color of an Alcoholic Red Nose.—Don't waste 10*s.* Call over to the Coffee Palace, 6 Townsend street, and in 99 cases out of 100, if you sign the pledge and keep it, your nose will assume its natural shape and color.—Alcoholic Red Nose Curing, 6 Townsend street, Dublin."

The New Surgeon-General of the Army.

Lieutenant-Colonel John Moore, who was formerly Assistant Medical Purveyor, has been appointed Surgeon-General of the Army. Surgeon-General Moore is a native of Indiana, from which State he entered the medical corps of the army in 1853. His first active service was at Fort Meade, Florida, where he relieved Dr. W. A. Hammond, during the second Seminole war. He attained to the rank of major in 1862, and was brevetted lieutenant-colonel in 1864, for gallant and meritorious service during the Atlanta campaign, and the following year, having served as a medical director, he was brevetted colonel, for faithful and meritorious service during the war. For some time past he has been Assistant Medical Purveyor and Acting Medical Storekeeper at San Francisco. He was the fifth on the list of lieutenant-colonels of the medical corps in the line of promotion.

The Austrian Medical Association.

The Austrian Medical Association, which now comprises twenty-six branches, with a total of 4500 members, recently held its seventh annual meeting at Innsbruck, and resolved to petition the Government to make vaccination obligatory throughout the empire by imperial statute, also to restrict the privilege of private practice to medical men who have already served in a hospital. The Association expressed an opinion that considerable changes were desirable in the regulations concerning the training of medical students; and, lastly, a request was preferred that a law should be made assigning substantial pensions to the widows and orphans of medical men who might meet with their death through attending to their duties during an epidemic.

The Length of a Step.

Dr. Gilles de la Tourette has recently published a monograph upon normal locomotion and the variations in the gait caused by diseases of the nervous system. He found, from a comparison of a large number of cases, that the average length of a space is, for men, twenty-five inches; for women, twenty inches. The step with the right foot is somewhat longer than that with the left. The feet are separated laterally in walking about four and one-half inches in men, and about five inches in women. The ataxic gait is characterized by an actual shortening of the pace coinciding with an apparent lengthening, and by a considerable increase in the lateral separation of the feet.

The Occupations of Great Men.

The *Med. Age* says that the father of Demosthenes was a blacksmith; of Euripides, a dealer in vegetables; of Socrates, a mediocre sculptor; of Epicurus, a shepherd; of Virgil, an inn-keeper. Columbus was the son of a wool-carder; Shakespeare, of a butcher; Luther, of a miner; Cromwell, of a brewer; Sixtus V., of a swineherd; Linnæus, of a poor country minister; Franklin, of a soap-boiler; Rousseau, of a watchmaker; and Murat, of an inn-keeper. The mothers of these men may have been the source from which their genius was derived, and, indeed, it is known that some of them were women of more than ordinary excellence.

Fever in India.

Fever was very prevalent in the Central Provinces last year, causing no fewer than 17,634 out of the total number of deaths (301,684), or a ratio of 197.35 per mille. The officiating Chief Commissioner has requested the Sanitary Commissioner and the Civil Surgeons to direct renewed attention to the distribution of fever, whether it prevails most in jungly or in cultivated tracts, on highlands or lowlands, on black cotton soil or elsewhere. The effect of a break in the rains is also a point which will be carefully observed.

Gigantic Seaweeds.

Some of the gigantic seaweeds have stems which exceed in length any of which terra firma can boast. Recently the ship "Clever," commanded by Capt. John Stone, arrived at Montevideo with a portion of a seaweed which had been picked up in the Atlantic near the equator. The sailors perceived an object floating on the surface some distance from the ship, and, manning a boat, they rowed to it, and ascertained that it was an alga of enormous size. On measuring it, it was found to have a length upward of fifteen hundred feet. It has been identified by botanists as Macrocœptis pyrifera.

Restrictions on Veterinary Practice in France.

The French Minister of Agriculture has drafted the following resolution, which has since become a law: "No one who is not in possession of a diploma in veterinary medicine, granted to him by a French veterinary school, shall practice this branch of science in France." Any breach or evasion of this law is punished by a fine of from sixteen to four hundred francs for the first offence, and if the offence be repeated, a double fine, with from six to thirty days' imprisonment.

Half Rates to Pasteur's Patients.

In consequence of the number of petitions forwarded through several prefets, M. Tarrien, the Minister of Public Works, has informed them that the railway companies have consented to transport Pasteur's patients both ways at half-price in third-class carriages; but the request for such a favor must be accompanied with a certificate of the mayor of the locality to the effect that the patient is assisted by the commune.

A Professor of Philogeny.

It will be remembered that some time ago Herr Paul von Ritter, of Basle, gave the sum of 300,000 marks to the Jena Univer-

sity for the furtherance of scientific inquiry on the basis of Darwin's theory. It has now been decided to employ half the interest in the maintenance of a "Ritter Professorship for Philogeny." The chair is to be filled by Dr. Arnold Lang, formerly scholar and assistant of Professor Hackel, of Jena University.

Sponge-grafting; What Becomes of the Sponge?

An interesting article on this subject, by Dr. John C. Cotton, of Meadville, Pa., which was published in the MEDICAL AND SURGICAL REPORTER (June 12, 1885,) has been extensively noted, principally by the *Provincial Medical Journal*, of Leicester, England, from which it was again copied by the *N. E. Medical Monthly*, and again by the *Cincinnati Medical Journal*.

Forty Thousand New Doctors in Ten Years.

The *Medical Record* says that in the last nine years 103,598 persons have matriculated as medical students, and one-third of these, or 33,684, have become doctors of medicine. At this rate the total number of doctors for the decade will be nearly forty thousand. For making these, the medical colleges must have received over twelve millions of dollars.

The University of Pennsylvania.

An association of the alumni of this institution residing in New York city was recently organized, and on Tuesday evening, November 23, the event was celebrated by a dinner at Delmonico's, at which the Provost, Dr. William Pepper, Dr. Leidy, and a number of the graduates of the medical department were present.

An Expensive Experiment.

In the early days of cocaine investigation, its toxic power was tested on a dog, and forty grammes were required to kill the animal. The cost was eight hundred marks, or about one hundred and sixty dollars.

Electricity Utilized as a Means of Punishment.

An ingenious Swiss is said to have devised an electrical whipping apparatus which will inflict the requisite amount of pain without causing unsightly and inconvenient wheals.

—It is reported that diphtheria is epidemic in the town of Ishpeming, Mich., and that public gatherings have been prohibited, and the schools and churches closed.

Personal.

—Dr. Wm. S. Little, of Philadelphia, is spending the winter at Aiken, S. C., where he will be pleased to attend to ophthalmic cases which may be recommended to his care.

—At the recent celebration of the two hundred and fiftieth anniversary of the establishment of Harvard University, the following named members of the medical profession were among those on whom the degree of LL. D. was conferred: Professor Joseph Leidy, of the University of Pennsylvania; Dr. S. Weir Mitchell, of Philadelphia; and Dr. John S. Billings, of the army.

Items.

—The Paris Exhibition of 1889 is being organized. The Commission have commenced their sittings, and a guarantee fund of 22,000,000 francs has been subscribed.

—An amusing prescription, too good to keep, is appended:

> Oxvomit and Black antney,
> mixed witht flaxseed,
> Will coar colrey on chickens.

—"Johnny, here you are at the breakfast-table, and your face is unwashed," said his mother.

"I know it, ma. I saw the animalculæ through pa's microscope in the water last night, and I ain't going to have those things crawling over my face with their funny little legs."

—Dr. William Goodell, of this city, has performed thirty ovariotomies within the last year, with only one fatal result out of the whole number. As these were not selected cases, such a series will compare most favorably with any heretofore reported.

—At Prof. Da Costa's clinic recently was a very marked case of *hysteria*, the patient suffering from hyperæsthesia of the skin, trembling paralysis, and "fits." Treatment: Strengthen patient's *morale*, and encourage her; have her exercise short of fatigue; plenty of good food and rest in bed; and let her take zinci valerianas gr. ij ter die. In eleven days she returned practically cured.

QUERIES AND REPLIES.

PREVENTION OF APOPLEXY.

EDS. MED. AND SURG. REPORTER:

I would ask you, also your readers, if there are any remedies known which will tend to prevent or postpone an attack of apoplexy or cerebral hemorrhage?

West Farmington, Ohio. W. J. HAINE, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

CONJUNCTIVAL AFFECTIONS.

BY WILLIAM F. MITTENDORF, M. D.,

Of New York City.

Inflammations of the conjunctiva constitute about fifty per cent. of all diseases of the eye. These troubles vary considerably in regard to their extent and severity, and derive their special importance from the fact that the great majority of them are contagious. Diseases of the conjunctiva may be, therefore, divided into non-contagious and contagious. In the latter class of cases, the causative agent of the contagion has not been accurately defined up to the present time. It is true there has been found a special micrococcus in granular lids; and likewise in gonorrhœal ophthalmia the gonococcus of Neisser has been found in the secretion of the eye; but in the great number of catarrhal affections, which are undoubtedly also contagious, no specific organism has as yet been demonstrated. Formerly the idea prevailed that all the secretions of the eye containing any purulent ingredients, and especially pus corpuscles, were contagious. It is possible that the pus corpuscles are particularly adapted to serve as the carriers of the micrococcus or of the contagious principle.

Contagious affections of the conjunctiva are all those in which there is a muco-purulent secretion. The virulence of the contagion depends upon the nature of the discharge; as a rule, the more pus it contains the more contagious it seems to be, and there are only a few diseases of the conjunctiva which are, therefore, not contagious. These are, in the first place, *phlyctenular conjunctivitis*, which, as you know, is a localized affection. It does not affect the whole of the conjunctiva, and is especially characterized by the formation of one or more phlyctenular ulcers, nearly always on the conjunctiva of the eyeball, but sometimes on the cornea itself.

Another form of conjunctivitis which as a rule is not contagious, is *traumatic conjunctivitis*. A slight burn of the eye or a foreign body embedded in the conjunctiva, will set up sufficient irritation to cause a mild form of conjunctivitis. Very mild forms of catarrhal conjunctivitis, depending especially upon irritation, such, for instance, as we find in conjunctivitis accompanying errors of refraction, which some authors speak of as simple hyperæmia of the conjunctiva, are not contagious. But all severe *catarrhal inflammations*, as well as all acute purulent forms of conjunctivitis, of which we have *purulent ophthalmia*, the *blennorrhœa neonatorum*, *gonorrhœal ophthalmia*, are very contagious. Less contagious, but still very dangerous, are those affections which are chronic; and of these we have two varieties, the *chronic blennorrhœa* of the conjunctiva, which is characterized especially by hyperplasia and excrescences of the epithelial layer of the conjunctiva; and *granular lids*, or *Egyptian ophthalmia*, which is characterized by an accumulation of lymph-cells in certain portions of the conjunctiva.

Let us consider the etiology of these diseases.

Catarrhal conjunctivitis is easily brought about by sudden changes of temperature, by chilling. This is especially apt to occur

in the spring and fall, and these are the seasons in which we meet with the large majority of acute catarrhal diseases of the conjunctiva. Some of these forms of conjunctivitis, more sub-acute but very obstinate in their course, have therefore derived the name of *vernal* or *autumnal catarrh* of the conjunctiva, and they are characterized by participation of the bulbar conjunctiva, and especially that portion which surrounds the cornea, as well as the limbus. A thickening of the limbus, with an infiltration around the sclero-corneal margin, are the principal features of that form of catarrhal conjunctivitis which is known as spring or autumnal catarrh. Another form of this disease in which both the conjunctiva of the lids and of the eyeball are implicated, and in which on account of this participation of the bulbar conjunctiva the eye is of a marked bright red appearance, is known as *pink-eye*.

A third form of catarrhal inflammation is that in which the seat of the disease is especially in the fold of transmission, and is accompanied by profuse serous exudation of this portion of the conjunctiva. It produces great swelling of the lids, but the characteristic feature of it is that on eversion of the lids the fold of transmission is seen to be very much swollen. This is the form which has derived the name of *Schwellung's catarrh*, a name given it by the Germans.

A fourth variety of catarrhal conjunctivitis is that in which the serous exudation is very marked; it affects the conjunctiva of the eyeball as well as that of the lids. In these cases the conjunctiva is lifted up like a bag of fluid. The eyelid is so swollen that the patient is not able to open it; yet the exudation being deeply seated, there is very little if any discharge. This is known as the *edematous* form of catarrhal conjunctivitis.

A fifth kind is that in which the more superficial layers of the conjunctiva are implicated. In these cases we are apt to have more discharge of a sero-flocculent character, a great many of the epithelial cells being lost. This is the form of conjunctivitis in which we see a fine granular appearance of the conjunctiva, as if it were sprinkled with sand. In milder forms this is probably due to swelling of the papillary layer; in severer forms the loss of epithelium in conjunction with swelling of the papillary layer are the principal lesions, and the palpebral conjunctiva has a red, velvety appearance. This form of catarrh, if neglected, is apt to become either chronic or, if irritation is added, it is apt to develop into a more serious disease, into a purulent ophthalmia.

In speaking of these five milder forms of conjunctival disease, I have mentioned as a cause of their development atmospheric changes. They may also be caused by abuse of the eyes, or by continued abuse of alcoholic beverages in a great many of these cases. Another factor has been impure air, and the impurity of the air may be due to obnoxious gases, as we find them in badly ventilated rooms, or to overcrowding as well as overheating of rooms. In many cases the influence of the air is merely to produce a more rapid evaporation of the tears and subsequent irritation of the eye; but in a great many the injurious admixtures of the air become absorbed by the moisture of the eye, and act as chemical irritants. Then the admixtures of the air causing conjunctival troubles may be of a mechanical nature. In walking through the crowded and not overcleanly streets of New York, one is surrounded by an atmosphere which is loaded with the sweepings of the streets, consisting of particles of horse manure, etc., which, if they get into the eye, are very apt to set up a conjunctivitis. This cause of inflammation has been so potent at times that only a few years ago New York was visited by a mild epidemic of conjunctival catarrh, which a great many authorities ascribe solely to the dirty condition of the streets. Dr. Loring published a paper in which he called attention to this fact several years ago. This mechanically irritating air is not confined, however, to New York or other large cities; it is also found in localities where the air is apt to be loaded with the dust of limestone or fine sand, and therefore we find that on the high plateaus of Nebraska, Arkansas, and other places, severe forms of conjunctival disease exist which are extremely obstinate to treatment. In fact, as long as the cause exists it is next to impossible to relieve the disease. I have had a number of patients coming from those localities who could not be cured of their conjunctival troubles as long as they remained there, but were cured here in New York.

Another mechanical cause existing in the air is snow. In very severe winters, when the snow is in the form of fine crystals driven by the wind into the face of travelers, a severe form of conjunctivitis develops, which is aggravated by the light reflected from the snow. This condition causes great distress to travelers in the arctic regions, by giving rise to irritation and affections of the cornea, and constitutes one of the forms of snow-blindness. It aggravates the ordinary form of snow-blindness to such an extent

that travelers have become completely blind from this affection. Simple snow-blindness, depending simply upon a superabundance of light, is not apt to lead to blindness. It is annoying, but it disappears as rapidly as it came, if the patient is kept in a dark room for a few days. It is in order to keep out the light and protect the eye from the particles of snow and ice floating in the air that the Esquimaux travel with spectacles made of wood, containing a little hole in the center, which answers the double purpose of keeping snow out of the eyes and of shutting out a superabundance of light.

The form of conjunctivitis to which men working at furnaces and firemen on steamers are exposed, is caused by a too rapid evaporation of the fluids of the eye.

It cannot be denied that another predisposing or exciting cause of conjunctivitis, is a lowered condition of the general system. Conjunctival diseases are, therefore, found, and are apt to become very serious, in old people or in persons who have been fasting during Lent. They are likewise apt to occur when persons have been living upon one kind of food for a length of time. Sailors and soldiers getting insufficient food, or food of the same kind for a long time, are more apt to develop conjunctival trouble. This is probably also the reason why in asylums, where the diet is nearly the same the year through, the children lose that power of resistance which is necessary to overcome injurious influences, and are therefore more apt to become the prey of conjunctival diseases. Overcrowding of institutions is to be considered one of the causes, as it leads to a vitiated condition of the atmosphere, and the greater and longer the crowding the greater will be the danger of development of conjunctival disease. This has been forcibly illustrated during the last examination of the asylums and industrial schools made in this city, which were made to ascertain the extent of conjunctival diseases in such institutions. I found that children who had been for one or two years in an institution of this kind suffered much less; perhaps only ten per cent. of them had conjunctival diseases; whereas the children who had been there for five, six, or ten years, had suffered considerably, the number of cases rising in many instances as high as fifty and sixty per cent. Another illustration of this kind is, that children who are working in large, well ventilated rooms are not apt to have conjunctival diseases; while children working at something even less trying to the eye, but in a small room with a low ceiling, in which the temperature is high and the air bad, are apt to suffer from such troubles. In a room of the latter kind I found nearly two-thirds of the inmates suffering from chronic diseases of the conjunctiva—in fact, hardly a single healthy conjunctiva could be found among the 130 or 140 children thus employed.

The most potent etiological factor, however, is contagion, and it is a singular fact that in such cases there is apt to be a much severer form of conjunctivitis than if the disease has been brought on by atmospheric, hygienic, or mechanical causes. The severer forms of conjunctivitis, under which we understand malignant or purulent ophthalmia, blennorrhœa neonatorum, and gonorrhœal ophthalmia, as well as granular lids, are almost entirely due to contagion. The poison of purulent ophthalmia is derived from other cases of purulent ophthalmia. But this form of disease may also be due to an irritation of a previously existing simple catarrhal conjunctivitis. Another cause of purulency in the conjunctival affection is a greatly lowered condition of the general system. The same kind of disease which will set up a moderate amount of inflammation in a well-nourished person, may in a weak, and especially a lymphatic subject, cause a severe form of purulent ophthalmia.

In regard to the poison of blennorrhœa neonatorum, there is little doubt but what it is due to a specific organism which is found in the vaginal secretions of the mother, and which gets into the eye during the passage of the child through the vagina, or is brought into the eye by the injudicious and careless use of sponges or towels employed about the mother. This explains, perhaps, why blennorrhœa neonatorum is apt to be found after tedious labor, where the head of the child has been impacted in the vagina for some time before its delivery. Out of one hundred cases of blennorrhœa neonatorum which I have seen within the last few years, sixty occurred in primiparous mothers. As you well know, in these cases labor is apt to be more tedious, and that is where I think the principal trouble lies. In fifteen of the other cases forceps had to be used because the labor was tedious; and in only twenty-five cases had the labor been normal. In all of the cases the disease showed itself within one week after the birth of the child. However, we do meet with some cases in which a disease shows itself as late as the second or third week, as this inflammation differs, on account of its severity, from an ordinary cold; it is probable that in these cases the

causative agent is brought into the eye by the carelessness of the nurse, for it is a prevailing idea that an infection received at the time of birth may lie dormant one week, but not longer.

In order to avoid the danger of infection in confinement, it has been advised to disinfect and cleanse the vagina before the delivery of the child; but this is a difficult thing to do very thoroughly, because the secretion will form again as fast as removed, especially if the labor is a tedious one. A much more rational way of treatment has been to apply germicides to the conjunctiva of the child after its birth, when there is any suspicion of its having been infected by the secretions from the vagina. Inflammations of this kind are more apt to occur in lying-in asylums than in private practice, and I think the principal cause of this is not to be looked for in the condition of the hospital so much as in the condition of the patients, as the class of mothers who come to such institutions are much more apt to suffer from vaginal disease than mothers whom we meet in private practice. But there can be no doubt that the congregation of many women in one institution is a source of danger to a healthy vagina and to a healthy conjunctiva in the new-born.

This method of cleansing the eye after birth has been called Crede's method; it consists in dropping one or two drops of a ten-grain solution of nitrate of silver into the eye of the child immediately after it has been washed. The eye is washed with boric acid a few times after this. By this method the percentage of five or six or more has been reduced in many institutions to one-half or one-quarter of one per cent.

This is a disease which deserves the greatest attention on the part of the physician, because it has been proven by statistics that it is the most prolific source of blindness. Prof. Magnus, of Breslau, who published his magnificent essay on blindness and its prevention, which received several prizes in Europe, proves that nearly twenty per cent. of all blind persons are blind from blennorrhœa neonatorum.

The other form of contagious ophthalmia, gonorrhœal ophthalmia, is perhaps the most violent. Its etiology is as a rule, evident enough, but in a great many cases the existence of any discharge from the urethra or vagina is denied when an examination easily demonstrates the presence of a gleety or purulent discharge. The more recent and the more violent the disease of the urethra or vagina, the more serious the disease which develops in the eye. This disease destroys more than half of the eyes which are affected with it, and the contagious character of the discharge of the eye is such that the first and most important duty of the attending physician is to protect the other non-infected eye. A case of gonorrhœal ophthalmia is to be looked upon as half lost, and as important as the treatment is to the affected eye, equally important, or more so, is prevention of infection of the other eye. This disease is apt from the local infection to affect only one eye. The discharge may be conveyed by means of the finger, bandages, or direct transmission from the affected organ to the eye. Direct transmission may be through a syringe containing some of the discharge, or through small particles of the dry secretion being carried to the eye while dressing the organ, or by washing the eyes with urine, which is quite a popular remedy. We have many cases in which direct contact of the discharge from the diseased organ with the eye is established beyond a doubt. We have, in fact, cases of hard as well as soft chancre of the eye. Such cases, of course, are much more rare than those in which there is direct transmission of the purulent discharge of gonorrhœa to the eye.

The other form of contagious eye disease, namely, granular lids, is principally caused by contagion; but undoubtedly in many cases it is due to mal-treatment or neglect of an existing conjunctival disease. The mode of contagion depends, I think, in nearly all cases, upon direct contact of the discharge with the eye. I do not believe that the contagion can be carried through the air. There is no doubt that dry secretion may be carried in the air, but I do not think that a secretion which has become so dry as to be carried in the air is of much danger. In fact, we have no positive proof of contagion through the air. Several cases of this kind, so claimed, are in my mind unsatisfactorily proven. I believe contagion can not take place through the air, but only through direct contact. The mode of carrying the poison from one eye to the other is manifold. And although the secretion is not so violent in its nature, nor so abundant, in granular lids as it is in purulent ophthalmia, yet the apparently healthy appearance of the diseased eye may throw us off our guard and lead to greater exposure to contagion of this kind.

To mention a few of the modes of contagion, I have to speak, in the first place, of towels, especially of that abominable institution known as the roller-towel, which has

been used so much in asylums where forty, fifty, or more children use the same towel, whether they have granular lids or not. True, in a great many of these cases the existence of granular lids was not known; but even in cases in which the existence of the disease was evident, the ignorance or carelessness of the persons in charge has allowed transmission by means of towels to be one of the most frequent sources of contagion. As a carrier of the contagion, the house-fly plays an important *rôle*, especially in cases of young children who are not able to protect themselves against the visits of this little animal. Attracted by the sweetish odor of the discharge, it will settle upon the eyes of children affected with the disease, especially infants, and carry the contagion in its claws to the other eye or the eyes of sleeping infants.

Spectacles may be the carrier of the contagion. I remember the case of a young lady who could not explain satisfactorily how she came to have granular lids. Upon her return to school she mentioned that she had granular lids, whereupon one of her classmates said: "Why, that is the disease which I have been suffering from for the last six months." This classmate was near-sighted, and used glasses. My patient was also near-sighted, but had not used glasses, and whenever she wanted to see anything at a distance she was in the habit of borrowing the spectacles of her friend, and there is no doubt in my mind that this was the means of carrying the poison from the classmate's eye to my patient's eye.

Children with granular lids are very apt to rub the eyes, because the secretion as it begins to dry on the edge of the lids, causes an irritating, itching sensation. They will now play with other children, and from their hands transfer the poison to the hands of the other children, and these latter rubbing their eyes contract the disease. Handling objects which have been used by granular lids patients may be the means of carrying the contagion. A young lady who volunteered to teach children affected with granular lids, and who had been isolated from other children in a certain institution, was warned to be extremely careful with regard to using handkerchiefs, towels, or anything which belong to the children. She was well aware of the danger, and promised to be very careful. She handled nothing whatever, she said, that belonged to the children, left her cloaks outside, and in the class-room kept away from the children a distance of five or six feet. But upon examination of her eyes, fourteen days after she had taken office, it was found that she began to suffer from granular lids. Upon inquiry, I found that she had been taking the copy-books and slates of the children for correction, and in all probability she got the poison from the slates and books on her hands and then conveyed it to her eyes. A teacher of another section in the same institution was more careful; she simply walked into the class-room, did not touch anything belonging to the children, and for two or three months, during the duration of this epidemic, she was not affected by the disease. The atmosphere had evidently not been the carrier of the contagion in the first case.

The etiology of chronic blennorrhœa of the conjunctiva is always that of a previous acute attack of the conjunctiva or the extension of the inflammation from one of the appendages to the eye. Chronic blennorrhœa, which, as I said before, is characterized by excrescences and hyperplasia of the epithelium of the conjunctiva, which is lifted up sometimes in fine cauliflower-like excrescences, giving the conjunctiva a rough, velvety appearance, is as a rule the result of an acute blennorrhœal process. But it may also occur from extension of blennorrhœa of the tear-sac to the eye. In this way the disease may travel along the mucous membrane of the canaliculi until it comes to the conjunctiva of the eye; or the contagious element may be carried by the decomposing discharge of the tear-sac, which must now and then be squeezed out into the eye.

Another form of contagion has been claimed to be the common mold fungus. By a number of observations it has been shown that persons who sleep in badly ventilated rooms, in which the mold fungus develops, are apt to contract purulent ophthalmia or granular lids; but it is questionable whether these spores act simply as mechanical irritants, or whether they cause the development of similar formations in the conjunctiva, and thus give rise to the inflammation.

Conjunctivitis may also be caused by some drugs, such, for instance, as atropine, capsicum, or jequirity. Atropine conjunctivitis is not often met with; it is apt to occur in some persons after long continued use of the drug. Capsicum or pepper are at times purposely thrown into the eye; they set up a smart and very painful conjunctivitis. Jequirity bean has been used in Brazil for some time for the cure of granular lids; it has gained quite a reputation for the cure of pannus. An infusion of jequirity beans, made of one bean to one ounce of water, is

brushed upon the conjunctiva of the lids once or repeatedly, until it sets up an inflammation. This inflammation is characterized by swelling of the lids and conjunctiva, and by the formation of a grayish membrane on the conjunctival surface. After the inflammation, which it caused, has subsided, the pannus is often considerably changed for the better, and the granulations are much smaller, or have disappeared entirely. The use of this new remedy is, however, at times followed by an inflammation of great severity and ulceration of the cornea; it should therefore be employed only by men thoroughly competent to meet these complications.

Communications.

A CASE OF PSEUDO-EPILEPSY OF THE RETINA CAUSED BY HYPERMETROPIA.

BY F. C. RILEY, M. D.,

Of New York.

Presumably, true epilepsy of the retina never occurs independent of the epileptic state, although an epileptoid condition of this membrane may recur and at regularly varying intervals, and with such demonstrative effect as to be very misleading if not sufficient to cause a complete error of judgment. Undoubtedly during all epileptic convulsions the vessels of the retina become emptied and blanched as soon as the cerebral circulation, as a whole, is interfered with, and remain so during the interval of unconsciousness. Were we to use the ophthalmoscope at such time we would find this condition existing, and the usual power entirely in abeyance. That an epileptoid manifestation can occur entirely independent of a true epilepsy and be dependent upon a cause remote from any of a neurotic nature, the history and subsequent developments of the accompanying case fully demonstrate. The peculiar symptoms here presented are of interest not only to the specialist in ophthalmic surgery, but to every physician, for to any one such cases may present themselves, and an appreciation of the danger attending such phenomena at the beginning will enable him to alleviate to a considerable degree by his prognosis, the anxiety of the sufferer.

Mrs. W., aged twenty-five, consulted me in the summer of 1885, recounting the following symptoms: Has always possessed good eyesight until recently. Was quite ill about eight months previous to parturition, which illness was prolonged by excitement consequent upon the illness and death of a member of the family. Supposed, however, to have fully recovered from the effects of the foregoing previous to the manifestation of any ocular symptoms.

During a period of two months prior to my examination, she has experienced more or less constant pain in the supra-orbital region, and at times all about the region of the eyes, especially when reading or sewing, the same generally subsiding soon after laying aside the book or needle. For the past two or three weeks there was experienced a sensation of fogginess before the eyes at intervals varying from a few hours to two days, both when regarding near or distant objects —these attacks increasing in severity until the right eye was incapable of distinguishing light from darkness; in fact, the patient became absolutely blind in the right eye, which condition lasted from two to ten or fifteen minutes and then passed off, generally through varying stages to a perfect restoration of sight.

The inadvertent closing of the left eye brought to her mind a sudden realization that the blindness was confined exclusively to the right eye, and subsequent repetitions demonstrated conclusively that the left eye was never thus affected. Fearing organic disease of the right which might lead to permanent blindness naturally caused much uneasiness and perturbation of mind.

An examination of the eyes revealed the following:

Both eyes appear externally to be in normal condition. Insides dark; pupils regular and of same size; both respond perfectly and equally to light. O. D. V.=with $+\frac{1}{50}\frac{XX}{XX}$; O. S. V. = with $+\frac{1}{50}\frac{XX}{XX}$, showing a manifest hypermetropia of $\frac{1}{50}$. Slight insufficiency of internal rectus of right eye noticed when attention was concentrated upon a near object. Not having a set of prisms at hand the degree of adduction and abduction was not noted. With the ophthalmoscope the left eye was ascertained to be in a perfectly normal state. In the right eye was noticed slight engorgement of the veins, they being somewhat distended and tortuous, especially near the margin of the disc. Otherwise the fundus presented a perfectly normal appearance.

The patient had, therefore, all the symptoms of quinine epilepsy of the retina, with no other history of the disease and no abnormality to mention except the far-sightedness.

To prevent the return of the epileptical

manifestations, she was directed to abstain from all work necessitating the use of the eyes in a condition of active accommodation, and to use a pair of glasses ($\frac{1}{40}$), representing almost the whole amount of her manifest hypermetropia.

The following day an attack occurred, which lasted but a moment, and did not produce blindness.

The second day a sense of fogginess of short duration was noticed, but no special inconvenience followed.

On the third day the glasses ($\frac{1}{40}$) were received and immediately adopted, since when no recurrence of the epileptoid attacks have supervened, and with their use, in conjunction with a short course of faradization of the internal rectus muscle complete relief of all pain, inconvenience, and interference of vision has ensued. The lady recently informed me that she had not since experienced any untoward symptoms, and that with the aid of the glasses she is enabled to work steadily for hours at the finest kinds of needle-work, without experiencing the slightest sense of fatigue about the eyes.

The history of such cases demonstrate most conclusively the necessity of the use of correcting lenses in order to prevent the possibility of overtaxation of the accommodative power which generally occurs in the hypermetropic state unless glasses are worn.

This also brings to notice the diversity of manifestations that may supervene upon but a slight degree of refractive error.

165 *Madison Ave., New York City.*

DRAINAGE-TUBES IN SURGERY.

BY D. H. WOOD, M. D.,

Of Quincy, Mich.

Believing that there is no one article or device in the armamentarium of the surgeon that is more useful when applied intelligently, and in the right place, and more disastrous to the reputation of the surgeon, and the lives of his patients, when used in the wrong place, I desire to say a few words on the subject.

In deep suppurating wounds, especially where bone is involved, the drainage-tube is of great service. But what I wish to say will apply more especially to their use in the wrong place, viz., a serous cavity, particularly the pleural.

First let us see the effect of letting air into a pleural cavity. The lung in its physiological condition completely fills the cavity; the pleura-pulmonalis and the pleura-costalis are in direct contact with each other throughout their entire extent. Respiration is carried on or permitted by the expansion and contraction of the cavity. What expands the cavity? Does the inflation of the lung expand it? Or does the expansion of the cavity facilitate, or cause the lung to inflate, or vice versa? I think it is clear to all that the latter is in the main correct.

That being the case, we will now suppose a drainage-tube to be adjusted, and at each respiratory effort or expansion of the chest, air is freely admitted through the tube into the pleural cavity. What follows? The function of the lung is compromised, its air-cells collapse from atmospheric pressure from without, and as time goes on the lung ceases to be a respiratory organ, becomes *collapsed* and *carnified*. But, says some reader, how are you going to treat empyema without the use of the drainage-tube?

Early in my professional career it was my fortune to make an autopsy where the patient had died of chronic empyema. There were five fistulæ from which, I was told, pus had flowed for a period of ten months. Without going into further details of the case, I will give the lesson I there learned.

I determined to investigate nature's mode of drainage. I first attempted to pass my probe through one of the openings into the cavity, and failed. I next tried my blow-pipe, and to my utter astonishment I could not force a particle of air into the cavity. I then introduced the nozzle of my blow-pipe into the other end of the sinus, and tried again, with great success—I not only forced air through readily, but with it came quite a shower of pus into my assistant's face, who was eagerly watching the external opening. I said to myself, I have dislodged all obstruction, and introduced my blow-pipe into the external sinus again (very confident of success this time), but despite all my efforts, I could not prevail on that little drainage-tube to convey air from without inward, but the reverse with great ease. This to me was a strange thing, and I determined to search further and if possible discover the mystery. I noticed more carefully the external opening, and my attention was directed to three small pouting lobes of granulations surrounding it. These little sentinels were as completely adjusted to the closure of the sinus as are the tricuspid valves of a normal heart. I then dissected the little tube out of its tortuous bed, and after measuring its length, which was 4½ inches, I again tried my blow-pipe, with like results as before. I then took my knife and laid it

open from end to end. I now discovered "flaps" or "folds" or "pockets"—call them what you may, I choose to call them *valves*—that bid defiance to the *ingress* of air, but afforded little or *no* obstruction to the *egress* of pus. This was a valuable lesson to me, and as I believe, has been more valuable to my patients than myself. I have since that time treated many cases of pleuritic effusion, both purulent and non-purulent, ever remembering the early lesson as told above, and I have never had to pass my patient over to the undertaker.

Surgeons should remember that *God* never uses a drainage-tube without a *valve*.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. M. Da Costa.

Case of Walking Typhoid Fever, with Intestinal Perforation and Uræmic Symptoms: Death.

The patient, a man of thirty years, was a Norwegian, and could not speak English well. He gave no history of having been ill prior to five days before admission, when he was seized with a chill. This was followed by persistent vomiting, successive chills, prostration, and abdominal pain. In fact, he complained of pain all over his body. Bowels were regular and rather loose. He was in the hospital only twenty-four hours, during which time he passed no urine. On admission, his temperature was 103°, pulse 32, respiration 38. The tongue was coated and breath foul. Intellect seemed clear. He was somewhat emaciated. Vomited dark-greenish matter very frequently.

Physical examination revealed but little. Heart-sounds weak. Lungs negative. Abdomen tender on percussion; not distended. Bladder seemed empty.

Treatment consisted of morphia, hypodermically, p. r. n., and 15 gtts. tincture digitalis every third hour.

Next morning the patient seemed much weaker—almost comatose. Temperature slightly below normal (98°); pulse 140; respiration 30. Vomiting persisted. He was somewhat cyanosed. His pupils were dilated and his muscles twitched as if in threatened convulsion.

As he had passed no urine since admission to the hospital, the catheter was used, and only five ounces of urine obtained.

The condition found upon analysis and microscopic examination was as follows:

Specific gravity 1027, reaction acid, and containing a trace of albumen. A few granular casts, a few red blood disks, epithelium, and urie acid crystals.

Dry cups were freely applied over the loins, and cocaine in one-half-grain doses ordered every third hour. A steam-bath was also administered with the hope of exciting the skin to activity. He rapidly weakened, and died at about 11:30 after what seemed like a slight convulsion.

The autopsy was made five hours after death. Body slightly emaciated. Rigor mortis well marked. The muscles are dark colored and soft. The heart shows slight but distinct hypertrophy of the left ventricle, and some atheroma of the aorta. The valves of the heart are in good condition.

Lungs are crepitant throughout; no evidence of tubercle. They are congested posteriorly.

Abdomen.—On opening the peritoneum, it is found to be injected and to contain a purulent fluid having a strong fecal odor.

Stomach shows evidences of chronic gastritis of long standing, the mucous membrane being markedly mamillated and in some parts ecchymosed.

Small intestines.—The ilium contains several small ulcers, very deep, and occupying the site of Peyer's patches. One of these ulcers has *perforated*.

Large Intestines.—Mucous membrane is swollen, and there is some ulceration about the head of the colon. Mesenteric glands are enlarged.

Liver is congested and softened.

Spleen is about normal in size, dark colored and firm.

Kidneys are rather small (weighing about 2½ ounces). Their capsules are not adherent. The relation between cortical and medullary substances is natural. There is some congestion, but otherwise the kidneys are apparently healthy.

Now this man died of uræmia, with symptoms of perforation of the bowel. This is illustrative of *walking typhoid fever*. The patient not being aware of his condition, and complaining only for six days, whereas he was probably ill for a length of time. It was not, in fact, till the post-mortem revealed the lesion in the intestine that his disease was known to any one.

The interesting question is, why did he have uræmic symptoms, since the kidneys were *not* diseased, but only congested? During 24 hours the kidneys were only able to secrete five ounces of urine. What induced

this uræmia? As I repeat, there was some hypertrophy of the heart and congestion of the kidneys, but no pre-existing disease of the organs to account for uræmia. *Why then did it occur?* is the diagnostic point of greatest interest. The typhoid lesion must have been marked to have produced perforation.

Now the shock produced by perforation was so great as to cause suppression of urine and the consequent *uræmia*. The case is instructive as showing how a patient with intestinal ulceration may walk about till perforation of the bowel occurs, having no symptom of typhoid fever except the often unreliable one—abdominal tenderness.

Medical Societies.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

Regular meeting, held October 12, 1886.

DISCUSSION ON DR. ASHBY'S PAPER.

(*See page* 645.)

Dr. B. B. Browne said he had reported about two years ago two cases in which he had used cocaine in dilation of the cervical canal. Since then it was his habit, in office practice, when slight dilatation was required preparatory to intra-uterine applications or curretting, to first apply a 4 per cent. solution of muriate of cocaine to the canal. When full dilatation is required he prefers full anæsthesia, but he has used the cocaine successfully in two such cases. In two cases of acute anteflexion he injected 20 drops of a 40 per cent. solution into the uterine tissue near the point of flexion. In a few minutes he was able to pass a sound without pain, and also to apply cotton saturated with cocaine. He thinks that by its effect on the circulation it tends decidedly to prevent the occurrence of cellulitis after local interference. He applies it to the cervical canal on cotton wrapped around a probe.

Dr. L. E. Neale said he would like to ask for information if any gentlemen present had had experience with the use of cocaine by hypodermic injection. He thought the method of administration of great importance in judging the effects of the drug.

Dr. W. T. Howard said that so far as he knew, Dr. W. M. Polk, of New York, was the first, about two years ago, to use the hydrochlorate of cocaine as a local anæsthetic in the operation of trachelorrhaphy. He used it in two cases. Having previously douched the vagina with warm water, the cervix, the patulous cervical canal, and the vaginal walls adjoining the cervix were washed with castile soap; this, in turn, was washed off, and the surface carefully dried. Then, a four per cent. solution of cocaine was thoroughly painted, with a camel's-hair brush, over the cervix, in the canal, and over the adjacent vaginal wall. This was done three times, allowing an interval of three minutes between each application. In one case, the operation lasted forty minutes, and there was no complaint of pain till the last ten minutes, when an uncomfortable soreness was felt. Soon after the publication of these cases, Dr. Howard had operated on a number of cases of lacerated cervix, pursuing essentially the plan used by Dr. Polk, and with similar results. Dr. Howard had noticed, however, that in passing the needles through the lips of the cervix, in the usual way, with the silk loop and silver wire attached, the patients invariably complained of pain, more or less acute, in different cases. Hence, in all cases in which the laceration occurred in a large hyperplastic cervix, demanding the removal of a certain amount of parenchymatous cervical tissue, to prevent the sutures cutting out and thus hinder accurate union, Dr. H. much preferred that the patient should be put under the influence of ether, in order to insure a painless operation. Dr. H. doubted whether it was advisable to inject a solution of cocaine, with the hypodermic needle, into the cervical parenchyma, as the tissues are too dense, in most cases, to allow of a rapid diffusion of the anæsthetic influence of cocaine. He had seen, however, in a recent number of the *Brit. Med. Jour.*, a report of the removal of hemorrhoids in two cases, which were rendered painless by injecting five drops of a ten per cent. solution of the hydrochlorate of cocaine, by means of a hypodermic syringe, into each side of the base of the hemorrhoid. After the operation, a morphine suppository was inserted into the rectum, and, subsequently, not the slightest pain was experienced.

Dr. H. had now under care a married lady, aged twenty-five years, who suffered severely from from dysmenorrhœa. She had an anteflexion of the vaginal portion of the cervix, with acute angular flexure at the posterior vaginal junction, and stenosis at the os internum. He determined to dilate the cervical canal with his dilatorium; but as the patient had grave organic trouble at both the aortic and mitral orifices, he thought that the administration even of ether was unadvisable. He, therefore, had applied by means of a mop made of absorbent

cotton, a twenty per cent. solution of the hydrochlorate of cocaine, as thoroughly as possible, to the cervical canal twice, at intervals of five minutes, and keeping the cotton mop in the canal for five minutes each time. Then, he carefully dilated the cervical canal, including the os internum, occupying fifteen minutes in dilating to three-fourths of an inch. This lady had great fortitude and strength of character; and, while she did not utter a complaint, when the operation was over the shock was quite severe, and demanded a hypodermic of gr. ¼ of morphine. The pain induced by the operation was severe. The next day, in a similar case, Dr. H. operated in the same way, and with the same precautions. The patient was extremely nervous, anxious, and apprehensive, but had no heart trouble. She experienced little or no pain during the entire operation, although the dilatation was much greater, *i. e.*, one and one-fourth inches. These two cases demonstrate that the amount of pain depends much upon the peculiarities of the patient; and it is well known that the normal sensibility of the female genitalia is a constantly varying factor in different persons.

Dr. B. B. Browne referred to his previous remarks, in which he stated that he had injected twenty drops of a four per cent. solution into the uterine tissue, and there had been almost no suffering during the process of dilatation.

In one case of lacerated cervix he had painted the solution over the cervix, and had also injected it into both lips. In this case there was perfect freedom from pain, but it was impossible to say how much of this effect was due to the injected cocaine, and how much to that applied upon the surface. He would recommend in cervix operations that it be used in both ways, on the surface and hypodermically.

Dr. W. P. Chunn had used cocaine once, in a bilateral laceration of the cervix. He painted it over the cervix, then injected it into the anterior lip, and after denuding that, injected into the posterior lip and finished the operation. The patient seemed to suffer little or no pain.

Dr. W. E. Moseley had had some experience in the use of cocaine. He had always used a four per cent. solution, and had always applied it by painting the surface to be operated upon freely from three to five times, at intervals of three minutes. He had done several cervix operations, and found it to answer very well when there was but little cicatricial tissue to be removed from the angles. There was little or no sign of suffering while the surfaces were being denuded; in most cases when the needles were passed the patient showed signs of feeling decided pain, requiring reapplication of cocaine. In one case of operation high up in the cervical canal, the patient said she felt no pain throughout the operation and that she would not have known when the sutures were introduced except for a remark that was made. She did feel the dragging upon the uterus when the needles were passed. Another patient said that the most suffering she had was when the shank of the scissors pinched a bit of the tissues about the vulva.

He had also very reluctantly, and at the earnest solicitatation of the patient, done Dr. Emmet's new perineum operation under the same anæsthetic, but he would not be willing to do so again. Denudation was accomplished without any marked trouble, but the introduction and tightening of the sutures caused very decided suffering.

He greatly preferred full anæsthesia for either the cervix or perineum operation.

In no case had he been able to *demonstrate* that cocaine interfered with prompt union of the denuded surfaces, although he was inclined to think that it did to some slight extent.

Dr. B. B. Browne referred to a case of septicæmia in his practice, in which there was some nausea, vomiting and hiccough, in which he gave ten drops of a 4 per cent. solution of cocaine. The symptoms were very promptly relieved, and the relief lasted for twelve hours, when he repeated the dose. He had given it also with good result in the nausea and vomiting in pregnancy.

Dr. H. P. C. Wilson said that any remarks that he could make would be very much of a repetition of what had already been said, as his experience with cocaine had been much the same as that of the other gentlemen who had spoken.

He had used cocaine when operating in five cases of lacerated cervix, when the patients feared ether or chloroform. By thoroughly painting the surface with a 5 per cent. solution, and introducing it within the cervical canal, he could denude the parts without pain to the patient. Some of the sutures could also be passed without pain, but the deeper and last sutures are usually attended with suffering sufficient to require cessation of the operation and re-application of the cocaine. The union of the parts after this agent was just as prompt and complete as without it.

But even when this operation could be done without pain under cocaine, if it was at

all tedious, the patient was apt to become nervous and more or less restless, and move at a critical moment of cutting or passing a needle, and thus embarrass the surgeon; and hence he preferred the general and profound anæsthesia of ether or chloroform, to the local anæsthesia of cocaine.

He had never used this remedy hypodermically, but this method, in conjunction with its superficial use, would probably deaden the sensibility of the parts more completely.

He had heard of the nausea and vomiting of pregnancy being promptly checked by applying a solution of cocaine to the surface of the cervix uteri, and up the cervical canal, so as not to pass the internal os. The suggestion looked reasonable, and he would try it in the first case that presented.

Dr. T. A. Ashby, in closing the discussion, remarked that there were only two or three points to which he wished to direct attention. In regard to the point raised by Dr. Howard, with reference to the different degrees of sensibility to pain in different women, he fully coincided with these views and thought that this explanation satisfactorily accounted for the failure of cocaine to affect all cases alike. He had observed this fact, and was convinced that the anæsthetic properties of cocaine were not of equal extent and value in all cases.

In reply to the inquiry raised by Dr. Neale in regard to the hypodermic administration of cocaine, Dr. Ashby referred to the valuable experiments and observations of Corning of New York, who was the first worker in this field to demonstrate the great value of cocaine injected subcutaneously. Dr. Corning has shown that where the tissues are constricted in such a manner as to prevent rapid absorption of the injected solution, profound local anæsthesia is the result. The literature of medicine is now filled with the recital of cases showing the wide application of this method and its great value. The removal of necrosed bone, amputation of limbs, laparotomy, circumcision, closure of hare-lip and similar procedures have been painlessly performed under cocaine injections, employed after the method inaugurated by Dr. Corning. Dr. Ashby thought that a practical difficulty would be met with in injecting cocaine into the cervix uteri and perineum, on account of the inability of the operator to prevent rapid absorption of the solution, owing to the fact that the cervix uteri and perineal tissues could be constricted only with the greatest difficulty in a few exceptional cases. He believed that Dr. Corning's method was less applicable in female surgery than in surgical procedures elsewhere.

Dr. L. E. Neale thought the ecraseur carrying a catgut loop, shown by Dr. Erich at a previous meeting of the Society, would answer the purpose of constricting the cervix very well. After drawing the uterus down in the vagina, he saw no difficulty whatever in throwing the loop around and constricting the cervix at any desired height; the higher above the vaginal junction, of course, the more vaginal tissue included in the constriction. It was not at all necessary for the use of this instrument to have an elongated cervix.

Dr. B. B. Browne thought that when constriction was used together with application of cocaine, we must credit the constriction with a very considerable anæsthetic effect, and he believed the more thorough anæsthesia was due to this rather than any checking of the absorption of the cocaine into general circulation. He referred to a case in which a friend had operated for phymosis, the only anæsthesia used being constriction of the penis. In this case the patient suffered no pain.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, November 4, 1886.

The President, B. F. Baer, M. D., in the chair.

Dr. Joseph Price exhibited specimens from two cases of

Pyosalpinx.

Dr. M. Price exhibited specimens from one case. All of these were of gonorrhœal origin. Those by Dr. J. Price were removed from prostitutes. That exhibited by Dr. M. Price was from a married woman who had been infected by her husband. The tubal disease manifested itself soon after childbirth. The menstrual period had always been very painful, and had kept her in bed from eight to ten days.

Dr. Howard A. Kelly exhibited a

Sarcoma

as large as a man's head, which he had removed from the anterior abdominal wall. It had its origin at the transverse tendinous band of the right rectus muscle, just below the umbilicus. The mass was about eight eight inches by ten, and hung pendulous under the greatly thickened skin of the right umbilical, inguinal, and iliac regions. The great point of difficulty was in determining before operation whether the mass did not

spring from a small hernia slipped through the umbilical ring, which was greatly drawn out on one side over the tumor, and deep in which the fibre-like cords of the attachment could be felt. The tumor was very vascular, but was readily removed, and the patient made a perfect non-febrile recovery.

Dr. Kelly also exhibited a specimen upon which he desired a report by the Microscopical Committee. The case was one of great interest,

An Ovarian Pregnancy,

upon which Dr. Kelly had operated within the past twelve hours.

The patient, a German woman, who had had one child by forceps delivery, two years ago, in Germany, had since been regular in her menstruation until October, when she went two weeks over time, and was then roused in the night by sudden violent pain in the right leg and groin, extending obliquely down the right ovarian region. With the pain came a profuse uterine flow, which lasted for two weeks with intermissions. From excellent health, she was immediately prostrated and became miserable, with elevated temperature and quick pulse. She had no organic disease, but a small tumor at the extremity of the right fallopian tube. The tumor was about two and a half or three inches in diameter, softish, not sensitive, freely movable in the pelvis. In front of this a sharply defined round ligament could be traced out to the brim of the pelvis, and above this the flatter cord of the fallopian tube could be felt. The ureters were enlarged, as Sänger has noticed, and the speaker has frequently verified in pregnancy. The uterus was of a size approaching two months' pregnancy, and the cervix was remarkably soft for the early stage of pregnancy. Dr. Kelly sent invitations to Drs. R. P. Harris, J. G. Allen, Freemann, John and Frank Haynes, Jos. Hoffman, Geo. Horn, and Wm. Ferguson, to be present at an abdominal section for extra-uterine pregnancy, and in their presence the operation was carried out. (The patient, up to date of publication, has made uninterrupted progress toward recovery.) Dr. Kelly exhibited a chorionic membrane from a uterus, with a four weeks' fœtus attached.

Dr. Beates remarked that the lining membrane of the cyst was easily separated from the wall, and he thought the specimen was most probably a parovarian cyst.

Dr. Jos. Price thinks the cyst could be entirely shelled out. He thought it had none of the characteristics of a tubal pregnancy.

Dr. Kelly, in closing the discussion, demonstrated in the extra-uterine and in the uterine specimens an identical membrane which could be detached, and which was the amnion. He demonstrated ovarian tissue completely surrounding the cyst, thus proving that it was not parovarin in its origin. The lining membrane underlying the apparent amniotic membrane is a soft tissue never seen in an ovarian cyst. The specimen was referred to a committee.

Dr. Longaker exhibited a fibro-myomatous substance which had been expelled from a uterus twenty-three days after normal labor. The placenta came away entire; there was a post-partum hemorrhage on the second day. In the third week a rise of temperature occurred. The temperature became normal after the expulsion of this mass.

Dr. Kelly said that judged by the macroscopic appearance of the specimen alone, and with great certainty in view of the history, this flat elongate mass with one semi-circular rounded edge, and with long shreds hanging to it, was a portion of a retained placenta. A question is by this brought up upon which it is of the utmost importance that every member of this Society should have positive convictions, and that our practice should be uniform, and that is—What shall be done in the case of a puerperal woman who has an elevated temperature and a foul-smelling discharge from the vagina? Where other manifest cause was absent, every such patient should be placed in a convenient posture and the uterus thoroughly gone over with a dull curette, followed by a swabbing with an antiseptic solution. Thousands of women are to-day suffering from neglect of this simple precaution of removing stinking shreds of decidua and pieces of placenta, which remaining have caused subinvolution, chronic endometritis and cellulitis lingering for years, or even a more acute and rapidly fatal septic process. Dr. Kelly prefers the lateral semi-prone position for convenience of exposure and manipulation, considering the objections which nave been urged against this as purely theoretical.

Dr. Baer would prefer the patient on her back for scraping or washing out the uterus after labor, using tincture of iodine or bichloride solution.

Dr. Beates has made it a rule whenever the temperature rises after labor to introduce the finger or curette into the uterus and remove any adherent masses.

Dr. Longaker, in closing the discussion, said that he had not the slightest doubt that the specimen had been a fibroid tumor buried

in the tissues of the lower portion of the uterus; the contraction and involution of the uterus cut off its supply of blood and partially enucleated it. Time was required for this process. The rise of temperature did not excite immediate suspicion, as the case was a hospital one and the wards were crowded at the time.

Dr. Beates, on behalf of the committee, stated that the microscopic examination of the "ovarian fibroid" presented by Dr. Baer at the October meeting showed it to be a neoplasm developed from the epithelium of the ovary; it was a true scirrhus, with nothing ovarian about it except its origin.

Hysterorrhaphy.

Dr. Howard A. Kelly read a paper, written for the Society in the spring of this year, upon a new operation which he called hysterorraphy, or the *suspension by suture* of a *viciously-posed uterus;* that is, an organ prolapsed or retroflexed, which it is impossible to relieve by any line of treatment applied per vaginam.

The speaker first applied this method, April 25, 1885, upon a patient who had been under the care of several other specialists, and under his own care for nearly three years. The uterus had lain acutely retroflexed, with a large soggy fundus, in Douglass's pouch below the level of the cervix. Months of rest in bed, combined with careful packs and counter-irritation, and for a long time applications to the endometrium, failed to cure the flexion even temporarily.

The patient had been operated upon a year previously, removing a very tender ovary per vaginam. On this occasion the left tube and ovary were removed, and as the right tube could not be felt, it was concluded it had atrophied. The uterus was then raised and a sharp band of cicatrix-like tissue felt half encircling it in the angle of flexion, when the futility of any attempt to relieve the condition from the outside was at once evident.

Silk sutures were passed through the left horn of the uterus and the body suspended from the anterior abdominal wall, about one and a half inches above the pubis to the left of the incision. The suspensory sutures were passed between two ligatures encircling the horn and the base of the pedicle, to avoid the dangers of tearing out and of bleeding.

The uterus thus suspended remained in place one year, when the right tube enlarged to a hydro-salpinx, and just before operation for its removal, dragged the fundus over.

Dr. Kelly urged that in future both cornua be utilized, and attached between one and a half and two inches above the pubis, to allow room for free expansion of the bladder; and again, that while in most instances the disease will have been of such long standing as to involve chronic incurable disease of the appendages, necessitating their removal, yet in some cases the good effects of drainage of these latter, which are raised with the body, should be tried. The operation is to be urged where the long retroflexed infiltrated uterus is unable to stand up straight alone after removing diseased ovaries and tubes, and if adhesions bind the fundus down they should be carefully severed. He also insisted that the operation for shortening the round ligaments was not admissible for retroflexion alone, as owing to enormous mechanical disadvantage the slightest degree of relaxation would allow a reproduction of the deformity.

While in simple prolapsus, if a suprapubic operation of any sort were ever necessary, which the speaker doubted, he would prefer a simple, aseptically made, abdominal incision and direct support by attaching the fundus to the anterior abdominal wall, in an operation which has a doubtful and possibly a high rate of mortality, and of which the ratio of success is even more problematical.

The operation has been devised and performed independently by a number of prominent gynecologists in various parts of the world, among whom are Koeberle; Bardenheuer, of Cologne; Hennig, of Leipzig; Czerny, of Heidelberg; a surgeon in the north of Italy; and Lawson Tait; probably Keith; and two cases not published, which Dr. Sänger, of Leipzig, kindly gave the writer during the past summer. (This paper will appear in full in the *Medical News.*)

Dr. Drysdale remarked that he had performed a second operation upon a lady upon whom eighteen years previously Dr. Atlee had performed ovariotomy for the removal of an ovarian tumor; at the first operation the uterus was found prolapsed. In this operation Dr. Atlee had used the clamp to secure the pedicle, and at the second operation the uterus was found attached to the original wound. The prolapse had been effectually cured. He thinks both cornua should be secured to the abdominal wall. He had never met with a case of retroversion that could not be relieved by pessary after curing the accompanying endometritis. Many years ago, a lady who had been for eight years under the care of H. L. Hodge for retroversion, and in whom the presence of a pessary excited such expulsive efforts

that it could only be worn a week at a time, came under the care of Dr. Drysdale; he treated the endometritis first, and when it was cured a pessary could be retained, and complete relief was secured.

Dr. Jos. Price remarked that Tait considers it dangerous to stitch the fundus uteri to the abdominal wound, and has abandoned it. In some operations he introduces sutures to draw the uterus high up, that he may more readily remove the tube close to the cornua.

Dr. Baer thought it seemed the most natural method to stitch the fundus to the abdominal wound. He asked for what reason Dr. Tait considered it dangerous. He thought the field of Dr. Kelly's operation would be small, as when the endometritis was cured, a pessary or other support would relieve the retroversion or flexion. After laparotomy or removal of the uterine appendages, it might be advisable in some cases to draw the uterus up. He has had experience with such a procedure. He does not like the Alexander operation; he considers it unscientific, and in many cases it has failed to cure the displacement.

Dr. Longaker feared that granting that anteversion could be secured by Dr. Kelly's method, the bladder would not be allowed to expand, a fixed anteversion would itself be pathological. He would hesitate to stitch the fundus to the abdominal wall, even after removal of the appendages. Retro-flexion does not necessarily produce discomfort, as some cases have no symptoms to call attention to the condition.

Dr. Harris recalled the case of Mrs. Reybold, whose uterus was suspended for fifty years. She died at eighty. The senile organ was drawn out into a tongue-shape; the uterine attachment was one and a half by three-fourths inches at time of death; the uterus was four and a half inches long, and the vagina was lengthened and cord-like. There had always been a tender spot in the cicatrix, probably from tension.

Dr. Kelly stated in reply that he considered the main points which had been raised had been already answered in the paper. He considers these cases *rare*, and by no means recommends a resort to section and suspension without first trying every other known expedient likely to relieve, and then only in those cases in which the local disorder causes such pain or disability as to render life a burden. He considers the operation established, however, in those cases in which after removal of the appendages the flexed organ fails to remain upright when lifted into position. An occasional resort to hysterorraphy will not affect the table of recoveries from operation, but will affect the list of patients *cured*, which is not always made so prominent after abdominal section.

W. H. H. Githens, *Secretary.*

Editorial Department.

Periscope.

A Peculiar Case of Pregnancy.

Before the Brooklyn Pathological Society, Dr. Walter J. Corcoran related the following history:

In the last of August, 1885, Mrs. V. applied at St. Mary's Hospital for the repair of a lacerated cervix. Her last child had been born two years before, after a tedious labor, terminated by the forceps. Since that time she had been under constant local treatment for "ulceration of the womb," etc., by several physicians, the last of whom recognized the true condition and sent her to the hospital for operation. Since the birth of her child menstruation had occurred only at intervals of four and five months, the last time being in June. This was the only noteworthy symptom connected with the case. Examination showed an extensive bilateral laceration, the uterus large and soft, and five inches in depth. She was put on the usual preparatory treatment.

About the middle of September the laceration was closed by Dr. Byrne. During the operation it was noticed that the tissues were unusually soft, and that there was a very free oozing from the raw surfaces, though no large vessels were cut. The period of repair was normal, and in two weeks the sutures were removed and union was found to be perfect. When the sound was introduced it passed five inches. Thinking that it might possibly have passed into a dilated tube, the sound was well curved and rotated in the cavity with the same result. To reduce the size of the uterus, which was supposed to be in a condition of exaggerated subinvolution,

a paste composed of iodine, iodide of potassium, ergotin, and glycerin, was ordered to be introduced into the uterine cavity twice a week by means of Dr. Byrne's intra-uterine applicator, and fifteen minims of ergot were given three times a day. This treatment was continued about four weeks, with no result whatever. After each introduction of the paste, membranous shreds came away, as is the usual result. There was no colic, no ergotism. In the last week in October, after the accustomed application had been made, the patient calmly announced that she had milk in her breasts. This statement first aroused the almost impossible suspicion that the enlargement of the uterus was due to pregnancy, even despite the manipulations it had undergone. A careful examination was then made to settle this point, but none of the positive signs of pregnancy could be found. The sound *had* passed (it was not passed again) in the median line to a depth of over five inches. The patient's abdominal walls were very thick and very lax, so that a large fold could be grasped in the hand. The uterine tumor was all in the right side, not extending, or but very little, across the median line (although the sound passed in the centre) and reaching half way to the umbilicus. Ballottement, rhythmic contractions, placental bruit, fœtal heart-sounds, were all absent, or could not be found. There had been amenorrhœa since June, but during the previous two years she had menstruated only at intervals of four and five months. There was no nausea or other sympathetic disturbance. There was a slight areola, also a secretion in the breasts. If she was pregnant, she was in the beginning of the fifth month. She had been subject to constant local treatment. The sound had been occasionally used to determine the depth of the uterus. In the third month a bilateral laceration of the cervix had been repaired, and during this operation there was a large loss of blood and the uterus was drawn down by a spreading double tenaculum opening in the cervical canal. A strongly curved sound had been freely rotated in the cavity, not a drop of blood following its use. A compound which caused exfoliation of the lining membrane had been introduced a number of times, and she had taken fifteen minims of ergot three times a day for nearly a month. Yet there was a strong suspicion of pregnancy, possiby extra-uterine, or in one horn of a double uterus.

No diagnosis was made, and developments were awaited. It was needless to say that further medication ceased. Soon after this the patient reported that as soon as she stopped her medicine (ergot) the movements, which before were very ill-defined, became much stronger. The uterine tumor became gradually more central, and about the middle of November the fœtal heart-sounds were heard. Ballottement was obtained, not through the cervix, but anteriorly through the body of the uterus, and the fœtus was undoubtedly in the uterus. Dr. Byrne saw the patient, and confirmed this opinion. On January 4, during a severe coughing spell, the funis was projected from the vulva, and although it was replaced and retained within the uterus, she was delivered the following night of a still-born child of about seven and a half months' development. The epidermis was slightly macerated, and peeled off the scrotum and anterior aspect of the thighs. The placenta was attached to the right side, and was exceedingly soft and friable.

Dr. A. H. P. Leuf remarked that he had had a somewhat similar experience, which was too good to keep. Some four months ago he had been called to see a woman of forty-five years, presumably at the menopause for nearly two years, as indicated by the irregular menstruation during that time, and its total cessation for four or five months. She thought she was pregnant, but was uncertain. She was the mother of seven or eight children. The usual signs of her other pregnancies were absent, except lacking menstrual discharges and some abdominal enlargement. The tumefaction was on the right side, just above the brim of the pelvis. It was a little sensitive on pressure, and occasionally caused pain spontaneously. A careful examination of the uterus admitted of a positive demonstration, even to her husband, who was present, that uterine pregnancy was utterly impossible. The probe entered the uterus along the uterine wall to the fundus, and was withdrawn along the posterior wall. It was again pressed up on one side, swept around, and brought back on the other. A bimanual examination demonstrated the uterus to be freely movable, and only slightly elongated. The possibility of an intra-uterine pregnancy was most positively denied, and a fear expressed that the abdominal tumor might be an extra-uterine pregnancy. She was not seen again, but her brother reported that she continued to suffer occasional pain; there was still no appearance of menses, and the patient was troubled with mental uneasiness about her future condition. The brother was urged to send her around for re-examination. While the

speaker was making a professional visit to the oldest child of this woman, and upon her being questioned as to her present condition, she stepped over to a bed, drew aside a cover, and exhibited a two weeks' old baby. She was not again examined. The baby was one she had been normally delivered of by a midwife. In all probability the membranes were firmly attached to the uterine walls to within the distance from the os to which the probe had penetrated. An anterior uterine fibroid might have led to the error following the bimanual examination. These cases simply taught us the ease with which such errors might at times be made, and yet not the least blame attach to the physician.

Medical Women and their Husbands.

The N. Y. Med. Med. Jour. says:

In a recent number of *Lyon Medical*, we find an account, quoted from the *Petit Marsellais*, of a domestic contention between a lady practitioner of medicine and her husband, which has led to proceedings before one of the courts. The action turns upon the question of a husband's legal right to open and read the letters received by his wife. The husband in this case prays the court to affirm his right to do so, and the wife asks that he be restrained from taking such a liberty. The points as stated by the parties to the suit, show a sort of hand-to-hand conflict grievous to contemplate from the domestic point of view, but one that, it is not difficult to imagine, may readily arise between other medical women and their husbands, and one that is therefore of interest to a rapidly-increasing section of the profession.

The lady states that it is a matter of every-day experience for her to receive written communications from her patients, and that in many instances they are of such a nature that professional secrecy is violated if they are read by her husband, who, she says, consented to her becoming a physician, and should have taken the consequences into account. She could no more think, she adds, of taking him into her confidence in such matters than of allowing him to witness her private examinations of patients. The husband replies that he would resign himself if it were only from women that the letters came, but says that she gets them from men also. She then asks him if she ever agreed to restrict her practice to women. "No," he mildly answers, "but what about propriety and modesty?" "Everything," the wife retorts, "vanishes in the interest of humanity and science. I have dissected male as well as female subjects. I am *blasée* as regards your sex, as I am indifferent to the other. To me man is nothing more than a subject of observation." "That," says the husband, "I can not admit. Since you pretend to love me, or to have loved me, it is evident that your studies have not made you indifferent. I have reason to believe that you are not incapable of sentiment. I fear that your imagination will get the better of your science, and that some new, unknown man will set your heart or your nerves quivering as the result of confidences and visits." "You would forbid my practicing my profession," says she. "No," says he, "I would only take part in it with you to a reasonable extent. I ask not to practice medicine, but I must watch over you as I vowed before the civil magistrate. I owe you aid and protection. How can I protect you if I know not the dangers that threaten you? I will tell nobody what I may read, but I insist on reading everything. Since many women write a masculine hand, just as many men write a feminine hand, I can tell the one from the other only by breaking the seal of every missive, and leaving none unexamined."

In his heart, this solicitous husband seems to feel the weakness of his case on general principles, for he seeks to justify his course by citing one of the letters he had opened, the letter in question being one that was not a request for a prescription. It is to be inferred that it was something quite different. But even that does not silence the lady. "Yes," she says, "I have a melancholic patient, one who is disgusted with life and asks me to restore its attractiveness for him. He would love; he is searching after love, and is in despair that he does not meet with it. As his languishing state is connected with hereditary tendencies, and as I think the best way of bringing him back to a wholesome mode of life lies in avoiding abruptness, I do not talk medicine to him in our interviews, and in his letters he answers me with sentiment. Must physicians be accused of leading their patients on to love them, because they humor their illusions before giving them drugs? Any woman may be faithless, as any man may be victorious; but if I were an actress, an artist, or simply a woman of independent means, unemployed, passing my days alone, I should be quite as much exposed, if not more, as in leading a life that shows me humanity in its miseries and in its injuries. You would have less correspondence to look over, but you would have more equivocal interviews to break up. Is it because I have

made myself estimable, by working, by acquiring knowledge, by trying to do good, that I am exposed to the injury of your suspicions? At bottom, it is not of my frailty that you are jealous, but of my dignity and my importance. If I were a frivolous nonentity I should possess your confidence; being a useful and serious woman, but less easy to deceive, I awaken your distrust. You are afraid of becoming my inferior, and you are trying tyranny to preserve the balance!"

The connubial tie having been strained to the degree exemplified in this state of antagonism, it may make little difference to the parties to the suit how the court decides, but the decision can scarcely fail to come up in the minds of female practitioners of medicine meditating matrimony, or in those of husbands called upon to consent to their wives' studying medicine.

The Early Diagnosis of Vertebral Caries.

Dr. George W. Ryan, of Cincinnati, read a paper on this subject before the Cincinnati Academy of Medicine, November 8, 1886, in which he expressed himself as surprised that so many excellent observers should regard the knuckle as the first symptom of vertebral caries. Over-estimation of the importance of a diagnosis before the kyphos is apparent, is impossible. If we believe that we have a constitutional disease, an essentially tuberculous one, beginning generally as a central ostitis of the body of the vertebra, the rational symptoms will be accordingly clear to us. It is now generally understood that this disease can be diagnosed in the incipient stage, and ought to be when the opportunity is presented. There are, however, cases which cannot be made out until the knuckle is visible. The first step is an accurate family history directed especially to tuberculosis. The next, as to whether the child has passed through the infantile diseases or not, and as to convalescence. A tardy convalescence is often the starting point of this disease. You will have heard before you ask it of a trauma, real or suspected. Further questioning will give you the history of restless nights, moaning and disturbed sleep, a tired feeling, or a continued desire for support. The child very likely complains of an epigastric pain, if it falls it screams from pain, it walks with care, or if young does not walk at all. That it holds its back very rigidly, or the shoulders thrown back to an abnormal degree, or one shoulder appears higher than the other, that it does not stoop, or if it does it is with great care. Pain in the back is occasionally complained of, and this generally when a jar is sustained. The gait is characteristic, almost pathognomonic. There is a carefulness, a rigidity about the spine which is never found unless there is spinal disease. The physiognomy will give you a pinched and anxious expression. The child can only stoop with the spine held rigid, or from pain gives it up. Physical examination with all the clothing removed, may not give a trace of the angular curvature. Pressure to ascertain the existence of a soft spot is valueless. The examination as to mobility can be readily and painlessly made by having the child lie on its face and slowly bend the limbs with the opposite hand on the opposite side to the disease. It can thus be determined whether the column yields throughout, or whether there is any point where rigidity is present. If, with all this, rigidity is found, the diagnosis is unmistakable.

In the cervical region the symptoms are altogether different. Torticollis is often present, with an occasional occipital or post-auricular neuralgia or hyperæsthesia. Brushing the hair causes pain; there is considerable interference with the act of motion, and the deformity is often slight.

The acuteness of perityphlitis and perinephritis would, as a rule, enable us to exclude spinal disease. The flexible spine would also assist. The pressure test, though of some pathological and clinical value, should, on account of its cruelty, be entirely discarded. He had never seen tenderness from pressure over a diseased spine in the incipient stages in but two cases, and in one of these it was probably neuralgic. It is indicative of a periosteal rather than a central lesion. To diagnose the kyphosis of rickets from caries, take into consideration the general rickety appearance of the child.

He urged, in closing, the necessity of a physical examination, a clear history of the case, to keep in mind the pathology of the disease; and a diagnosis can readily be made, in the majority of cases, before the kyphosis appears.

The Transmission of Nervous Phenomena.

Two curious communications have been made at the Society of Physiological Psychology, and at the Biological Society, by Dr. J. Babinski, *chef de clinique* at the Salpetrière, on the transmission of certain nervous phenomena from one subject to another by means of the magnet. Dr. Babinski states that all possible precautions were taken to exclude simulation and suggestion. In

the first series of experiments practiced upon hypnotizable hystero-epileptics, hemianæsthesia was transferred from one patient to another; and other symptoms induced in the first case by suggestion—such as flaccid or spasmodic paralysis, crural and brachial monoplegia, hemiplegia, paraplegia, coxalgia, and mutism—were disposed of in the same way. The results of these experiments show that the two subjects have the same relationship to one another as regards *transfert* as the halves of one body. In a second series of cases spontaneous hysterical paralyses were passed on to the hypnotized subject, the condition of the original patient being, as a rule, improved. The following observations lead M. Babinski to hope that these practices may be used as a mode of treatment. A young girl with spontaneous mutism was placed *en rapport* with a hypnotizable subject, who forthwith became speechless. No improvement was noted at the first *séance*, but after twelve experiments the speechlessness was replaced by extinction of the voice. The induced mutism was removed on each occasion by suggestion. A patient of the hospital remained hemiplegic and contractured after an hysterical attack. Placed *en rapport* with one of the subjects, the hemiplegia diminished, and disappeared after four sittings. In different cases of organic disease similar phenomena were observed. The person hypnotized was placed in the somnambulic phase of artificial sleep, with her back (as in the other case) to the patient. An infantile cerebral hemiatrophy, characterized by spasmodic hemiplegia and athetosis, was then dealt with, the effect being a sharing of the symptoms between the two, the patient keeping her athetosis and handing over her spasmodic hemiplegia to her companion. Another woman, with right hemiplegia and aphasia due to softening, retained her own troubles, but transferred a numbness to the subject which ended in hemiplegia. In a third case of disseminated sclerosis with paresis of the four limbs, trembling, and the pathognomonic pronunciation, the scapegoat developed all the symptoms, but in an exaggerated degree. I shall not stop to examine M. Babinski's views on the subject, but will contrast with these experiments those of one of the most experienced workers in this field at the same hospital. M. Jules Voisin has tried on two of his patients the action of medicine *à distance*, and also of metals and magnets. A number of dark bottles containing different drugs were sealed and numbered, the contents not being otherwise known. The subjects being placed in lethargy, somnambulism, or catalepsy, no medicinal effect could be induced. But when awake the production of the bottles was followed by hypnotism, with signs of nausea and vomiting. In this condition the mere mention of the name of any known drug was sufficient to give rise to a representation of its effects, manifestly due to suggestion and auto-suggestion. In the same manner, the subject being placed in one of the three higher phases of induced sleep, her state was in no way modified by the magnet. When awake, however, it produced an attack *if seen*.

The Prognosis of Croup.

Dr. F. Forchheimer, Professor of Physiology in the Medical College of Ohio, Physician to the Good Samaritan and Children's Hospitals, Cincinnati, in a recent paper before the Cincinnati Academy of Medicine, discussed in an interesting manner the above caption. Nothing, he thought, was so satisfactory and, perhaps, so profitable to the physician in his daily rounds, as an accurate prophecy concerning the course of a disease. In other words, to tell whether our case will be one of the 7.26 per cent. of cases of croup which recover or not. He did not think that medicinal treatment had very much effect on the diphtheritic membrane after it has extended into the larynx, but usually does more harm than good, especially the administration, with lavish hand, of emetics and caustics.

The next point in treatment which affects prognosis is, shall tracheotomy be performed? Out of 12,736 cases of diphtheritic croup collected by Monti which had been tracheotomized, 26.7 per cent. recovered. Admitting that some of these cases were fibrinous croup, yet the disparity is too great. For a good prognosis, the operation should be performed in every case, provided the physician has assured himself that laryngeal stenosis is present and has become dangerous to the patient. Seven of the author's cases were not tracheotomized, and but one recovered. The remaining twenty-five cases were operated upon and six recovered.

He has found the operation of intubation to fulfill all the indications of tracheotomy as far as the laryngeal stenosis is concerned. As yet it is too early to decide whether intubation will supplant tracheotomy or not. Cæteris paribus, the patient stands a much better chance with intubation than tracheotomy; there is no anæsthetic, no hemorrhage, no after-effects from septic infection

or pneumonia. One or the other or both operations are to be performed in all cases, irrespective of age, sex, or condition of the patient. In the cases in which the author had resorted to intubation, five in number, the stenosis was as effectually relieved as by tracheotomy. The lumen of the tube he thought sufficiently large to admit air readily. In one of his cases the tube had been swallowed, from faulty method of securing it.

General considerations have a very important bearing on the prognosis. Age, power of resistance, temperature, intensity, and extensiveness of the affection, must be carefully weighed. There are epidemics in which the mortality is simply frightful, do what we may. The further the child has gone into the stage of asphyxia, the less are the chances for his recovery. Much depends upon auscultation of the lungs. The presence of albumen in large quantities as much as five per cent. makes the prognosis very grave, especially if there are blood-clots found. If at any time after the operation the cough becomes dry or the expectoration ceases, we must fear the worst. A sudden rise of temperature—103° to 104° F.—is a serious symptom, and usually means a new deposit of membrane; increased frequency of respiration is always suspicious. There are very many complications which may cause death after the removal of the canula. These are local and remote. The former may be divided into diphtheritis of the wound, hemorrhages, abscesses, The latter, general septic troubles, followed by one of the most intense forms of anæmia, myocarditis, endocarditis, paralyses, trouble with the kidneys, and finally with the lymphatics. Prognostication is a very difficult task, yet made easier and in some cases exact by taking into consideration all the factors discussed above.

Resection of the Entire Shaft of the Tibia for Necrosis, with Reproduction of the Bone; Recovery.

Dr. W. C. Wile, of Newton, Connecticut, thus writes in the *Brit. Med. Jour.*, Oct. 9:

On May 8, 1883, I was consulted by the parents of Willie W., in relation to a running sore on the shin of his left leg. On external examination, I found three openings leading through sinuses, which were found to lead to dead bone. The tibia was much enlarged, and the boy showed a decided limp in his gait. He suffered considerable pain, especially at night, which had been controlled chiefly by anodynes. The boy was 12 years old, with hereditary scrofulous tendencies, and had the history of a fall, striking his shin violently against the iron rail of a railroad-crossing, causing, at the time, quite a severe contusion, which was followed by considerable inflammation. Soon afterwards, the bone commenced to enlarge, and had continued to increase in size up to the date of my first visit. The sinuses had opened about a year before, and continued to discharge ever since. The boy's general health was poor, he giving every evidence of the exhausting character of the discharges; and it was quite evident that the injuries he had received three years previously had lit up an inflammation of the periosteum, which had led to grave destruction of bone-tissue. It was also quite evident that, if the impairment of the general health was allowed to go on, the result could not be other than death; and the struggle, apparently, could not be a long one. I advised operative interference—of exactly what character, however, it would be hard for me to say until after an exploratory incision had been made. The family consenting, I put the boy upon a month's preparatory treatment, getting the secretions in perfect order, building up the general health with cod-liver oil, iron tonics, and liberal diet—beef peptonoids, and Murdock's liquid food—on which I largely depended to build up the patient.

On May 11th, with the assistance of Dr. J. J. Barry, of South Norwalk, who kindly administered the ether, and Dr. S. T. De La Mater, of Bridgeport, I made an incision along the line of the tibia down to the bone, cutting through the diseased periosteum, and carefully lifting it away. I found the bone to be badly diseased; so much so that, after consultation with the two physicians, it was decided to remove the entire shaft. In its removal, I was particularly careful not to injure the periosteum, peeling it up cautiously, and, as nearly as possible, keeping it intact. After removing the shaft, a considerable quantity of diseased bone, at each end, was removed with the gouge. After this was all removed, I packed the cavity with absorbent cotton moistened with a solution of carbolic acid (one to twenty). The boy rallied nicely from the operation; and, under the influence of the same treatment that was pursued in the preparation of the case, healthy granulations sprang up, and there was soon evidence of the production of new bone. After two months, the shaft was strong enough to allow the fitting of the shoe, to which were attached braces at the side, with the joints at the ankle, the upper ends of which grasped the limb just below the knee by a steel padded band. By this

time the external wound had healed, and the boy was put upon crutches. From this time out, the progress was uninterrupted. The tibia is now strong and well formed, and the termination of the case is all that could be desired.

Carbolic Acid Pulverisations in Erysipelas.

The employment of carbolic acid in the treatment of erysipelas has been recommended for some time. At a recent meeting of the Société Médico-Pratique (of Paris), Dr. Ory communicated the two following cases, which serve to demonstrate the efficacy of carbolic acid pulverizations, which was the only treatment used. The first case was that of an infant of three months old, suffering from erysipelas following vaccination. A fortnight had elapsed since vaccination, when Dr. Ory was summoned. The little patient was feverish, depressed and convulsed. The right arm was swollen, with a red patch about the size of the palm of the hand, in the centre of which was a vaccine pustule, covered by a scab in process of desiccation. Collodion, mixed with castor-oil, was applied to and around the red patch, in order to check the spread of the erysipelas, and an anti-spasmodic treatment was followed during the night. Finding the collodion applications ineffective in preventing the spreading of the redness, Dr. Ory had recourse to the treatment indicated by Professor Verneuil. The child was wrapped in cotton wool. Carbolic acid pulverizations were then used every hour for five minutes; a two per cent. solution was used; considerable improvement occurred. The convulsive movements ceased, diarrhœa disappeared, and the temperature fell from 40° to 38°. On the following day only those parts where the collodion still remained were red; it was removed, and by the evening, all traces of erysipelas had vanished. Rapid recovery, without any relapse, ensued. The number of pulverizations was gradually reduced (four in twenty-four hours on the fourth day), and all treatment was discontinued on the fifth. The second case was that of an old man, aged 69. The patient was ataxic and subject to obstinate constipation. The perinæum and gluteal regions were attacked by erysipelas. The carbolic acid pulverizations, applied in the manner above mentioned, had a satisfactory result. From the first evening the pain diminished after each pulverization, and on the third the tissues had almost recovered their normal coloring, and there was less fever. Dr. Ory concluded by stating his opinion that carbolic acid pulverizations might be used to the exclusion of all other internal treatment for combating erysipelas.

The Blood at Birth.

Dr. F. Kruger, of Dorpat, has been investigating (*Virchow's Archiv.*, 106, Hft. 1,) the condition of the blood of the fœtus at birth, and comparing its properties and composition with the maternal blood. The subject has been studied before. In some respects the present research confirms the previous ones—notably those of Becquerel and Rodier. Like those authors, Kruger finds a very slight comparative increase in the total solid constituents of the blood at this early period of existence; but he shows that in fibrin fœtal blood is markedly deficient—viz., about one-third of that contained in maternal blood. The amount of hæmoglobin is about the same as that of maternal blood, but it increases in quantity in the infant for some time after birth. Unlike the adult, there is no notable difference in the composition of blood in the two sexes. Fœtal blood at the moment of birth has a great tendency to coagulate, but coagulates slowly—*i. e.*, the process begins early, but continues for a long time before it is completed. Inquiring into the reason of this, he directed attention to the factors which, according to Schmidt, are essential to coagulation—viz., the leucocytes and blood-plasma. Three possibilities presented themselves: either there is a diminished activity of the blood-plasma in causing the liberation of "ferment" from the corpuscles, or the number of leucocytes must be less than in the adult, or these corpuscles part with the ferment less readily. On the first hypothesis, coagulation ought not to be quickened on the addition to the plasma of more lymph corpuscles; but the contrary is the case. Nor is there any diminution in leucocytes, the absolute and relative number per cubic millimetre being the same as in the adult. It is concluded, therefore, that the reason of the slowness of coagulation of fœtal blood depends on the nature of the white corpuscles, and their slighter readiness to break up.

A Case of Poisoning by Iodide of Potassium.

In a recent number of the *Berliner Klin. Wochenschrift* is an account of a case recorded by Dr. Wolf, of Goritz, of poisoning by the medicinal administration of iodide of potassium, which is interesting as being a most

remarkable instance of that individual peculiarity which we call idiosyncrasy. In this particular case the amount of the drug taken was no more than four tablespoonfuls of a three per cent. solution in about thirty-six hours, and the purity of the drug was shown by chemical analysis; but so great was the susceptibility of the individual that after about eight days a fatal issue set in, which there is every reason to attribute to the use of the medicament. The patient was suffering at the time from subacute kidney disease of about three months' standing and cardiac hypertrophy, which facts we must bear in mind in estimating the idiosyncrasy. After the administration of four tablespoonfuls of the above-named solution, the face became swollen and covered with pustules, papules, and bullæ, and twenty-four hours after the mucous membrane of the mouth, pharynx, and alimentary canal became attacked in a similar manner. On the cessation of the drug, no amelioration ensued, and in eight days the patient sank into a state of collapse and died. No necropsy was made. This is the second case of the kind recorded, Morrow having published one in which the administration of the drug to a person suffering from renal and cardiac disease caused a pemphigiuiform eruption, with similar symptoms and result.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A convenient little work, intended for use in schools, is the "Principles and Practice of Hygiene for the School and the Home," by Dr. Ezra M. Hunt, President of the American Public Health Association. It is well written and neatly printed (pp. 96, published by Ivison, Blakeman, Taylor & Co., New York city).

——Dr. H. McHatton, of Macon, Ga., has added another to his valuable studies on malarial disease in a reprint entitled "Malarial Hæmoglobinuria."

——The treatment of diphtheria is discussed in an essay by Dr. J. Pirnat, of Evansville, Indiana. He urges the use of a diphtheritic powder whose formula he gives.

——In a reprint before us, Dr. Samuel Theobald, of Baltimore, discusses the question whether the amblyopia of squinting eyes is a cause or a consequence of the squint, and leans to the opinion that the squint is the cause of the amblyopia.

——The last number of the Physicians' Leisure Library is "Antiseptic Midwifery," by H. J. Garrigues, M. D. It is a well-written monograph. (Pp. 128; price 25 cents; published by Geo. S. Davis, Detroit.)

——An interesting study of the human color sense has appeared as the joint production of Dr. L. Webster Fox and Dr. George M. Gould, of this city.

——Dr. Thomas A. Ashby, of Baltimore, has reprinted his suggestive article in regard to the method of operating during the same anæsthetization for laceration of the cervix uteri and ruptured perineum.

——A discussion of the curette as a diagnostic and therapeutic agent in gynecology and obstetrics has appeared, by Dr. B. B. Browne, of Baltimore.

——"The Surgery of the Pancreas, as Based upon Experiments and Clinical Researches," is the title of an able essay by Dr. N. Senn, of Milwaukee, reprinted from the *Transactions* of the American Surgical Association.

——Dr. Mary A. D. Jones, of Brooklyn, details in a reprint recently received the removal of the uterine appendages in nine consecutive cases.

——Dr. Burt G. Wilder, of Cornell University, continues his fruitful studies on the brain, and we are indebted to him for reprints of several brief articles on the subject.

—The presidential address of Dr. Charles K. Mills before the American Neurological Association has been printed in pamphlet form. Its title is "Arrested and Aberrant Development of Fissures and Gyros in the Brains of Paranoiacs, Criminals, Idiots, and Negroes."

——Dr. Wesley M. Carpenter, of New York city, has published his obituary addresses on Drs. Austin Flint and Marion Sims.

——An article on contagious eye diseases, by Dr. Joseph A. Andrews, of New York city, has been reprinted.

——In a reprint before us, Dr. D. W. Cathell describes a case of pregnancy complicated with uterine fibroids and measles.

—Lady Wilson, the widow of Sir Erasmus Wilson, died recently. The Royal College of Surgeons now becomes entitled to the legacy of $1,000,000 left by Sir Erasmus.

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MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the ***QUARTERLY COMPENDIUM,*** which we publish.

It is, in fact, a supplement to the ***REPORTER,*** being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

It contains about 150 pages of reading matter in each number, and the whole four numbers, embracing 600 pages of choice material, will be sent to paid-up subscribers to the ***REPORTER*** for the very moderate price of

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Address **DR. D. G. BRINTON,**
115 South Seventh Street Philadelphia.

THE RUSH MONUMENT FUND.

It is by this time very generally known that a movement is on foot (and successfully so) for the purpose of erecting a monument at the national capitol (Washington) to the memory of Dr. Benjamin Rush of Pennsylvania. Any man, with a grain of sense, can easily understand that our profession, as a whole, are an *awfully* selfish, and we may say an awfully *mean* set of men, but we trust that our opinion will be proven erroneous on this occasion.

Congress is placing in the Memorial Hall of the Capitol the statues of the founders and men of mark of the Republic, each State contributing those of two of its most eminent *citizens*, and the collection already includes the Winthrops, Samuel Adams, Hamilton, Livingston, Clinton, Roger Williams, Nathaniel Greene, Collamer, Fulton, Roger Sherman, Trumbull, Baker, William King, Muhlenberg, and Ethan Allen.

Of the Presidents, Washington, Jefferson, Jackson, Lincoln, and Garfield have already, and Grant and Taylor are soon to have, their effigies in stone or bronze. The military and naval heroes of the country have been honored in the persons of Scott, Thomas, McPherson, Rawlins, Green, Farragut, and Du Pont, and to these McClellan, Hancock, Shields, McDonough, and Barry are about to be added. A resolution is pending to erect a statue to Stanton as Secretary of War. The law has its representative in Chief-Justice Marshall, and science is recognized in Professor Henry. The Church is to have its statue to Wesley; the deaf mutes have taken action toward a memorial of their eminent teacher, Gallaudet; and philanthropy is to have a monument to Peabody.

Other monumental adornments of the national capital are the Emancipation Statue in Lincoln Park; the Naval Peace Monument at the foot of the Capitol; the statues of the world's great artists, among them the American Crawford, surrounding the Corcoran Art Gallery; and the statue of Martin Luther overlooking Thomas Circle. Congress is further providing for heroic statues of Columbus, Penn, Lafayette, and Anthony Wayne; and the Italians are contributing for one to Garibaldi.

In concluding his address to the profession, Dr. Gihon, with his usual sanguinity, says:

"It may be approximately estimated that $40,000 will be sufficient to erect a monument that will be fitting and unexceptionable as a work of art, and it does not admit of question that this sum can be speedily raised

among the 106,000 physicians and students of medicine in the United States."

We think that it does admit of question, though it *ought* not so to do. We have 80,-200 physicians (not 106,000) in this country; each man could give fifty cents (many could give much more), and we emphatically say that any man who does not at least give fifty cents to this most worthy object ought to be ashamed of himself.

ONE CAUSE OF HÆMOGLOBINURIA.

An anæmic syphilitic woman, æt. 26, always suffered after colds, psychical emotions, and once also after a prolonged walk, from hæmoglobinuria, accompanied by decided increase of temperature. The bleeding, however, lasted but a short time. All treatment was in vain; only decided doses of quinine had in so far some effect, as the hæmoglobinuria remained away for a longer period. Leube, who reports the case (*Munich Med. Wochensch.*, 14, '86,) is of the opinion that individuals laboring under the complaint in question have a special tendency toward the separation of the struma from the coloring material of the blood. As soon as in consequence of any of the causes enumerated the stroma separates from the hæmoglobin, hæmoglobinuria is of the most consequence. The broken-up corpuscles are carried into the spleen (Tonfik) and then produce the splenic tumor, also present in the above case. The hæmoglobin, however, is changed in the liver to bilirubin, but that organ can thus change but a certain portion of it, the balance is carried off by the kidneys, and gives there rise to bloody urine. Is the quantity still larger, so that the kidneys can neither secrete all, icterus is the consequence, the liver changing the superfluous quantity to bile-coloring matter. In Leube's patients this was also observed, for during the attacks the liver was enlarged in size, and the stools had a much deeper color than normally.

PSORIASIS VULGARIS.

From a large number of cases of psoriasis vulgaris under his charge, Dr. Frederick Hanmer (*Deutsch. Med. Zeit.*, September 20, 1886,) drew the following conclusions: In one-half of the male patients the knee was found completely free from the disease; in the females almost never; in one case palmæ and plantæ were covered with it.

Very frequently hereditary influences are noticed; once father and daughter suffering from the same psoriasis, were in the hospital at the same time, and in the same family the wife and sister at home also had the disease. Of microbes only the normal skin microphytes, described by Bizzozero, were met with, and trials of inoculation with them or with psoriasis scales and particles of diseased skin were utterly without any result.

The treatment most successful was the local application of chrysarobin in chloroform (1 to 10); the parts of the skin brushed over with it had later also some traumatisin applied.

Notes and Comments.

Antagonism between Atropine and Morphine.

At a recent meeting in Berlin, Herr Lenharz, of Leipzig, read a paper (*Prager. Med. Wochenschr.*, No. 42), on the alleged antagonism between atropine and morphine, considered both clinically and experimentally. He had come to the conclusion that no such antagonism existed, for the following reasons:

First, the antidotal doses of atropine have far too wide a range. As a rule, enormous doses are given, often without success, while, at the same time, recoveries from morphine-poisoning are recorded after merely nominal doses of atropine (.015 gramme, and even less than this); secondly, the uncertainty of the indications. Johnston (of Shanghai) would resort to atropine in all cases, in spite of a weak irregular pulse, whilst Wood makes the condition of the respiration the criterion, and Binz discards the use of atropine if the pulse be rapid and small; finally, atropine does direct harm. Binz had recommended atropine on experimental grounds, but Binz's experiments had not been sufficiently complete, that is, only enough morphine had been given to make the animals sleep, but not enough to give them convulsions. Animals killed by large doses of morphine did not die from lowered pressure, nor from embarrassed breathing, but from the exhausting convulsions. Of 132 cases of morphine-poisoning collected by the author, 59 were treated with atropine, with a mortality of 28 per cent.; of the other 93 only 15 per cent died. In eight experiments with morphine on animals, atropine made no difference—the animals died just as soon as without it.

Microbes in the Bile-Duct.

Before the Anatomical Society of Paris,

Dr. Netter read a paper on the presence, normally, of micro-organisms during life in the last part of the bile-duct. By tying this duct, these organisms passed into the liver, and eventually into the blood. They were of two different species: the staphylococcus aureus, readily recognized by its orange-yellow color, and a bacillus growing in opaque white colonies; injected into the liver or gall-bladder, the bacillus is alleged to produce a peculiar degeneration of the hepatic cells; it is also affirmed to be capable of inducing a vegetable endocarditis. In infection by the staphylococcus, the rectal temperature was markedly elevated. The mucous lining of the gall-bladder and large ducts became ulcerated, whilst abscesses were found in the liver itself and other organs of the body. After infection by the other microbe, the temperature was notably lowered, and the liver afterwards presented marked evidence of cell-change. Brieger has cultivated the staphylococcus from a case of purulent infection after calculus obliterating the bile-duct. In a case of grave icterus associated with a generalized acute miliary tuberculosis, the cultivations from the blood and the spleen showed the existence of the staphylococcus aureus. In a case of icterus secondary to alcoholic cirrhosis during the early stage, when the liver was enlarged, both organisms (staphylococcus and bacillus) were found in the blood. In primary icterus, too, it was stated that the staphylococcus had been detected, by cultivation, in the blood.

Contusion over the Sacrum; Suspected Injury to the Vesiculæ Seminales.

G. H. came under the care of Dr. Harrison Younge (*Brit. Med. Jour.*) August 28, 1886. The previous day, while out riding, he had been thrown from his horse on to some hard ground. When he saw him, he found a severe contusion over the sacrum. There was great swelling and ecchymosis, but no signs of any deeper injury. Under rest and warm fomentations these disappeared in about a week; but, for some time afterwards, soreness and stiffness of the adductor muscles of both thighs remained. About ten days after the accident, he began to suffer from priapism, with nocturnal emissions. On the first occasion on which the latter occurred, he was greatly alarmed to find, on getting up in the morning, that his night-clothes were deeply stained with blood. On the second occasion he was able to examine the semen. It was of a deep reddish-brown color, and appeared to consist of small semi-isolated masses. These showed little tendency to coalesce. Under the microscope, the color was seen to be due to broken-down blood corpuscles. The emissions continued for about a fortnight, till the semen gradually became normal in color and appearance; then they ceased. There can be little doubt that these symptoms were due to contusion of and perhaps to rupture of a small blood-vessel within the vesiculæ seminales. The doctor believes they were quite independent of any injury to the spinal cord. The only treatment adopted was rest.

Caffeine in Heart Disease.

Dr. Otto Seifert (Wurzburg) undertook, in the course of last year, a series of researches on citrate of caffeine. All the patients to whom he administered it were suffering from organic affections of the heart with imperfect compensation. In one case there was chronic nephritis, with generalized œdema. The caffeine was given in seven cases, sometimes in repeated doses, at others all in one dose. According to Lepine, the daily quantity should be from one to two grammes. The principal advantage which has been claimed for it is that it quickly improves the action of the heart and regulates the cardiac beats. It is also a diuretic, and has no cumulative action. One to two grammes of caffeine should be given in twenty-four hours. Opinions as to the value of the drug are conflicting; the principal drawback to its use seems to be that, owing to its speedy elimination, its action only lasts for a short time. In those cases where compensation has been re-established, the action of caffeine may be as prolonged as that of digitalis. The general condition is influenced in a striking manner; the palpitations, the dyspnœa, and, as a rule, the insomnia, also rapidly disappear.

A Case of Tubercular Inoculation in an Infant.

Syphilis has frequently been conveyed by the process of sucking the wound in ritual circumcision, but the communication of tuberculosis in the same manner has been met with more rarely, and is less known. There are on record two cases observed by Lindmann and twelve by Lehrmann, but without examination for bacilli. Elsenberg, a Polish doctor, relates the following:

A priest suffering from tubercle of the lungs and of the larynx, with bacilli in his sputum, had circumcised an infant. When

seen, at the age of five months, the wound in the penis had become transformed into an ulcer, covered with a yellow and adherent deposit. There was a hard nodule in the prepuce near the foreskin. On both sides the inguinal glands were much swollen, and from an opening in the left side there escaped an opaque serous fluid, containing caseous particles. In the mastoid region in the right side was a large fluctuating abscess. The other lymphatic glands were unaltered. The child died of erysipelas and tetanus, after the removal of the caseating glands and the opening of the mastoid abscess. Numerous tubercle bacilli were found in the ulcerated prepuce and caseous lymphatic glands.

Polymorphism of the Comma-Bacillus.

At the Congress at Strasbourg, Herr von Sehlen (Hanover) spoke at length on the polymorphism of the comma-bacillus of Koch. Koch had already asserted that the cholera-bacillus might, in the course of its evolution, pass through different forms—the comma form, that of the letter S, the spiral, and certain coiled filamentous forms. Cultivations made with cholera dejecta, obtained at Naples, contained, besides the comma-bacillus, a large number of small, very short rectilinear rods, as well as spherical corpuscles, resembling micrococci. At first it was supposed that bacteria foreign to cholera were accidentally present in the cultivations, but these rods and micrococci cultivated on gelatine produced pure comma bacilli, presenting the same characteristics as those observed in the cultivations of the adult comma-bacillus. Herr von Sehlen agrees with most other competent students that the morphology of bacteria is not sufficient to determine the species.

Hydrophobia.

In the *Brit. Med. Jour.* (Nov. 13), Dr. Sidney Roberts related a case of this disease occurring in a boy aged five, under his care at the Public Hospital. The child was bitten on the thumb, which was at the time (half an hour after the bite) cauterized with nitrate of silver. Symptoms began on the forty-second day after the bite, with restlessness and pain in the bitten part. On the forty-fifth day he refused food and drink. He died on the forty-eighth day after the bite. Salivation was conspicuous by its absence throughout the disease. There were no lyssi. Various remedies were administered, but chloroform-inhalation was the only remedy that afforded temporary relief. An interesting point was, that two other children were bitten by the same dog—one an hour, and the other only five minutes, previously. Both were sent to Pasteur fifty days after the bite, and are now, eighty-three days after the bite, in robust health.

Multiple Papilloma of the Larynx.

Before the Manchester Pathological Society recently, Dr. Hodgkinson showed several small papillomatous growths from the larynx, coughed up at short intervals by a woman, aged forty. When first seen, fourteen months ago, she was suffering from complete dyspnœa and aphonia. Laryngoscopic examination revealed the presence of three growths. Marked improvement resulted from repeated applications of the galvano-cautery, and the patient ceased to attend. After an absence of four months she was admitted into the Throat Hospital at Bowden with such urgent symptoms that tracheotomy was performed by Mr. Hardie. Dr. Hodgkinson called attention to a point of great interest, namely, the steady diminution in the size of the growths under the influence of the physiological rest since the operation. Microscopically, the growths were of a simple character.

The Myopathic Face.

At a recent meeting of the Société Médicale des Hôpitaux, M. Landouzy exhibited three cases of progressive muscular atrophy affecting the face, shoulder, and arm. There is a family likeness in the different cases, owing to the existence in all three of the "myopathic face." This peculiarity of the countenance is best seen when an attempt is made to get signs of animation in the face. It is found that the patients cannot whistle, blow, extinguish a candle, make grimaces, or kiss, owing to the atrophy of the orbicular muscle of the mouth. A good description and phototype illustrations of this affection may be seen in Dr. Gowers' manual. This form of myopathy appears to be less rare than has generally been supposed, for Landouzy has himself met nine cases in the course of five years.

Hepatic Bronchial Fistula.

Before the Medical Society of London, November 8, Dr. de Havilland Hall related the case of a patient who, in 1876, complained of anginal symptoms. He came under observation again in 1881, having in the meantime enjoyed good health, but hav-

ing lately suffered from pain in the region of the liver, followed by jaundice. Other attacks followed, with increase in the jaundice. Ultimately, he vomited bright bile, and large quantities of bile-stained fluid, subsequently ascertained to come from the lungs. The patient made a good recovery, so that the anatomical lesion remained obscure. Dr. Hall reviewed the literature on the subject, in which the fistula was attributed most often to hepatic abscess and hydatids.

Lister's Latest Antiseptic Dressing.

Lister's latest antiseptic dressing is known as salalembroth. He uses it exclusively in his wards, with fine results. It is a double mercurial salt, made by the sublimation of a mixture of perchloride of mercury and chloride of ammonium. It is very soluble, and has not been used in medicine since the time of the alchemists. All dressings—gauze, cotton, wool, bandages, lint, bedding, patient's underclothing, etc.—are soaked in a 1 to 100 solution, and dried. He colors these dressings with aniline blue, 1 to 10,000, so that when an alkaline discharge comes in contact with the dressings, the blue is removed and turns reddish, enabling him to see where the discharge has been and its quantity, however small or large, moist or dried.

Methylal.

Methylal is believed by Signor Personali to possess anæsthetic and hypnotic properties. It is a mobile colorless liquid. Suspension of reflex action with deep unconsciousness, preceded by anæsthesia, were observed after subcutaneous injections in dogs. The effects in rabbits were less marked; the heart-beats were somewhat increased in number, the blood-pressure slightly lowered, and the respiration was slowed and rendered more profound. It is believed also to antagonize the spasmodic action of strychnia. It relieves abdominal pain in human beings, and as an ointment or liniment causes anæsthetic effects on the skin. As a liniment, the proportion is 5 per cent. of methylal in 85 per cent. of oil of almonds; as a syrup for internal administration, 1½ in 100 parts of simple syrup.

Enlargement of a Limb from Lymphatic Obstruction.

Before the New York Surgical Society Dr. Weir showed a photograph of a young girl whose right thigh, and afterward the leg, had become enlarged so that the difference in the circumference of the two limbs was six inches in the thigh and two inches and a half in the leg. The skin was now slightly irregular, and the upper part of the thigh was studded with little prominences which gave issue to lymph freely on being opened. Nothing abnormal was to be felt in the abdomen. He had first seen the patient in 1883, when she was twelve years old; the enlargement had then existed for a year. He ordered an elastic bandage, and it was used for over a year, but without benefit.

Iodoform Vaseline in Small-pox.

Dr. Colleville recommends in the *Union Médicale du Nord-Est* a vaseline ointment of iodoform, of the strength of 1 to 20, as not only an antiseptic emollient gratifying to the patient, but as somewhat anæsthetic, and as preventive of the formation of foul-smelling scabs and of pitting. Dr. Colleville has observed that in a case of confluent small-pox where iodoform ointment was frequently applied, the vesicles were prevented from developing into pustules. No signs of iodoform poisoning have been observed in any of the ten cases in which this treatment has been employed.

On a Means of Recognizing that the Umbilical Cord is Round the Neck of the Child.

Dr. F. R. Humphrys, in the *Brit. Med. Jour.*, says that in nearly all the cases of this occurrence he has come across, the mother has cried out, much the same as she would in the early part of the first stage of labor, and complained of sharp acute pain, which stands out in curious contrast with the bearing-down of the latter part of the second stage of labor (when the head is on the perineum), at which it is obscured. He has very rarely noticed this cry when the cord was not round the neck of the child.

Removal of a Tumor from the Cerebellum.

On October 30, Mr. Bennett May removed a tumor from the cerebellum of a child under the care of Dr. Suckling in the Queen's Hospital, Birmingham. The child had been in a condition of stupor for some weeks, and was growing rapidly worse. The tumor, as had been diagnosed during life, was situated in the right lobe of the cerebellum. The operation was performed on the lines laid down by Mr. Victor Horsley, but the child only survived three hours. The growth, we are informed, was tubercular.

Diabetes in Childhood.

An interesting case of diabetes in a child of four years old has been reported by Dr. A. Winckler (*Münch. Med. Woch.*). The rarity of the disease in a child, and its rapid development, rendered the case one of peculiar interest. There was an hereditary predisposition, as a member of the family had been affected with diabetes, but the great quantity of sugar which had been given to the child certainly hastened the development of the disease in this case. Cantani has stated that 90 cases out of 218 of diabetes are due to sweets and farinaceous food.

A Case of Lupous Stricture and Atresia of the Female Urethra.

Dr. Herman read notes of this case before the Obstetrical Society of London. The patient was forty-eight years of age. Retention of urine occurred, and the meatus was found to be blocked with fibrous out-growths; one labium minus was hypertrophied, the other perforated, but there was no visible ulceration. The channel was opened with a trocar, and kept patent by bougies. Only two cases appear to have been recorded.

The Obstetric Bandage.

Professor Czerny, of Heidelberg (*Centralblatt für Gynäkologie*, No. 3, 1886), attributes the pendulous abdomen of some women who have borne children to the want of proper bandaging after labor. Observation has shown that the shape of the abdomen and the tone of the abdominal muscles are decidedly improved by the use of the obstetric binder, not only during the first week, but also for several weeks after confinement.

Muscular Rheumatism Due to the Use of Tobacco.

I have met a great many cases of muscular rheumatism (says Dr. Edward Anderson in the *Maryland Medical Journal*) due to the use of tobacco in some form, mostly in the shape of snuff placed under the tongue. All remedies were unavailing whilst the use of the weed was indulged in. Every practitioner, I think, on meeting with a case of the above disorder, should inquire as to the tobacco habit, and correct it, if possible.

New Antipyretic.

It is asserted that the leaves of a Ceylon plant, the michelia niligerica, have been found to possess marked antipyretic properties, a decoction of the plant acting in this respect more powerfully than cinchona. A peculiarly bitter principle is also said to have been extracted from the leaves.

Correspondence.

A New Mode of Extracting the Placenta.

Eds. Med. and Surg. Reporter:

In all cases of child-birth where the placenta is not adherent but detached, and retained either in the uterus or vagina, and is not delivered by the ordinary pains necessary to the delivery of the secundines, I adopt the plan of changing the axis of the pelvis by requesting the patient to bow or bend her back by lifting her hips from the bed. In order to assist her in making this change in the axis of the pelvis, I usually place my hand under the small of her back or sacral region, and closing my hand, I let the small of the back rest upon my closed hand. When the brim of the pelvis is thus tilted forward, its axis is changed. Then as soon as a pain comes on I request the patient to bear down, while I make gentle traction upon the cord, and the retained placenta glides out with astonishing ease.

J. B. Johnson, M. D.

Washington, D. C.

News and Miscellany.

The Legal Aspect of Antisepsis.

Actions for malpraxis, although of comparatively rare occurrence, are still sufficiently common to make a want of care in diagnosis and treatment as undesirable from a pecuniary point of view as it is from a professional standpoint (says the *Brit. Med. Jour*). Such proceedings, when they are taken, generally rest on alleged gross and apparent want of skill or attention; but an article recently contributed to the *Vierteljahr f. Gerichtl. Med.*, by Dr. Carl Deneke, of Flensburg, again discusses the question whether it be not criminal neglect on the part of a surgeon to abandon the principles of the antiseptic method in the treatment of injuries or of operative wounds, unless the fulfilment of some vital indication renders adherence to these principles impossible. A surgeon who had carried out antiseptic precautions in their integrity, would not be held responsible, in a court of law, for any unfavorable course the wound might take, and in cases where complaints are lodged against

surgeons on account of alleged want of skill in the treatment of wounds, the legal authorities ought, in the course of their preliminary investigation, to submit the case to a medical faculty for its opinion. The value of the antiseptic method of surgical treatment is so widely recognized, though in its modern form it is of quite recent origin, that the administrators of the law are now forced to consider seriously whether the neglect of antiseptic precautions, in the treatment of injuries, is not to be regarded as criminal, if the injured person died apparently from such neglect. There is however a sufficient range of method and practice in the system called antiseptic to make it a somewhat difficult task to say what is and what is not antiseptic treatment. Many surgeons who openly repudiate the antiseptic method as commonly practiced, nevertheless contrive to obtain results up to the average: and this, no doubt, is due to the fact that the essential feature of antisepsis is perfect cleanliness. No one detail of the treatment can in itself be held to constitute antisepsis; we may drop the spray, as indeed the founder of the system has done; we may dispense with the use of carbolic acid, and still the treatment may be antiseptic, both in name and effect. The question would be, therefore, whether or not the surgeon carried out the operation in a proper and cleanly manner. But even with the most elaborate and pains-taking precautions for maintaining the aseptic condition, suppuration may, and in a certain number of cases does actually occur, without, on that account, any except a theoretical blame attaching to the operator. It is not easy to see, therefore, how a legal liability could ever be established unless particular details of procedure are raised to the dignity of a dogma, to modify or omit which would constitute liability. The discussion, therefore, is entirely unprofitable, for any attempt to found an infallible dogma on a method of practice is not only certain to break down, but has an injurious influence on the free development of scientific thought.

President Cleveland Showing Signs of the White House Wear and Tear.

A Washington despatch in the *Baltimore American* says:

"Naturally those at the White House do not care for it to be known outside that the President is so sick that he has to remain in bed. Therefore the bulletins from the sick-chamber are that he is about the same. But the President is not the same. He was not so well to-day (last Saturday), and all who called were informed that he was not able to see them. One of the Assistant Secretaries of the Treasury had some important business with him, but at ten o'clock was told that the President was unable to get up, and that his knees gave him so much pain that he could not think of work. The President does not care to call in a doctor, and hence he is still using the old remedies prescribed for him when he had an attack at Albany.

"Those who have watched the President say he could not stand the life he has been leading, shut up, as he has been, fourteen or fifteen hours every day, working at his top speed, taking no exercise or pleasure. They shook their heads and said something would come of it. Now it is rheumatism, and they say that he can thank his stars that it is nothing worse, and that he ought to take a warning."

Salt Fish as a Military Ration.

Salt cod-fish has been introduced among the articles of diet of the French soldier. The Minister of War, after having consulted the Sanitary Council of the army on the subject, has ordered salted fish to form part of the ordinary military rations. It must be of good quality, and captains commanding regimental companies and squadrons or batteries of artillery, with a view to avoid any possible accidents, are ordered to watch that no fish is used which presents traces of alteration, as is frequently indicated by a rose-tint of the muscular tissue, or which is deteriorated in any other respect. One of the chief purposes aimed at in the introduction of salted fish as a part of the rations of the French troops, is announced to be the help the consumption of it will afford to the crews of the fishing vessels, from which the most valuable recruits of the Military Marine, or Government Naval Service, are obtained. Salt cod may be acceptable to the troops as a variation in diet, but can hardly be regarded as an economical description of food, so far as its nutritive qualities are concerned.

She Was Not Spayed.

The *Medical Press and Circular*, September 8, 1886, vouches for the truthfulness of the following:

"A certain operator proposed to remove 'the uterine appendages' from a patient under his care, and he asked a gentleman present if he would like to examine the patient, saying she had been suffering for years with

an acute pain, that life was a burden, etc. The gentleman, struck by the full, round, rosy cheeks and red lips of the woman, first asked her how she slept at night. 'Oh, very well, thank you,' was the reply. 'You have no pain at night, then?' was the next question. 'Oh, no,' she answered. 'Have you pain all day long?' continued the questioner. 'Not all the day through,' she replied. 'Have you pain every day?' he went on. 'No, not every day,' was the answer. 'How often does the pain come on then?' the gentleman continued. 'Oh, three or four days a month,' was the innocent reply, much to the amazement of the questioner. The would-be operator was heard to mutter something about 'getting any answer you like,' but it will be satisfactory to learn that the patient saved her ovaries on that occasion, at least."

Proposed State Monopoly in Alcohol in Switzerland.

Undeterred by the failure which has attended Prince Bismarck's attempt to establish a spirit monopoly in Germany, the Swiss government are trying to pass a measure based on similar principles. The National Council has referred the projected bill to a committee, which, by eight votes to three, has declared itself in favor of the principle of the measure. A compromise has since been arrived at between the advocates and opponents of state monopoly in alcohol, which virtually concedes to the former all essential points. It is consequently not unlikely that a bill may shortly become law which hands over to the Federal government the importation, manufacture, and refining of spirits within the country. Vested interests such as those of the distillers and of the producers of potatoes for spirit manufacture will receive compensation.

A Medical Student's Suicide.

Thomas Elliott, a student at Jefferson Medical College from Beaver Falls, Pa., fatally shot himself last Saturday. When the other students in the building entered the room after hearing the pistol shot, Elliott was found lying on his bed not quite dead, but by the time a physician, who happened to be in the building, arrived, life was extinct. The young man was twenty-four years of age, not addicted to drink, with no bad habits, and religiously inclined.

Elliott was, however, of a very retiring disposition, could not be drawn out in conversation, and was swayed so far by his reticence as to dislike to eat at the table with the others. He was a hard student before entering the college. Worriment over his studies, coupled with his naturally melancholy disposition, led, no doubt, to the suicide.

Prizes Offered by the French Society of Hygiene.

The Société Francaise d'Hygiène proposes for competition the following subject for the year 1887: On Seditariness in Schools (primary and secondary), and on Intellectual Over-pressure in Superior Special Instruction. The first part will set forth the facts and observations which establish the evil; the second part will indicate the best means for combating it. The work should not exceed thirty-six pages of an 18mo. pamphlet. The prizes offered are a gold medal of the value of 500 fr. ($100), and two silver medals of the value of $30. The memoirs (written in French, English, German, Spanish, and Italian,) should be forwarded in the usual academical form to the Secretary of the Society, 30 Rue du Dragon, Paris, before April 1, 1887.

Influence of Light on Ferments.

It would seem to be necessary to keep away from the light all ferments that are meant to act in the darkness of the stomach and duodenum. Mr. Arthur Downes has made observations on the influence of light on various ferments now frequently prescribed in cases of digestive disorder. Active solutions of malt diastase, pancreatic diastase, and trypsin, were all rendered inactive by an exposure to sunlight in half-filled flasks for the space of one month. A solution of pepsine also became inactive after a similar amount of exposure. Even rennet has some of its properties enfeebled. Other flasks (control experiments) were kept in precisely the same conditions, with the exception that they were not exposed to light. The ferments in the vessels kept in the dark remained perfectly active.

Poisoning by Misadventure.

A woman at Budwith, England, has met her death by taking, in mistake for a dose of cough medicine, a tablespoonful of a liniment presumed to be aconite liniment. The deceased discovered her mistake at once and took a mustard emetic, which produced slight vomiting, but she died within an hour of taking the liniment. There was no time to procure medical aid, the nearest medical

man residing four miles away. The bottle containing the liniment was the usual "poison" bottle of blue-fluted glass, and quite unlike the other. The coroner did not call for medical evidence, and it is, we are informed, rather the exception than the rule for him to do so.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE TWO WEEKS ENDED NOVEMBER 27, 1886.

Williams, L. L., assistant surgeon. Granted leave of absence for twenty-four days, to take effect when relieved, November 15, 1886.

McIntosh, W. P., assistant surgeon. Granted leave of absence for twenty-seven days, November 26, 1886.

Norman, Seaton, assistant surgeon. When relieved, to rejoin station (New York); granted leave of absence for twenty-three days, November 27, 1886.

He Saw He Was from Chicago.

A well-known dentist contributes the following to the *Boston Record:*

A gentleman from the boundless West was calling at the "parlors" for consultation, and as the interview was about terminating, his eye chanced to fall upon the doctor's diploma, the leading line of which, in very black text, ran thus: "Academia Chirurgia, Dentium," etc., etc.

As the Chirurgia struck him, his face suddenly lighted up, and, extending his hand energetically, he exclaimed: "Why, doctor, I didn't know that you were from Chicago. Shake!"

"In the Arms of Morpheus."

Some boys at Sunderland (England) got a caution the other day likely to last them for some time. They stole from a chemist's a bottle of what they thought were cough lozenges; these they carried off as a great prize and distributed among their friends. The lozenges turned out to be morphia, and at least six of the boys fell into a profound sleep, and were awakened with some difficulty after a long time; they then felt what is termed "the after-damp" in mining districts, viz., sickness and headache.

Drs. Joseph Leidy and S. Weir Mitchell Honored.

An informal dinner was given at the Hotel Victoria, Sunday evening, November 9, the anniversary day of the founding of Harvard College, to the three gentlemen recommended by the medical faculty for the degree of LL. D. Drs. Leidy and S. Weir Mitchell, of Philadelphia; Dr. Billings, of Washington; President Gilman, of Johns Hopkins University; Prof. E. S. Morse, of Salem, were guests of fourteen gentlemen graduates of the College and the Medical School. The occasion was quite informal, without speeches, and proved very enjoyable.

A Song that Prevented a Riot.

The *Denver News* says that "Thomas Nast, the artist, visiting Denver, was talking the other night about the night of Mr. Lincoln's inauguration. He said that every one feared a riot. A man stepped out on a balcony of one of the big hotels, and began to sing "The Star-Spangled Banner." A crowd gathered, and soon the chorus was swelled by a thousand voices. The strain was relieved, and Washington was itself again. 'The Star-Spangled Banner' saved it."

The Relation between Physician and Patient.

A French court recently rendered a decision which is of considerable interest in connection with vital statistics. A physician refused, in a suit against a life insurance company, to testify as to the illness from which his patient died; and the court sustained him in his position, holding that the physician must be the sole judge as to whether the nature of the illness came under the cover of professional secrecy.

The International Health Congress.

The International Health Congress to be held in Vienna in September, 1887, promises to be successful. The hereditary Prince of Austria, Crown-Prince Rudolphus, has consented to act as the patron of the Congress; and the Chief of the Cabinet, Count Traffe, has been designated as honorary president. The committee, with Hofrath Schneider at its head, is working energetically to make the Congress successful.

A Lesson in Obstetrics.

A colored physician in one of the Southern States, having a forceps case and being unable to apply the instrument, sent for a white doctor, who in about ten minutes extracted the child. Following him to the door, the colored doctor handed him a five-

dollar bill, saying that he wanted to pay for his lesson in obstetrics.

He Drank Liniment for Cough Syrup.

A despatch from Red Bank, N. J., under date of December 4, says that George W. Burd, a diamond setter of New York, whose residence is at Red Bank, died from the effects of drinking a strong liniment which he mistook for a cough mixture which had been prescribed.

Medicine and the Blue Laws of Boston.

The enforcement of the Puritanical blue laws recently caused a general closing of the apothecary shops in Boston. Many of the apothecaries hung inscriptions which they considered appropriate to the occasion, in their windows, and one is said to have placed in his window a bottle of cholera mixture labeled "Wait till Monday."

Personal.

—Dr. Martin, Dr. H. Wharton, and Dr. Deaver are the prominent candidates for the position of Surgeon at the Philadelphia Hospital, vice Dr. A. S. Roberts, resigned.

—Mr. W. H. Walmsley on last Thursday evening, gave an exhibition of photo-micrographs before the Biological and Microscopical section of the Academy of Natural Sciences, in the hall of the Academy, Nineteenth and Race streets.

—Dr. Thomas G. Morton will deliver the address at the opening of the Orthopædic Hospital in January. He was one of the founders of the hospital.

Items.

—Lady Wilson, widow of the late Sir Erasmus Wilson, died November 6. By her decease the Royal College of Surgeons becomes entitled to the legacy of $1,000,000 left by Sir Erasmus.

—The Pirogoff Surgical Society of St. Petersburg is taking the lead in a movement for providing a central place of meeting for all the medical societies, where also accommodation will be found for all their libraries.

—In a discussion on laparotomy, at the meeting of the American Medical Association, it was stated that in Central Asia little girls were castrated just before menstruation, and in this condition they made very useful house-servants.

—Dr. Henry H. Smith, Chairman of the Executive Committee of the International Medical Congress, announces that the sessions of the Congress will occupy six days. European delegates will consume thirty days in crossing the ocean twice and in attendance upon the Congress.

—In the Saxon town of Colditz, which contains about 5,000 inhabitants, and is situated near Leipzig, a society for leaving nature to cure diseases (naturheilverein) is in course of formation. The six local practitioners have agreed to inform the members that they must not expect medical assistance from them in case they should change their minds.

—A case of poisoning by the roe of herrings is reported in *La France Médicale*, No. 122, by M. Belin. The chief symptoms were vomiting and diarrhœa, attended with severe colic and burning sensations throughout the whole course of the stomach and intestines.

—For some months past an epidemic has been reigning in the Greek seaside town, Nauplia, called by the local physicians πυρετοτύφου. It attacks especially the well-to-do classes, and generally proves fatal in three or four days. The bodies are of a yellow color, and quickly become black. The Athens Sanitary Council describes the disease as pernicious yellow fever, and considers it of a non-infectious character.

—The National Society for Aid to the Sick and Wounded in War (British Red Cross Society), has received decorations of the Red Cross from Prince Alexander, of the Bulgarian Red Cross Society, for presentation to Dr. Fetherstonhaugh and Dr. Lake and Sister Henrietta Stewart, in recognition of their services to the sick and wounded in Bulgaria.

OBITUARY NOTICE.

M. Paul Bert.

A Paris dispatch announces the death, on November 11, of M. Paul Bert, the French scientist and statesman. He was a native of Auxerre, where he was born October 19, 1833. He studied law and medicine in Paris, and in 1868 was appointed Professor of Physiology in the Faculty of Science of Paris. He devoted himself to physiological research, and made many valuable experiments by means of balloons to ascertain the conditions of existence at various altitudes. In August, 1875, he was awarded the biennial prize in the Institute in recognition of his scientific work. M. Bert was elected to

the National Assembly by the Department of Yonne in 1872, and was re-elected in 1876 and 1877. He acted with the extreme Radicals, and advocated various educational schemes, especially an act to exclude the clergy and members of religious orders from the schools of France. When Gambetta came into power in 1881, M. Bert was made Minister of Public Instruction, and in April of the following year he was elected a member of the Academy of Sciences.

John P. Gray, M. D.

Dr. John P. Gray, Superintendent of the State Lunatic Asylum at Utica, N. Y., died November 29.

At the Asylum many expressions of sympathy for the bereaved family were received. Telegrams of condolence were sent by Dr. J. B. Andrews, Superintendent of the Buffalo Asylum; Dr. P. M. Wise, Superintendent of the Willard Asylum; Dr. E. N. Brush, of Philadelphia; Dr. H. Goldthwait, New York; Dr. John B. Hinton, New York; Dr. F. E. Roy, Canada; Dr. Stephen Smith, New York; Dr. J. Strong, Superintendent of the Cleveland Asylum; Major Z. C. Priest, Little Falls; Colonel R. M. Richardson, Syracuse; Dr. Henry M. Hurd, Pontiac, Mich.; Dr. C. F. McDougall, Auburn, and others.

Dr. C. C. Field,

Of Easton, Pa. Dr. Cridland Crocker Field, one of the most widely known physicians and surgeons, died in Easton, December 3, suddenly, of neuralgia of the heart. Though 70 years of age, he was in active practice, and the day before his death was attending patients, apparently in the best of health. He expired in the morning before any of the members of his household, save his two sons, could reachh is bedside. Dr. Field was born on board a vessel just entering New York, on February 18, 1817. Dr. Field leaves three sons: W. Gebron Field, lawyer; G. B. Wood Field and B. Rush Field, physicians; and two daughters, Mrs. Dr. Amidon, of New York, and Miss Belle Field, of Easton.

S. J. Ramsay, M. D.

Dr. S. J. Ramsay died at his residence near Darlington, Md., on Tuesday, October 26, in the 67th year of his age.

Dr. Ramsay was born in Peach Bottom township, York county, Pa., very close to the Pennsylvania and Maryland boundary line. He was graduated in medicine at the Jefferson Medical College, Philadelphia, in the year 1840.

He soon after located for the practice of his profession in the village of Darlington, where he continued uninterruptedly in active practice for a period of thirty years. Subsequently, about fifteen years ago, he removed from Darlington to his farm, near Castleton, where he died. He there divided his attention between farming and medical practice, gradually relinquishing the latter as age increased, and as health grew enfeebled, as it did during the last two or three years of life.

A. F. Erich, M. D.

Dr. A. F. Erich, one of the Faculty of the College of Physicians and Surgeons of Baltimore, died of apoplexy at his residence in Baltimore on December 7. He was widely known as a writer on medical subjects.

Dr. Augustus Frederick Erich was born at Eisleben, Germany, May 4, 1837. His family came to this country in 1856 and settled in Baltimore, where he began the study of medicine, graduating from the Maryland University in 1861. He contributed within the following twenty years many works of value to the profession, and from 1873 to 1876 was editor of the *Baltimore Physician and Surgeon*. In 1873 he was also elected to the Faculty of the College of Baltimore, serving therein during the remainder of his life, his specialty being diseases of women and children.

QUERIES AND REPLIES.

What is Fothergill's Fever Mixture? I see the mixture is spoken of frequently—"Fever Mixture of the Future," I think it is usually written. E. P. R.
Tuscumbia, Ala.

The Food Value of Meat Juice.

Eds. Med. and Surg. Reporter:

Please answer the following question in Medical and Surgical Reporter: What is the food value of meat juice from fresh broiled steak? I use a meat juice press, and get about all the *juice*, but do not know its true food value.
La Fayette, Ala. B. F. Rea, Jr., M. D.

Iodoform for Scrofulous Tumors.

Eds. Med. and Surg. Reporter:

In the Medical and Surgical Reporter of October 23, 1886, page 537, under the head of "Scrofulous Tumors," a solution of iodoform is recommended. Will you kindly tell me the method of using it?—whether as a local application or by injecting into the tumor, or if otherwise, how?
Van Wert, Ohio. C. B. Reid, M. D.

Reply.—We would suppose that it should be injected into the tumor, though no mention of this was made in the journal from which we derived the information.—Eds. Reporter.

DEATH.

Langworthy.—November 27, 1886, at 5 o'clock a. m., in Clinton, Louisiana, at the residence of Mrs. G. C. Comstock, Dr. Owen P. Langworthy, aged 60 years, 4 months, and 28 days.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ON THE USE OF CIMICIFUGA IN CHOREA, RHEUMATISM, AND PREGNANCY.

BY D. COLVIN, M. D.,

Of Clyde, N. Y.

I was very much pleased with Dr. Corson's article in your journal of November 6, on the use of the cimicifuga in chorea, and confess that I supposed it to be in more common use with the profession than it seems to be, judging from the doctor's proof to that effect, as I have used it in nearly every case of that malady which has come under my care during the past thirty years, with perfect satisfaction.

Dr. Corson quotes a truthful statement of Dr. Free's, to wit: "The one remedy which is the main reliance of the great majority of practitioners is arsenic." To me, it is surprisingly true that Dr. Free's statement is correct.

It seems to be a hobby with a majority of physicians to give arsenic in chorea, and then contentedly wait "seventy or eighty days" for—what? Not for the arsenic to cure, although they think so, but for it to get well, as a rule, by, what lawyers say, "the statute of limitations." Yet they give arsenic in chorea, as they do in eczema—"hit or miss." I am quite sure, from my long experience with cimicifuga in chorea, that if physicians would be as faithful in its use in this disease as they are with the arsenic, they would be surprised at the early improvement in their cases. Let me also say that during my thirty years' experience with the black snake-root, I have treated but few cases of rheumatism without combining it, or giving it alone, with great relief. Also, I have found it very valuable in mitigating the nervous irritability which is so common in phthisis.

During the past twenty years, I have often given it daily, in pregnancy, during the last month of gestation. It was first brought to my notice, as an agent in chorea, by my father-in-law, about thirty years ago, who was a physician of large country practice, and upon whose farm it grew abundantly. He always gathered it at the proper time, dried it, and made a tincture of the same. He urged me to use it in chorea and rheumatism. I then began its use, and have continued to do so from that time to the present.

I have never been able to abort chorea in the short time spoken of by Dr. Corson, as it is seldom that such young patients can take more than twenty minims of a *good fluid extract* without producing an atrocious headache. However, I increase it when I can.

My principal object in this communication is to advise those who desire (and I hope all will) to test its effects in chorea to be very careful that the preparation with which they use is good, as I know that much which is in the market is very unreliable.

I would advise first, when it is possible, that the physician should gather it, or have it done by some reliable person, *at the proper time*. Should he neglect to do that (and he is shiftless if he does, for it can always be found at the proper time), the next best thing to do (and I say so from fifteen years' experience with his preparations) is to use Squibb's fluid extract of the same, which I

have found to be the nearest reliable of any which I have used.

Something has appeared in the journals lately relative to the use of cimicifuga during the latter part of pregnancy (the author's name I do not now remember), and while I am not quite ready to endorse all he said relative to its effects upon parturition, yet I will cordially recommend it.

I well remember, when a young practitioner, of being told by a farmer's wife that she always took an infusion of it during the last three weeks of her pregnancies, and I almost think 'twould have been unsafe for any one to have criticised her confidence in the effects of the remedy upon her labors, more especially if the criticism had been made in her presence.

Allow me to relate a case (for what it is worth) and I will close this communication.

Mrs. F., aged thirty-six, short, fleshy, and vigorous, desired me to attend her in her fourth confinement. The last child was born eight years before, and she had settled down, happily so, into the belief that it was to be the last.

I was credibly informed by those who were present that her labors had all been severe, and I had no reason to doubt the truth of the information. I discovered that the patient was very despondent, and worried about the future; also, there was more or less chagrin mixed with the most of her troubles. I consoled her the best I could, and encouraged her by saying, that "possibly I should be able to shorten the labor and mitigate her sufferings." I felt that 'twas important to treat her mind, and thus told her what I did.

As time passed on, her dread seemed to increase. About four weeks previous to her labor, I began an increased mental treatment (for that is what critics would call it, yet I cannot believe that was all there was of it), by giving fifteen minims of Squibb's fluid extract of cimicifuga, three times a day after meals. On the morning of the day of her confinement, slight pains came on and continued throughout the forenoon. I was out of town and not expected home before 4 p. m. With no expectation that the labor would be completed until many long hours of suffering had been endured, no great anxiety was manifested at my absence. About 12 o'clock the pains began to be more severe, so much so that the membranes ruptured and the husband was obliged to go into the street and procure the first physician he met. At 3 p. m. the labor was over. I saw her in the evening and found her very happy. All the powers of earth cannot convince that precious mother that "the drops which I (she) took" was not the cause of her easy labor. Who can say they were not?

A short time after this paper was written, and at the close of the above report, a sister-in-law of Mrs. F., who was expecting her fourth confinement, had been taking the cimicifuga about three weeks. She had taken none during the former pregnancies. I had attended her during those labors, and although there was nothing abnormal in them, yet all had been "tedious"—never getting through short of twelve hours, and two of them continuing all night and until the evening of the succeeding day. She had desired "to take such drops as my (her) sister-in-law had taken," and was gratified.

On the night of the 20th inst. she began to have slight pains, yet not severe enough to call for medical aid. At 4 a. m. they began to increase in severity, when I was summoned. The greatest activity of the labor was from five to six o'clock, when it was completed.

Here was an instance of three labors, all of which had been "tedious," while in the fourth the severity of the labor occupied only about two hours. Let any one infer what they please, I cannot resist the conclusion that the cimicifuga had a good influence upon the labor.

CHLOROFORM IN PARTURITION.

BY P. J. FARNSWORTH, M. D.,

Of Clinton, Iowa.

It is a stale witticism of the lying-in room that if a man could have the next one, there would only be two children in the family. Unfortunately the next one falls to the woman, and in order to avoid the pains and perils of child-birth she is willing to still more endanger her life by a resort to drugs and stimulants. It is true abortion is attempted for other reasons, but in many cases this is the principal one. The old punishment of the rack resembles labor, the long, tedious, grinding, tearing pain, that lasts for hours, equals the most cruel punishment ever invented.

In 1847, a very humane physician discovered a safe and certain remedy for abolishing the pains of labor; this was chloroform. He published it to a grateful world, and it was eagerly accepted by most, but a few, principally old practitioners, protested against it. At this late day, we hear some

one repeating their arguments. "It was an innovation on the good old way, contrary to nature and the Scripture. It obviates the curse, it would produce certain bad results, lengthen labor, cause greater hemorrhage, and a train of evils"—none of which have followed. Every new invention or great discovery, of however much benefit to mankind, has had its opponennts and detractors. Witness the cry against vaccination, and the precisely similar objections used by the modern anti-vaccinators. "It is controverting Providence that sends to mortals a grievous disease; it is contrary to nature to introduce into man an animal disease that might or must bring with it a long train of diseases; syphilis has been inoculated, other sores have followed; better bear the ills of small-pox, or die of it."

Is not the greater part of man's work to interfere with nature and bring its laws to serve his purpose? For what else is reason designed? He obstructs the course of the river, and makes it grind his corn, instead of doing it with his teeth, as the savage does. Shall he go back to primitive habits to avoid the danger of a flood, and for the sake of a better set of teeth? What is all this science of medicine, but to interfere with the nature of disease? The man who puts the stone in the end of the bag because his fathers did, or because he did when he was young, still exists, and it is from such mainly that the opposition to chloroform in midwifery comes. In no domain of surgery are anæsthetics more beneficent or more conservative of good.

In a practice of twenty years I have administered chloroform (for that is best adapted to obstetrics) many hundred times, and have never witnessed any bad results; have watched its effects carefully, and compared results with cases where it was objected to. In a large practice, my results have been good—above the average—in regard to tedious labors, post-partum hemorrhages, fever, or convulsions. No two people are exactly alike, and it is the part of the intelligent physician to adapt his remedies to the idiosyncrasies of his patients: this is as true of anæsthetics as of other remedies. It may be inadmissible in some cases, which are easily discerned or manifest themselves at the outset.

Properly managed, chloroform hastens labor. If the woman cries out and struggles, it diverts the attention of the attendants; if she is quiet while having her pains, the time seems long. By noting the time it will be found that there is a conformity of return of pains in any case; this I have noted often. Then in regard to the pains, expulsion is produced by the contraction of the powerful muscles of the uterus. The holding in of the breath, the fixing or straining of the abdominal muscles, is only a diversion of the suffering woman and a waste of strength, that is often productive of direct injury.

I have witnessed two cases of apoplectic seizure during the second stage of labor; the contractions went on, and the child was expelled after insensibility set in, the pains continuing regularly.

I have had a few cases of post-partum hemorrhage, but most of them were in cases where no anæsthetics were used; have never had a case of convulsions since I have used chloroform. Who would do turning or introduce instruments without the aid of an anæsthetic? I have done it, but not willingly. For arm or shoulder presentations, I have, in several cases, brought my patient fully under the influence of the anæsthetic, introduced my hand, pushed up the arm, and by external manipulations with the other hand brought the head so as to engage in the strait, and then had labor progress naturally.

In short, there are many reasons beside that of humanity why labor is more easily and safely managed under the influence of anæsthetics than without them. There are cases where they cannot be used, and cases where they must be discontinued; but they are rare, and can easily be discriminated.

The leading spirit of the times is to mitigate human suffering, to prevent animals from suffering—even science is to be deprived of vivisection, because it gives pain to the brute; yet women, with a safe and harmless remedy at hand, are to suffer intolerable torment because men are calloused to their sufferings, and because their indolence or superstition prevents them from using anæsthetics.

All authorities agree that no fatal result has ever been traced directly to anæsthetics in labor. The manner of using them precludes it, and the other drawbacks are in the imagination of the careless observer.

It is unnecessary to give any directions for the use of chloroform in such cases; every text-book contains them; this, with careful attention, is all that is required, and the practitioner who does not avail himself of the benefit of it deserves the rack and torture.

—The College of Physicians of Philadelphia will celebrate the centennial anniversary of its foundation on January 3 and 4.

ENTOZOA—INFORMATION WANTED.

BY E. P. TOWNSEND, M. D.,
Of Camden, N. J.

The accompanying cut is engraved from an exact drawing of a specimen on my table, from a case I report because of its peculiarity and, I presume, rarity, since in my researches I have found nothing similar to it described. I am aware that medical men

are often deceived, or at least the attempt is often made, to deceive by the presentation of false specimens and misrepresentation of symptoms.

The first specimen submitted to my inspection was handed to me by a respectable druggist, with an imperfect history of the case. A few weeks later I asked for another, and submitted them to examination by careful and skillful microscopists. I afterwards had an interview with the lady and elicited the following history of the case:

Mrs. G., of No. — Broadway, Camden, is in her forty-eighth year, is about five feet three inches high, weight 120 pounds, health generally good, and able to do her own house work.

The abdomen is irregular, there being a conical enlargement to the right of the median line, above the line of the umbilicus. About one year ago she had an attack of pain in the bowels, followed by loose alvine dejections. Something attracted her attention, and upon examination she discovered specimens like the one shown in the cut.

Fully supprised and frightened at the character and appearance of this unexpected offspring, she bought and took quantities of "Kunkle's worm medicines." She exhibited to me quantities of pieces, all somewhat similar to this (which is drawn full size), which she kept in a quart preserving-jar to exhibit to her neighbors. Supposing that there might be an element of fraud in the case, I have taken every means in my power to verify her statements. I have carefully tested it to prove, first, whether it was animal or vegetable tissue; second, under the impression that it belonged to the class of hydatid growths.*

I have examined carefully recent specimens for the hooklets peculiar to such growths, but failed to find them or any nuclei. The peculiar shape of the cells is uniform in all specimens. While the quantity passed at one time varies, and the occurrence takes place once or twice a month, except in the matter of decreasing strength, her health is but slightly impaired, and she suffers but little pain and inconvenience.

She is not under any medical treatment, and I have merely examined this case out of curiosity.

I should be pleased if any of your readers can classify it, except under the general term of entozoa.

Should any microscopist desire to examine a specimen, I will supply him with one upon receipt of such a request.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Service of Dr. Morris Longstreth.

Unusually Rapid Course of Cancer.

The patient who furnished these morbid specimens was a German, only 33 years old, by trade a sausage peddler. At the time of admission to the hospital, only three weeks since, he was a typically well-nourished man. His face was well filled out. He had a double chin, and in fact, though rolls of fat were distinct over the body generally, his flesh was not flabby. His complexion was dark and rugged, and on the whole he looked

*Gross claims, vol. ii., page 624, "That hydatid cysts of liver, may, by a process of elimination, find their way to the bowel.

so well that it was difficult (only three weeks ago) to believe him ill; yet he is now dead, and from cancerous disease.

Six weeks ago the patient for the first time complained of feeling ill, a vague, indefinite sensation of discomfort, but referred chiefly to the stomach. Later, he commenced vomiting, but had no diarrhœa, and without further trouble entered the hospital. His temperature was, however, sub-normal and tongue somewhat coated, though not flabby.

Seven days after admission he complained of pain in the pit of the stomach, but without much tenderness, for he could bear a thorough examination. After this and until his death there was considerable and pretty constant pain in mid-sternum. We endeavored to lessen the vomiting by large doses of subnitrate of bismuth, and used counter-irritation for the pain. Both measures gave apparent relief, for he became more comfortable. Two days ago, on going through the wards, I noticed his pulse was weak, his extremities cold, and his temperature sub-normal.

During that day vomiting increased, and toward evening he died in a condition of *shock*.

The vomited matter was dark-colored, and consisted chiefly of undigested food. The dark color was probably due to admixture of gases with particles of food. This dark color is often produced from an exclusive milk diet and without bismuth.

The stomach.—On removal, before opening, the organ was large—since, it has shrunken. At the lesser curvature we have a thickened mass extending all round the organ, and passing down to the head of the pancreas, which contains throughout scattered lumps of new growth. The pylorus is enormously thickened. We tested its ability to hold water, and it proved good.

Now, this corresponds with what we knew in life. There was *no obstruction*, and the difficulty in examining was due to the great amount of fat over the abdomen. The question of interest is, Why did the patient die in a condition of shock?

Immediately after death, and before the autopsy was made, I thought of duodenal ulcer, which might have ulcerated its way into the abdominal cavity, which, if true, would account for the sudden shock and consequent death. For in such perforation we have shock without much hemorrhage, as in this case. Post-mortem examination revealed extensive metastatic formations of cancerous nodules, chiefly in the liver.

In this case metastasis was very rapid, resulting in the production of emboli. This, then, is the condition that gave rise to shock which proved fatal. At least, the case admits of but two theories. Death was due either to peritonitis suddenly produced, or to rapid embolic metastasis. Why no hemorrhage here? You cannot get hemorrhage ever so slight from cancer, without ulceration. In this case, ulceration had not advanced sufficiently to penetrate the deeper vessels necessary to produce hemorrhage.

The manner of death after so brief an illness was certainly very unusual in a case of carcinoma.

Medical Societies.

LOUISVILLE MEDICAL SOCIETY.

The consideration of the treatment of typhoid fever as announced for discussion was introduced by Dr. Turner Anderson, who said:

"The task assigned to me this evening would be a comparatively easy one if I were given a case of typhoid fever and requested to indicate the treatment appropriate for it; but when I am asked to indicate the treatment which I consider suitable to cases as they occur in practice, I really feel that I have an extensive work ahead of me.

"There is no disease, perhaps, which presents a greater variety of symptomatic phenomena than this; there is no disease perhaps which has so many individual characteristics as typhoid fever. This we all recognize, as was evidenced in the previous discussion concerning this disease, when doubt was expressed by some of the fellows of the Society concerning the character of the cases occurring in the epidemic which recently visited us.

"I have not been unmindful, since my appointment, of the difficulties I must encounter in the presentation of this subject this evening. Professional and other duties have prevented me from systematizing as I should like to have done my ideas in regard to the treatment of this affection, much less to write a paper upon the subject.

"My experience with the disease has been extensive only within the last few years. Neither while in the army nor since, up to 1880, have I encountered many cases. In 1880, and since, I have seen quite a number, and in all forms I suppose in which the disease is presented, viz., the mildest, the mild, and the severe cases of typhoid fever.

"As to the mildest cases, those in which there is scarcely any elevation of temperature, where there is muscular debility, weariness, loss of appetite, extending over a period of three or four weeks, sometimes presenting rose spots, sometimes nothing distinctively characteristic of the disease, which is yet undoubtedly typhoid fever, treatment is actually not called for, and medicine should not be administered.

"The first idea that suggests itself to me when I am called to a case which proves to be typhoid fever is that of prophylaxis, with other members of the family. The question of prophylaxis, with respect to the community, is one which concerns our boards of health; but as regards the extension of the disease in a family, I take it that our first duty is to carefully inquire into any probable source of infection. Any unhygienic conditions should, as far as possible and as soon as possible, be removed. Ordinarily, we discover nothing in particular, and must let the other members take their chances of having the disease.

"I do not myself believe in the personal contagion of typhoid fever. I mention this simply from the fact that I occasionally encounter men of wide experience who believe that typhoid fever is a very slow contagion, but finally operative in a personal way. I was quite surprised recently in consultation in a case of this character to hear a man who has grown old in the practice of medicine express himself as a believer in personal contagion. I myself do not prohibit other members of the family from access to the room in which a relative lies with the disease.

"I have accepted the idea that this is a disease which is communicated through the dejections, and not otherwise; therefore, I am careful in all cases where there is diarrhœa to put in practice the suggestions of Liebermeister in regard to disinfecting the stools, that is to say, I use sulphate of iron and muriatic acid. In this city, in my practice, I find that all dejections from typhoid fever cases go into the vaults and water-closets and into the sewers to be swept away; and where that is the case, I feel it is a duty to disinfect the discharges, and I have made it a point not to neglect it when possible.

"The next question which presents itself as having a practical bearing on treatment is the importance of an early diagnosis. I have not infrequently had persons come to my office having fever, cough, sibilant rales throughout both lungs, and that muscular debility and weariness so characteristic of the first stages of the disease. In the beginning of the last endemic I made the mistake of prescribing for these patients and instructing them to report to me again at my office, when later I would be called to see them at home, and find on my arrival there, on closer investigation, well-marked features of typhoid fever. Experience has taught me not to make mistakes of that kind now. When such cases present themselves now, I order them to go home and to bed at once. That is a matter of the first importance, because in the management of the disease we desire to retain, as much as possible for our patients, their muscular strength.

"The diagnosis then made, let the patient select the best apartment at his command, and place his bed not in a corner of it, but where he can get plenty of pure, fresh air. Then a thermometer should find its place there, and an equable temperature of 65° to 70° be maintained. I have frequently seen most salutary effects follow the recognition of this simple principle when I have been called to patients suffering the discomforts of the first week of the disease, intensified by the air of a heated and close room.

"We must not forget that typhoid fever has definite cycles, or septenary periods, and the management from this time on will depend upon the stage of the disease.

"In the first week we recognize the muscular debility, the anorexia, the tired, weary feeling, the mental dejection, and the cephalalgia—the latter is really the only constant and never absent symptom—this period, I say, we recognize as requiring more attention as regards the comfort of the patient than subsequent periods.

"There are two agents which I have found of value in this period of the disease. The first of these agents is the free use of water. The application of cold water to the head to allay the cephalalgia, and to the body to prevent the temperature from running too high. During this first stage, if the onset has been sudden, if instead of the usual prodromic period the patient takes to bed with a chill immediately followed by a temperature of 103° or 104°, I inquire, as a routine matter, into the condition of the bowels, and usually finding them constipated, I prescribe a laxative or a purgative. I have lately gotten the habit of giving a calomel purge for this purpose. I do not know that it is any better than anything else, but on the principle 'in arrested secretion that it is the recognized cathartic,' I suppose I have preferred it. Then I resort to the administration of opium and bromide of potassium.

"Of these I give enough to relieve the severer symptoms and the cephalalgia, enjoining perfect quiet, and the application, as I have said, of cold cloths to the head, and in this way I generally succeed in keeping the patient quite comfortable during the first week of the disease. I recognize at this time that the disease will run a definite course; that there is no agent known that is in any sense antidotal to the disease. For that reason I resort to no especial line of practice during this or the subsequent periods of the sickness. I mean by this that I have not accepted the idea that the iodide of potassium, iodine, quinine, salicylate of soda, or salicyline, is antidotal to the typhoid fever poison, or especially indicated for the purpose of counteracting it.

"During this period there is always loss of appetite, and I direct the patient to take as little food as possible. It is never difficult to get the patient's consent not to take food, but it is often quite difficult to impress upon attendants the fact that food at this time is not essential. As long as we have fever we have arrested secretion, and the anorexia which occurs at this time is associated with arrested gastric secretion, which renders digestion difficult, if not incapable of taking place properly. I do not exact that no food shall be taken, but I say that water is better than food.

"Now after this period, that is the first week, is passed, I still insist on maintaining absolute quietude in the recumbent position. To accomplish this, I have them begin to use the bed-pan at the start, and direct my patients not to get out of bed for any purpose whatever. I believe this a matter of the utmost importance.

"We recognize the disease to be severe in proportion to the elevation of the temperature, but now we are not all so afraid of high temperature as we were some time ago. I have, I think, myself learned something about the dangers of the high temperature of typhoid fever from the epidemic which originated this discussion. I have learned that a temperature of 104° in the evening, characterizing a severe form of the disease, or of 105°, a quite severe form, is not so alarming, provided it does not remain so for a long period of time. When the temperature runs high, I direct the use of moderately cool water—because I find patients do not well bear the application of cold water—in the form of a sponge-bath. If there is restlessness, and there generally is when the temperature runs up to this point, I recommend the addition of vinegar. Vinegar is agreeable, and has an influence over the sensibility of the nervous centres. As the temperature comes down, then the spongings are discontinued. If there is a morning temperature of 101° and evening temperature of 102° or 102½°, the bath becomes disagreeable, and as the temperature declines they do not require these influences, therefore I never use the sponge-baths unless the temperature runs up to 103½° or 104°, until that time arrives treating them on the expectant plan. If the case then goes on right after the first period is passed, I give no medicine; I simply direct that the body and bed linen be regularly changed, and that absolute recumbency shall be maintained, and let them go on through the disease to terminate favorably spontaneously. That is about my line of practice in favorable cases.

"In cases which do not go on favorably, if I find the temperature going up and the patient progressively worse, as indicated by the frequency of the pulse and by the other symptoms which indicate debility, I then begin with the use of liquid home-made broths, selecting such articles as I think are most easily digested, and alcohol, which I order to be given at stated intervals, in the form of whisky. I never direct a patient to take milk, chicken broth, etc., but I try to do the thinking for the patient, who is now incapacitated from thinking for himself, and I order what I wish him to have at stated intervals. In this we must be governed by the ability of our patients to assimilate what is given. Each individual case presents indications which are important, and which we can only learn by a survey of the case. There are, as regards the use of medicines, about four or five remedial agents that are of any value, and other articles may be reasonably dispensed with. Of these, I would put at the head of the list alcohol; next, opium; next, digitalis; and finally, turpentine. For patients who are restless and vigilant, whose restlessness does not yield to sponging with water and vinegar, I prescribe opium. I never allow my patients to suffer from loss of sleep in typhoid fever. I never allow insomnia to continue for any length of time. I control it by the use of opium. I think its powers of stimulation are such that we have in it an agent whose sustaining influence upon the system counterbalances all the other disagreeable effects which are attributed to it. I am, therefore, in the habit in all cases where there is restlessness and sleeplessness, of resorting to its use. It is especially valuable in those cases characterized by subsultus, and where we have car-

diac exhaustion. It is in these cases, in my estimation, next to alcohol, the very best medicine we can use. In those cases presenting evidences of congestion from cardiac failure, as indicated in cyanosis, sibilant râles, and rapid respirations, I am not afraid of opium, and I give it freely at night. It is especially valuable in those cases that have taken but little nourishment. Where the pulse is very frequent and feeble, where there is delirium and other evidences of exhaustion, apparently indicating early dissolution, I think that opium, with alcohol, has done great good.

"I have seen several cases in the course of the past two years that have, I believe, in this respect, been neglected; cases which have been allowed to suffer from loss of sleep, cases that have taken but a small quantity of alcohol, and that in no systematic way. In these cases, presenting marked evidences of failure, I have seen a large dose of opium quiet the restlessness and put patients to sleep, and after ten or twelve hours awake with perfect convalescence established. I have seen so many of these cases that I have come to the conclusion myself that we have in opium a stimulating and sustaining agent in typhoid fever of great value.

"I saw a man who had been walking about for three weeks with the disease, taking large doses of quinine, in the fourth week presenting all the evidences of circulatory failure as evidenced in the cyanosis, rapid respiration, and râles all over the chest. The case looked hopeless; the man had had no sleep for three days. The urinary secretion was quite well maintained; he had diarrhœa. I gave that man half teaspoonful doses of McMunn's elixir of opium in half an ounce of whisky every two hours till asleep.

"I saw him the next day; the first dose had not quieted him, the second gave him rest; he was now not so tympanitic; the hippocratic countenance ,marked on the previous day, had given way to the flushed countenance of opium, and he had a good pulse. I continued the use of it, regardless of the condition of the lungs, and in three days he was convalescent.

"Another case, a young man, had been sick five weeks with one of those cases particularly characterized by muscular debility and exhaustion. I was sent for in haste to see him, and when I did so I found him with his fingers drawn tightly into the palms of his hands, delirious, pulse so rapid I could scarcely count it, and he presented all the evidences of cerebral anæmia. I gave him a teaspoonful of McMunn's elixir of opium. He went to sleep, and when I saw him the next day his pulse was well sustained, with that peculiar rhythmical action characteristic of the effect of the drug. That man made a good recovery. In those cases that look as though they are about to terminate fatally, that present evidences of pulmonary congestion, where there is cardiac failure and general exhaustion opium has done more than any one agent I have ever employed.

"As regards the use of digitalis, when the heart-sounds begin to grow feeble, I have considerable faith in its power, but not so much as I have in opium. It undoubtedly gives increased power to the systole, increases the strength of the pulse while it slows it, yet it has not the sustained action which opium gives, and practically I have found the latter preferable.

"As to the quantity of alcohol necessary, that must be decided at the bedside of the patient. I seldom gave more than three ounces to an adult in twenty-four hours, and that I give in milk.

"Turpentine I use, and simply for the purpose of controlling intestinal tympanitis. For the gastric tympanitis we have various carminatives, many of which are effective. For the typhoid fever I do little beyond this. I am not fond of the use of placebos. I tell my patients they need no medicine, and try to control them in that way.

"As regards complications, when they arise I am certainly fond of the administration of certain medicines.

"For intestinal hemorrhage, which is rare, I rely upon two agents: one is the full administration of opium hypodermically as soon as the case is seen, for the purpose of quieting intestinal peristalsis, and maintaining the arterial circulation, immediately followed by a single large dose of turpentine—ā dessertspoonful. Whether in typhoid fever, or from any other cause, in intestinal hemorrhage, I have seen greater benefit from this plan than any other I have ever seen adopted. I do not rely upon ergot. I do not believe it is as good as turpentine. Opium to quiet the peristalsis and sustain the action of the heart, and turpentine as a direct hæmostatic and stimulant, constitutes a routine practice with me in intestinal hemorrhage.

"Epistaxis I have had to occur; and when it does, I resort to styptics locally, and the usual mechanical means. I have had no case recently where it was necessary to plug the posterior nares. In one case where I found

it necessary and convenient, I used a guitar string to accomplish it. Fortunately we are not often called upon to resort to extreme measures, and the injection of Monsel's solution into the nose will ordinarily control all hemorrhage.

"I have seen no case of hyperpyrexia, none where the temperature has gone high enough to create a suspicion of it, unless the patient was entering into complications of brain and heart troubles.

"I am careful not to give quinine in typhoid fever. I don't believe it is of much service in this disease; I don't believe it is a medicine of any value except, perhaps, in the latter part of the disease. If it is of value at all it is in convalescence, when the evening rise of temperature seems to occur as a matter of habit. I have tried it thoroughly in the beginning of typhoid fever, and found it would lower the temperature, but just as soon as the effect of the quinine has worn off it goes up again, and nothing, in my estimation, has been gained by the reduction for that short time. I think it especially important we should not give quinine during the first period of the disease. It is a period of discomfort and unrest, of headache and ill-feeling; quinine aggravates all that. I know it is generally given in this period of doubt as to the diagnosis, and just on that account it is misleading. The mineral acids have done little service in my hands. Phosphoric acid I cannot say has done any good; muriatic acid likewise.

"After convalescence has set in, I sometimes give some simple bitters to improve the appetite. Ordinarily as soon as temperature approaches normal, it is more important not to over-feed. There is a considerable amount of vesical irritation in some cases, and this may only make its appearance in convalescence. That can be quickly and uniformly relieved, no matter at what stage it occurs, by the use of the benzoate of ammonia or benzoic acid.

"Before concluding, I wish to return with a few remarks to the subject of bronchitis; I look upon it as it occurs in this disease as being somewhat on the order of asthma—a spasmodic affection of the bronchial tubes, perhaps depending upon the irritation produced in the system by the retention of effete materials, just as we see cases of rheumatic asthma depending upon defective excretion. I believe this the most plausible explanation, and for that reason I think opium does no harm. It quiets the nerve-centres, renders them less susceptible to the disturbance conveyed by the nerves from this seat of irritation, and on that ground is physiologically indicated, and practically I have, as I have said, found it beneficial.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

November 22, 1886. The adjourned annual meeting was called to order by the retiring President, Dr. Daniel Lewis.

Baling Stable Manure.

Dr. John C. Peters read an additional report from the Committee on Hygiene, recommending that the baling of stable manure be enforced in all practical and reasonable ways. The advantage of this method of handling manure was that it could be done within the stables, doing away with filling and emptying sidewalk manure pits. There was great saving in labor and time in handling it, and also in shipping it. A constant demand for it thus packed would be made by fertilizers all over the country, and this would do away with the necessity for manure yards on our river fronts.

Non-Payment of Dues.

A resolution was passed providing for the payment out of the treasury of the dues of honorable members in arrears whose present circumstances would make it embarrassing for them to pay such dues; and the expulsion of those members who could, but would not, pay their dues.

After a brief address by Dr. Lewis, the regular meeting was called to order by the President-elect, Dr. Laurence Johnson, who thanked the Society for the honor conferred upon him, and promised to discharge the duties of the office to the best of his ability. According to usage, he said he would read an address, and although there was nothing new in the subject, he would have to mention his views of the duties of the Society. Among the points which received his attention was the question of the abuse of medical charity, and he divided those who abused such charity into four classes—the wealthy, the well-to-do, the poor, and the paupers. Little could be done to prevent the abuse of medical charities by such of the wealthy as were mean enough to try to avoid paying the physician for his services. The well-to-do sought first to avoid paying the fee of the specialist, who he was of the opinion should charge him no more for his services than did his family physician; but this abuse, for which the family physician might, in part, be responsible, ended with paying no medical fees whatever. The poor, who constituted

nine-tenths of the population of New York, should not be driven to the abuse of medical charities by physicians charging the same price to all patients alike; he should regulate his fee according to the ability of the patient to pay, and this he could do in conformity with the dignity of his profession.

Expulsion of a Member.

The charges brought against Dr. James O'Reilly in an editorial by the *Medical News* had been investigated and found in part to be true, and on recommendation of the Committee on Ethics and the Comitia Minora, he was recommended for discipline, the kind of discipline being expulsion. He was expelled.

The Comitia Minora reported in favor of publishing a medical directory of the city of New York, to be edited by the Comitia. The resolution was adopted.

Memoir of Gaspar Griswold, M. D., M. R. C. S.

Dr. Joseph D. Bryant read the memoir, in which he spoke of the strong mental and physical constitution of the deceased, of his great aptitude for learning, of his industry, of his faithfulness and uprightness as a man and clearness as a writer.

The Society adjourned.

THE BALTIMORE ACADEMY OF MEDICINE.

Stated meeting, October 19, 1886.

Sudden Failure of Heart's Action the Result of Diminution of Atmospheric Pressure.

Dr. Frank Donaldson, jr., referred to a case of sudden failure of heart's action that he had recently seen. The cardiac depression was apparently the result of the diminution in the atmospheric pressure that the patient experienced while in a high altitude.

The same sudden heart failure, he observed, is seen as a result of rarefaction of the air in the pneumatic cabinet. The approach of the heart failure is indicated by a gradually weakening and irregular action of the pulse.

He thinks the cardiac failure due to a diminution of pressure *upon* the heart, while at the same time the pressure *within* the heart remains the same.

Dr. S. C. Chew has never had his attention called to just to such a case, but thinks Dr. Donaldson's explanation a very probable one. He thinks the irregular and tumultuous action of the heart due to a lessened pressure upon the body generally, thus allowing of a universal dilatation of the capillaries.

Dr. F. Donaldson, jr., said that cases of the same nature as the one referred to by him had been seen by other observers—Loomis records 48 of them. Solly has seen a number of these cases in high altitudes, many of whom had never experienced a pre-existing cardiac disturbance previous to their going to these elevations.

Shock Consequent upon Surgical Operations.

Dr. J. J. Chisolm said, at the last meeting attention had been called to the small amount of shock consequent upon surgical operations upon young children. In his experience old persons stand them as well.

A Case of Pleurisy.

Dr. Henry M. Wilson said he had been in attendance upon a lady for about six weeks or two months. She was very carefully nursed by her sister during this time. One day she called his attention to a slight dyspnœa, and referred to a slight pain in the side, only lasting for a few minutes, that she had felt a few nights previous. Upon examination he found the pleura on that side in a state of inflammation, with its cavity filled with fluid and the heart in consequence displaced. Thought it singular that so extensive an inflammation should have been in progress with so few outward symptoms.

Dr. S. C. Chew said often a less extensive inflammation in this locality gave rise to much more pronounced symptoms than where the process is more extensive. He related a case in his own practice similar in general to that of Dr. Wilson. It was in a man, and his pleural cavity became filled with fluid before he was aware of the existence of any trouble whatever of a serious nature.

Peritonitis Due to Perforation of Vermiform Appendix.

Dr. Henry M. Wilson referred to a patient, a man, æt. 27 years, whom he had seen. He found him complaining of a not very severe pain over the abdomen. The next morning he was sent for hurriedly, and found his patient in collapse, from which he aroused him only with the greatest difficulty. The pain continued without being lessened. He diagnosed peritonitis. The man had had during the previous summer moderate pains over the abdomen at different times. Two weeks after having first seen his patient, he died.

Autopsy revealed a swelling containing fluid over the left inguinal ring. It was aspirated, and about three pints of fetid pus

escaped. Within the abdominal cavity there was a massing together, by means of a fibrous exudation of the omentum and intestines in such a way as to form, so to speak, a second diaphragm, dividing the cavity into two distinct parts. The pelvic portion was filled with pus.

The vermiform appendix was perforated, and in the most dependent portion of the pelvic cavity there was found a hard mass of fecal matter about the size of a Minie ball. This mass was without a nucleus, as was shown by section made at a later date. He thinks perforation took place at the time of the extreme collapse to which he referred. He referred to a peculiar pain in the penis that lasted for about half a day, as one of the most prominent symptoms.

Intubation of the Larynx.

Dr. F. Donaldson, Jr., recently intubated the larynx of a child with membranous croup. There was apparently a temporary benefit, but the child died in about eight hours.

Dr. S. C. Chew, who had seen Dr. Donaldson's patient, was yesterday called in consultation to see another child suffering from the same trouble, but in a much more precarious condition. The parents of the child refused to permit any operative procedure. Though he has not seen the patient since, he imagines it must be dead. Does not think tracheotomy or intubation of the larynx would have done any good, as the obstruction was less in the larynx than farther down in the trachea.

Astigmatism in Twins.

Dr. J. J. Chisolm has recently seen two cases of interest—two men, twins, aged nineteen years—each suffering from the same degree of astigatism and of the same angles.

Two girls, twins, aged twelve years each, likewise suffering from the same degree of irregular astigmatism and the same angles.

The Influence of Removal of One Ovary upon the Sex of Subsequent Children.

Dr. S. C. Chew spoke of a young lady from whom one of her ovaries has been removed. As she is about to be married, it will be of interest to note the effect upon the sex of her children.

Dr. B. B. Browne said the theory of removal of an ovary affecting the sex of the subsequent children he thought pretty well abandoned, because of women with but a single ovary having given birth to children of different sexes.

Dr. J. J. Chisolm referred to a case of

Poisoning by Cocaine.

One year ago he operated upon a man for glaucoma. Recently, while on his way up the bay, the man caught cold, and in consequence there was a conjunctivitis set up. He applied to the inflamed conjunctiva a 5 per cent. solution of nitrate of silver, after first having anæsthetized the eye with cocaine. In half an hour sight was reduced in that eye to such an extent that he barely had perception to light. The man had, in consequence of the instillation of cocaine, an acute traumatic glaucoma.

Eserine was applied to the affected organ, with the result of counteracting the action of the cocaine; and in less than three hours its action was apparent, and in five hours sight in that eye was completely restored.

He thinks had eserine not been applied a destructive glaucoma would most certainly have set up. This is the first case of the kind he has seen.

Dr. B. B. Browne has used cocaine with good effect in the vomiting of pregnancy. He administers 10 gtt. of a 2 per cent. solution.

Dr. H. P. C. Wilson exhibited

A Novel Form of Clinical Thermometer

that had recently been purchased in London. It is encased in a locket and can be worn upon the watch chain. It, however, possesses the great disadvantage of not being self-registering.

Stated meeting, November 2, 1886.

Bromide of Ethyl in Conjunction with Chloroform.

Dr. J. J. Chisolm is now employing the bromide of ethyl in conjunction with chloroform as an anæsthetic. His method is to anæsthetize the patient first with bromide of ethyl, and then after discontinuing this agent to keep up the anæsthesia with chloroform. The advantage claimed by him for this method is that he accomplishes the desired result much more quickly than when chloroform is used alone.

Dr. H. P. C. Wilson has been very forcibly impressed with the universal absence of nausea in all patients whom he has seen chloroformed abroad. He has had an opportunity to see a large number of persons anæsthetized in Europe, and has never yet observed nausea in any of them. He has made inquiry, but can get no satisfactory explanation for its absence.

Dr. C. C. Bombaugh asked Dr. Wilson if the frequency of nausea in his cases might not be attributable to impurities in the chloroform. He said ofttimes aldehyde is present in chloroform as an impurity. In

his experience in army surgery he had used it freely, and had had no cases of nausea.

Dr. H. P. C. Wilson replied that he had no reason to suspect the drug used by him, as he never employed any other than Squibb's.

Dr. Samuel Theobald has avoided nausea to a great extent by giving a hypodermic injection of morphia and atropia about thirty minutes before the time for administering the chloroform. The period of recovery after this treatment is quiet and without excitement.

Dr. C. C. Bombaugh asked Dr. Chisolm if he had noticed any decrease in the number of patients nauseated since he has used bromide of ethyl in the early stages of the process of anæsthesia.

Dr. J. J. Chisolm said he had not seen much nausea lately, but could not say that the decrease was due to his plan of operating.

Dr. Christopher Johnston said it was singular how a patient would at one time take an anæsthetic with but little or no discomfort, and at another time the result would be almost fatal. He referred to a child with hare-lip upon whom he had occasion to operate. The fissure was of such a size as to necessitate two operations. The first time he brought the child under the influence of the anæsthetic there was nothing to create alarm, but at the second operation the patient became almost lifeless.

Tracheotomy for Membranous Croup.

Dr. Christopher Johnston spoke of an interesting tracheotomy that he had performed. The history is as follows: On the night of October 6 he was called to see a child, of about three years of age, suffering from membranous croup. The patient was then very ill; stridulous breathing was present. On the morning of October 7 he did tracheotomy, using a Durham tube. For a time the operation gave much relief. For a period of five to seven days there was no attempt to breathe through the larynx, but all the respiration was carried on through the tube in the trachea. After this time there was a considerable swelling on the tissues of the neck, the membranous formation increased, and the formation could be seen in the trachea below the insertion of the tube. The child's strength was supported by the constant administration of brandy. The upper part of the trachea and larynx was completely occluded by false membranes, which were dislodged by passing upwards from the opening in the trachea a director to which was attached a piece of string tied to a bit of linen cloth. Intubation was also resorted to. Paralysis of the throat muscles allowed food to pass into the trachea, and it was extended through the tracheal tube. No air passed through the larynx for nine days. The tube was in the child's neck, in all, a little more than three weeks. After the removal of the tube the child grew better, and is now perfectly well. He calls attenttion to this case as being somewhat an exception to the rule, for it is very rare that a tube can be removed from the trachea at all after it has remained there so long as this one did.

Dr. J. Edwin Michael thinks there are many children whose lives are sacrificed by the neglect of this operation.

Dr. Chris. Johnston thinks one justified in doing this operation for no other purpose than to relieve suffocation. He had also another child suffering from membranous croup or diphtheria in whom he used a spray of nitrate of silver solution. The tissues were supplied with nutriment by obliging the child to breathe an atmosphere of pure oxygen. It recovered from this attack, but eighteen months later he was called on to do tracheotomy on the same child, who had contracted the disease again. The child recovered, but the tube could never be removed. A year afterward the child was suffocated by the accidental occlusion of the tube. Autopsy revealed a cicatricial contraction of the tissues of the larynx. Intubation of the larynx was frequently resorted to, with no good result.

Dr. J. J. Chisolm saw a patient upon whom tracheotomy had been performed one year ago for syphilitic contraction of the larynx. The tube has remained in position for twelve months, and cannot be removed.

Dr. J. Edwin Michael saw a patient who had stenosis of the larynx. Dilatation had constantly been carried on in order that the man might breathe, but upon one occasion this precaution was neglected, and the man began to find breathing becoming more and more difficult until he became quite cyanotic. Dr. H. C. McSherry, who was the physician in attendance, called Dr. Michael in to do tracheotomy. He tried to do laryngotomy, but found the cricoid cartilage ossified. He then made the opening further down. Relief was immediate. This patient wore the tube for months. Dr. McSherry dilated the larynx from the wound upward until the opening in the larynx was sufficiently large to permit closure of the wound in the trachea. There was some interference with his voice, but the man is now living, and in good health.

Dr. Samuel Theobald wished to know if the introduction of these dilators did not give rise to considerable spasm.

Dr. Michael said it did at first, but the muscles soon became tolerant of their presence.

Forward Displacement of the Eyeball. Due to a Tumor.

Dr. J. J. Chisolm related a case that was of interest to himself. It was due to displacement forward of the eyeball, due to the presence of a tumor in the socket. The patient wanted the tumor removed if the eye could be returned to its position.

Upon anæsthetizing the patient, he found the tumor to be an osteoma of the socket tissues, having its origin in the molar bone. The patient was allowed to come from under the influence of the chloroform, and told of his condition. He concluded not to be operated upon. This is the second of these cases that he has seen in the past year. In his second case the ball was so far pushed out that he removed it because of the disfigurement it gave rise to.

Dr. Christopher Johnston had had a patient with a tumor of the lachrymal gland. It became so large as to push the eye completely into the inner angle of the socket. On removal of the enlarged gland, the eye receded to its normal position.

Dr. J. J. Chisolm, within a week of the patient just referred to by him, saw a patient with the eye bulged out from an enlarged lachrymal gland. He asked Dr. Theobald if he had ever used hydrogen peroxide for clearing the secretions from offensive ears?

Dr. Theobald had not.

Dr. J. J. Chisolm finds it a very nice method. He first washes out the ear with warm water, then pours in the hydrogen peroxide. It causes an oxidation of the secretions, and in a few minutes the ear is perfectly clean.

NEW YORK ACADEMY OF MEDICINE.

Section in Obstetrics and Diseases of Children.

Stated meeting, November 24, 1886.
Alexander S. Hunter, M. D., Chairman.

The Milk Supply of New York City.

Dr. Cyrus Edson, of the Board of Health, read a brief paper on this subject, in which he said the milk supply of the city was second only to the water supply from a sanitary point of view. The frauds practiced in the sale of milk related to adulteration, contumination, and taking it from diseased animals. Adulteration was practiced usually by the addition of water or the removal of cream, and this constituted the fraud in ninety-nine out of a hundred cases. In order to increase the specific gravity there was sometimes added sugar or salt. The use of chalk or lime was very rare. As milk preservatives there were used carbonate and bicarbonate of sodium, borax, nitrate of sodium, and salicylic acid. The use of these preservatives was regarded by Dr. Edson as very reprehensible. For the detection of any of these frauds a complete chemical analysis was, of course, the best method, but this was not often practical. The lactometer intelligently employed enabled one to judge with a fair degree of accuracy as to whether the milk had been watered or the cream removed. The lactoscope was useful in determining the quantity of fat in the milk, and he had been enabled with it to determine the relative richness of woman's milk.

The causation of disease by milk taken from unhealthy cows was proven by statistics. The city had at present only two milk inspectors, whereas ten should be provided for. The youth should be instructed by the State in matters of hygiene, including the importance of pure milk, and tracts relating to this subject should be distributed through out the country.

The Food of Infants Deprived of Breast Milk.

Dr. J. Lewis Smith thought that the best food for infants deprived of breast milk was cow's milk; that from several cows mixed was better, as constituting a safe average, than that from a single cow. Definite instructions should be given with regard to the dilution of milk. To infants under three weeks three parts of water might be added; between three and six weeks, two parts water; from the sixth week to the third month, one-half water; from the third month to four and a half months, one third water; after that until the sixth month, or longer, one-fourth water might be added. Condensed milk usually required four parts of water to render it of the richness of ordinary milk. To prevent coagulation in masses, Dr. Smith added instead of water an equal quantity of a gruel made from wheat flour boiled from four to seven days in a bag. Two teaspoonfuls were grated from the central part of the mass, and boiled in a pint of water ten minutes, and the right proportion of this, according to the schedule given,

should be added to the milk. He thought this preparation of flour was better and much cheaper than many of the prepared foods for sale in the shops.

An infant should not be fed oftener than once in two hours and a half, if under three months of age, and once in three hours after this age. Under the sixth week it should receive only an ounce and a half at each meal; at three months it should receive about two and a half ounces; between the third and tenth months it should be increased to three, four, four and a half, and five ounces.

Dr. Joseph E. Winters read a paper on

Artificial Feeding vs. Wet-nursing,

in which he took the ground that for the infant of the rich as well as for that of the poor, artificial feeding was better than wet-nursing, and was attended by a less mortality, as shown by statistics from institutions in Europe and from his own in private practice. He cited a number of instances in which children in a family hand-fed had done better than those of the same family which had had a nurse. Cow's milk was the food employed. A point on which Dr. Winters laid stress was the fact that successful hand-feeding of the infants, was to be assured by the mother, who alone had a special interest in her child; and consequently when a woman abandoned her own child, turning it over to some institution, and went as a wet-nurse, her child died. This was seen where women had raised their children on the breast successfully, until some one told them of a wet-nurse agency, where they could receive twenty-five or thirty dollars a month. Although the result was that her own babe died of neglect, she would repeat the experience for the money received, and the agency would encourage her in doing so, for it received a fee as well. This, too, was an encouragement to the unmarried woman to repeat her error. Thus the rich woman shunned the duty imposed upon her by the natural law, and hired a wet-nurse to the detriment of her own child, at the expense of the life of the child of the wet-nurse, and encouraged immorality among girls. In private practice, Dr. Winters had never had a bottle-fed child die during infancy. Artificial feeding properly directed and carried out by the mother was perfectly successful, yet he did not retract anything which he had said in a former paper regarding the importance of the mother nursing her own child.

Dr. H. C. Haven, of Boston, had had some experience in raising infants on artificial food in an institution with about forty inmates. His experience and observation had taught him that the most important point regarding artificial feeding was to give the infants milk not more than four hours old. The great difficulty in raising infants on milk in cities, was that the milk was so old as to have undergone fermentative changes before reaching the consumer. He had not been successful in raising a single child on any of the artificial foods except milk.

Dr. B. F. Dawson heartily coincided in the remarks made by Dr. Winters, especially in the statement that the babe of the rich woman had a wet-nurse at the expense of the life of the babe of the wet-nurse. He had had no difficulty in raising babes on cow's milk when the mother had followed his instructions implicitly. The difficulty was to prevent them from over-feeding, and feeding too frequently.

After some further discussion the section adjourned.

Editorial Department.

Periscope.

A Fork Removed from the Stomach by Gastrotomy.

At the meeting of the Paris Academy of Medicine, held August 24, Dr. Polaillon presented a fork which he had removed from the stomach of a patient by aid of gastrotomy. He added the following interesting details:

A. C., aged twenty-five years, who was in the habit of giving public performances as a fire-eater, sword-swallower, etc., August 8, entertained some friends of his with various tricks, amongst which the one found most applause by which he caused a fork to disappear in his pharynx and into the œsophagus. In a moment of dyspnœa, which suddenly surprised him, he took a deep inspiration, but at the same time the fork, which he was holding by its pointed ends, slipped from his grasp. After he had inhaled the necessary amount of air he tried repeatedly reaching with his fingers far down the pharynx to catch the fork, but in vain. It glided deeper

and deeper down the œsophagus, and finally entered the stomach.

The only consequence first was several times in succession some bloody expectoration, which had its origin from excretions of the mucous membrane of the pharynx and the œsophagus. The very next day C. continued as usual to give his public exhibitions.

A few days later, however, he experienced a disagreeable sensation in the epigastrium. He now consulted several physicians, one of whom sent him the sixth day after the accident to Polaillon.

The patient appeared a muscular man with but little adipose tissue. He feels the fork in the upper part of the abdomen, and remarks that it is in an oblique position, a little over the umbilicus, in a direction from the left downwards toward the right side. The points of the fork lie deep in the left hypochondrium; the rounded and obtuse end, however, of the handle is situated more outwards and below the umbilicus in the right hypochondrium. The fork is made of tinned iron and of considerable size. Whenever the stomach was empty the patient suffered from pains, and he had tried, therefore, to eat more frequently to ameliorate his condition. Otherwise, all the animal functions were normally executed, and neither hemorrhage nor vomiting has occurred.

On palpating the abdomen, notwithstanding the absence of all adipose tissue, the fork could not be felt, only where, according to the statement of the patient, the handle of the fork was lying, could a hard body be felt, which seemed movable. Pressure at this point caused severe pains in the heart, as if this organ were irritated by the prongs of the fork.

The introduction of the œsophageal sound of Collin with metal-point resonator, which causes in the ear of the investigator a peculiar, well-defined noise as soon as its point touches a foreign body in the stomach—was without any result. P. began to doubt the presence of the fork for this reason, and the more as the introduction of the sound seemed to cause a great annoyance to the patient, although he was in the habit of swallowing whole swords. An electrical œsophageal sound elicited, when introduced into the stomach, a metallic sound, but only for one moment, and the noise never reappeared, though the experiment was repeated. But the following tests by Dr. Trouvé demonstrated the presence of the fork:

1. A magnetic needle of special sensitiveness at once altered its direction when brought near the epigastrium of the patient, and followed his movements.

2. A powerful electro-magnet, placed a few millimetres away from the abdominal wall, on closing the circuit suddenly produced a localized raising of the skin, as if an intra-abdominal body was suddenly attracted with considerable force by the magnet. A small electro-magnet, hung up by a thread, was then held in front of the stomach. It moved to and fro, and as soon as the circuit was closed it dropped against the abdominal wall in the epigastrium and there adhered. This fact proved the existence of an iron foreign body in the upper part of the abdomen.

The fork could not be abstracted *per viam naturalem*, and P., therefore, proceeded to operate under aseptic precautions. From the ninth rib 1 ctm. toward the inner cartilage edge, an incision 7 ctm. long is made in the direction of the ensiform cartilage. The soft parts beneath are singly divided. On cutting through the peritoneum the omentum fell forwards, and it is retained in the abdominal cavity with the aid of a carbolized sponge.

The finger can now easily feel in the stomach the foreign body. A fold of the anterior wall of the stomach is pulled out without difficulty and held over the lips of the wound made by the incision, by two long steel needles, which pass through the base of the fold. A 3 ctm. long incision is made in the wall of the stomach, the fork at once caught with pincers and quickly removed. Three vessels of the wall of the stomach receive a silk ligature. The wound in the stomach is closed with catgut, the steel needles are withdrawn, and the stomach is permitted to slip back. The external wound is well closed with four deep and four superficial sutures, and Lister's bandage finally applied.

The wound healed by first intention, and the patient made an excellent recovery. Thus far the walls of the stomach were always secured to the edges of the external wound, so that a fistula formed, which gradually healed. P., relying upon the modern achievements of surgery, did as above described, and the result justified his method. Very interesting also are the means employed to arrive at a correct diagnosis. Whether the electro-magnet would have given such positive information, had the patient possessed much adipose tissue, cannot be determined, though until proof to the contrary is brought, the question must be denied, as fat is a bad conductor.

A Day in the Great Northern Hospital, London.

Dr. Robert Reyburn thus writes in the *Maryland Med. Jour.:*

Some of the great hospitals of London are very disappointing in their external appearances; many of them were constructed when the ideas of the proper construction of hospitals were very different from those prevalent at the present day; begrimed with the smoke of London, they are so gloomy as almost to justify placing over their portals, Dante's famous inscription over the entrance to the Inferno, "who enters here leaves hope behind."

Nothing of this kind can be said concerning the Great Northern Hospital for the paralyzed and epileptics. This institution is situated in Queen Square, W. C.; it contains all the modern improvements in hospital construction, it is well located, the wards are large and roomy, and it is in every respect a model hospital.

I visited this hospital, July 5, 1886, in company with Surgeon Wm. Adams, M. R. C. S., of London; Surgeon Bishop, of Manchester, and Prof. W. H. Pancoast, of Philadelphia, U. S. Surgeon Adams is one of the prominent surgeons of London, and, it may be remembered, paid a visit to the United States a few years ago. He has devoted special attention to the surgical treatment of deformities resulting from paralysis, and has written a valuable monograph on the cure of anchylosis of the hip-joint, by subcutaneous section of the neck of the femur.

My principal object in visiting the hospital was to see the two patients who had been operated upon by Surgeon Victor Horsley, a few weeks before, for the removal of tumors involving the motor-centres of the brain.

Since my return to the United States, I find recorded in the medical journals two other cases recorded of patients who have likewise been successfully operated upon by Surgeon Horsley, in the same institution. I saw the two patients, who had recovered and were walking about the ward and seemed perfectly well.

The patients were both young men, one about twenty years and the other twenty-two years old. W. P., the first patient, had had removed from the left side of the skull a piece of bone over the motor-centre of the brain, one and three-quarters inches broad by two and one-half inches long.

B., the second patient, was also trephined on the left side of skull and a piece of bone was removed one and one-half inches long by one inch wide; this last patient when brought into the hospital had been suffering from almost continuous epileptiform convulsions, and during the thirteen days previous to the date of the operation, had suffered from twenty-eight hundred of these convulsive attacks.

The house physician, Dr. Wilson, gave an interesting account of the scene that ensued during the operation upon B.—one of these patients. He stated that on opening the calvarium and exposing the dura mater, there was not the slightest perceptible morbid condition discoverable by external examination. The flap of the dura mater was then turned back on the upper portion of the left side of the brain, above and over the motor-centre of the right side of the body; the exposed brain-surface was apparently perfectly healthy, and some doubt existed in the minds of those looking on, as to whether the operation should be proceeded with any farther or not. One can fancy the feelings of the operator when placed in such a position, and the responsibility he must necessarily assume should he continue the operation.

To open a man's skull and expose the brain is a dangerous operation, even when performed under the most pressing necessity and urgent symptoms; but to do it without any apparent lesion existing, requires an amount of boldness and confidence in the diagnosis that few surgeons possess. This case, however, had been seen by Dr. Ferrier, who agreed with Surgeon Horsley that this was a case of cerebral tumor, which required the aid of surgery for its removal. Mr. Victor Horsley therefore proceeded with the operation, and found the tumor imbedded in the brain substance, over and pressing upon the motor-centre of the right side of the body, and situated three-quarters of an inch below and covered by the external surface of the brain.

These cases seemed to me to be one of the most triumphant examples of accurate diagnosis and treatment to be found in the history of modern surgery.

Surgeon Adams also showed me some patients who had been operated upon for the cure of the results of paralysis, specially of the extremities.

Surgeon Adams stated that in many cases of paralysis, after the acute state had passed, the deformity is kept up by the difficulty found in improving the nutrition of the weakened muscles, without at the same time causing the corresponding growth in the healthy muscles of the extremities. His idea is to perform tenotomy of the contracted

muscles so as to restore the parallelism of the affected limbs. By this treatment he has been able to restore many cases to health and usefulness.

Surgeon Adams operated upon a case of deformity of the knee-joint whilst I was present, and showed the skill and dexterity that would be expected from a surgeon of his established reputation.

I received many courtesies from Surgeon Wm. Adams, and also from Surgeon T. Nunn, and promised to return to England in time for the meeting of the British Medical Association at Brighton, held August 10, 1886; but I stayed so long on the continent of Europe, that I was prevented from attending, as I expected.

Operation for Lacerated Perineum.

Dr. R. F. Young thus writes in the *Virginia Medical Monthly:*

June 9th, I was called to see Mrs. D., multipara, aged 48. I found her with a very pallid countenance, and she was very much exhausted from uterine hemorrhage, which, she stated, had been almost constant for two weeks previous. On making a digital examination, I found a complete laceration of the perineum, with the womb retroverted and very much enlarged. I used tampons to check the hemorrhage, but, when removed, the flow would be the same. After two days I lifted the fundus as far forward as possible, and applied a Hodge's closed-lever pessary, with the result that, by relieving the uterus of its own pressure and sagging, the hemorrhage was stopped. The object was to keep the womb in its normal condition, which the pessary failed to do, owing to the absence of perineum.

When I found this state of things, I invited Drs. Wagg and Smith to see the case, and advise as to whether the perineum should be closed. This being decided upon, she was put upon appropriate treatment preparatory to an operation.

It was desirable that the enlarged condition of the womb should be lessened as much as possible; and to this end it was held in position by means of a large cotton ball, saturated with a solution of carbolic acid and Listerine. This ball remained eight days without discomfort, after which it was removed and the vagina was washed out thoroughly. This was repeated several times, with the result of materially lessening the enlarged uterus. I had never left a tampon in the vagina longer than four days, previous to this time, and naturally watched its effect with some anxiety.

On the 18th of August the patient was ready for operation. With the assistance of Drs. Wagg and Smith, and medical students Weiss, Smith, and R. A. Young, I operated for the purpose of restoring the perineum. I had directed her to take castor oil the night before, and on the morning of the operation the bowels were thoroughly evacuated by means of an enema.

It is a pertinent fact that rural practitioners are poorly equipped for surgery; and, owing to this fact more than any other, strong silk whipcord and quill sutures were used. These, however, are as good as to use wire, but not near so fashionable. The quills were made of rubber tubes, with small sticks inserted to make them sufficiently rigid.

When the patient was thoroughly anæsthetized, which was done by means of chloroform, the hips were brought close to the edge of the table. An assistant held firmly each leg with one hand, while with the other the labia and adjacent tissues were stretched firmly and evenly outward, so as to bring thoroughly into view the parts to be denuded. This was done with a small bistoury and artery forceps—the latter being preferred to the tenaculum, for the reason that the mucous membrane could be caught up and held with greater facility.

The parts were denuded by commencing at the edge of the labium on the left, and dissecting a strip across to the right, continuing this up to a previously marked point in the median line of the posterior wall of the vagina.

When this was completed, the next step was to insert the index finger of the left hand into the rectum, and by making firm pressure upward and outward against counter-pressure with a sponge, the hemorrhage was soon checked and the sutures were put in position. Commencing next to the anus, and introducing a needle about an inch from the freshened surface, four deep sutures were introduced, the needle being guided by the index finger of the left hand, and its point of exit facilitated by pressure of the thumb of the left hand on the parts adjacent. When the deep sutures were all in place, they were drawn up and tied securely over the quills. Next came the superficial sutures, which were placed at intervals sufficient to coapt the edges of the denuded surface nicely.

The *after-treatment* consisted in the use of opium sufficient to lock up the bowels for eight days, and evacuating the bladder with scrupulous care, preventing the urine from coming in contact with the wound. When placed in bed the patient's knees were tied firmly together, and kept so for two weeks.

The usual T bandage was omitted, and the only dressing used was carbolic acid and Listerine solution. In this a cloth was saturated and kept constantly applied.

On the seventh day I removed all the sutures, and found that a small slough had occurred by having the first suture drawn too tight, but the upper two-thirds had healed by first intention.

The lower bowel was evacuated *per enemata* of warm water, and the parts washed perfectly three times a day, after which a pledget of cotton, smeared with vaseline, was placed between the buttocks to prevent chafing.

The sloughed surface healed kindly, and granulations from the bottom filled up the cavity without leaving the parts in a distorted condition.

September 8. Mrs. D. is doing well; the parts are perfectly healed. I propose soon to apply some form of pessary to keep her womb in proper position, when, it is hoped, she will be restored to perfect health, and to one member of the family, at least, a joy forever.

Vomiting a Water Tumor.

The correspondent of the *Medical Press*, September 29, writes as follows from France about a girl aged 17:

About two years previously the child fell ill without any apparent cause, felt languid and oppressed, especially when walking fast. She never complained of pain. She was brought to the hospital, and treated as an out-patient, but got no relief. Subsequently the mother noticed her body deformed, the right side bulging out to a considerable extent, and she appeared to have no waist. She brought her again to the hospital, when she was taken in, but she left after a fortnight because she refused to submit to an operation; it was then she was brought to me. Examination revealed a very extraordinary state of affairs indeed. The right side seemed to be filled with liquid from the last floating rib up to the fourth, and the liquid extended across the epigastrium to left side, where it occupied about the inferior third of the pleura. There could not have been less than three quarts, if not more, present, and the deformity of the right side was most apparent, the ribs jutting out considerably. There was no deviation of the vertebral column. The girl could not remember having had pain in that side ever, but dropsy of the pleura was diagnosed. The abdomen presented another phenomenon, for in the left side over the seat of the corresponding ovary, was found a tumor of the size of an infant's head, hard and unyielding, and presenting all the characters of a fibroid. The girl, although over 17, never menstruated, nor was the least sign of puberty present. We decided on tapping the girl, but as she said she was but little inconvenienced by her state, we decided on "letting well enough alone," and ordered a mixture containing iod. pot. and diuretic infusions. She came afterwards every week to the clinic in good spirits, persuading herself she was better, but I saw little improvement. Iod. pot. ointment was ordered to be rubbed on the abdominal tumor, but with little result. However, one day, while she was out in the fields running, she felt herself suddenly sick, and almost immediately she vomited a quantity of pure water in one flow, which she valued at at least two quarts. The vomiting continued all that evening and through the night, and the following day she found to her great surprise and satisfaction that the fibroid (!) tumor had totally disappeared, and that the liquid in the side was three-quarters gone. She lost no time in coming to me, and I found that her position was exactly what has been already stated. The abdomen was quite normal in appearance, and no trace of the tumor was to be found. Mensuration and palpation discovered a great decrease in the liquid of the chest. She was beside herself with joy. The iod. pot. was continued, and improvement was progressive and rapid. She is now nearly 19, and although menstruation has not appeared yet, she is commencing to acquire that rounded form which characterizes puberty. The distended ribs have returned to their normal position, and she works all day, feeling as strong as any other girl of her age. A week ago I examined her, and found no trace of liquid in any place, and passing the finger *per vaginam* I was able to assure myself of the integrity of the uterus. What was the nature of the large tumor in the abdomen, and how did it disappear so suddenly? Of course the diagnosis of a fibroid was wrong; but if it were an ovarian cyst, multilocular ar unilocular, I must confess it was the first time that I had met with such a dense one. It seemed to the touch to have the consistency of a solid growth. Palpation revealed nothing beyond that the tumor was fixed.

Protracted Pregnancy.

Mr. S. W. Woollett thus writes to the *Brit. Med. Jour.*, October 2:

The following case is, I think, of interest medico-legally, and I should be very glad to have the opinion of any gentleman of the medical profession on it:

A girl, aged 16, is stated to have repeatedly had connection with a man, the last occasion being on the night of June 12, 1885. Her menstruation had ceased on June 10, and since that date has not recurred. I was called to visit her on the night of March 19, 1886, having previously been engaged to attend her in confinement. I found the labor-pains strong and regular, and the patient was greatly troubled with vomiting. On examination *per vaginam* I discovered the os dilated to the size of a shilling, and I felt the membranous bag tense and presenting. I saw her again on the next day. The os was then dilated to the size of a florin, but the pains were feeble, and the vomiting had ceased. On March 21 the pains were entirely absent. On March 22 milk had appeared in both breasts. For the next ten days or so I attended the patient daily. She suffered from intense frontal headache, frequent vomiting, hemorrhage from the bowels, and abnormal temperature. On the evening of April 23 she was confined naturally of a well-developed female child, unfortunately not weighed at the time. From June 12, 1885 (the date of the last admitted connection), to March 19, 1886 (the date of the first symptoms of labor), an interval of 280 days took place. From June 12, 1885, to April 23, 1885 (the date of confinement), an interval of 315 days took place. Judging from the absence of menstruation, the attempt at labor on March 19 (the normal date), the appearance of lactation three days later, and the excessive disturbance of the patient's system for the next month, is it possible for a sexual connection taking place on June 12, 1885, to result in the birth of a child on April 23, 1886?

Simpson has recorded cases of protraction in which pregnancy extended 336, 332, 319, and 324 days after the cessation of the last menstrual period. Dr. Meadows has mentioned a case that extended over ten months. Numerous other instances have been recorded by well-known obstetricians. Dr. Playfair has, in his work on Midwifery, described two cases very similar to mine.

I think it is time that steps should be taken, not to fix the duration of pregnancy, but to relieve the mind of the unprofessional public of the absurd notion that protraction beyond a rigid period of time is impossible. Is the human race so distinct from all other species of living beings that separate laws should be created for it? It is a well admitted fact that cows and mares are subject to protracted pregnancies; why not women?

Rare Lesions Produced by Bromide of Potassium.

Dr. R. W. Amidon presented to the New York Pathological Society (October 13), an epileptic woman, who had been under his care four years, taking moderate doses of bromide of potassium—perhaps never more than four or five drachms a day. A little over a year ago she discontinued it, but recently he learned that she had been taking during the past eighteen months a mixture of the bromides amounting to six drachms a day. She then returned to him, and he found the ordinary acne on the face, which, although usually confined to the face and neck, perhaps occasionally reaching to the chest and shoulders, had in his patient, as in two others whom he had seen, invaded the legs, and assumed almost the pustular form. The lesion began in the ordinary way, but became indurated with rather a large base, and ran a chronic course, breaking down and forming what appeared to be a small ulcer. Vesicles, with contents which tended to become cloudy and purulent, formed in rings about the acne spot. After a time the centre of the spot took on a reparative process, and entirely healed, while the pathological changes at the periphery spread, and the vesicles became purulent, dried up, and formed a brownish scab. A section of one of these spots showed that there had not been a true ulcer, but that the skin had simply been denuded of the cuticle, leaving the papillæ intact. He had in no case seen the true skin invaded. The disease did not seem to depend particularly upon the amount of the bromides given. The only treatment which he had seen do good was the thorough application of the actual cautery.

Bichloride of Mercury in Uterine Catarrh.

Dr. E. W. Watson thus writes in the *Therapeutic Gazette:*

Since January last I have been using a solution of bichloride of mercury as an application to the cervical canal and uterine cavity in cases of chronic muco-purulent discharge. Originally it was suggested to my mind by some considerable success with the same agent in gonorrhœa, as recently recommended. The suspected relation between many chronic inflammatory conditions of the female genital organs and gon-

orrhœa still further suggested the use of the bichloride, though in much stronger solution. One-half to one grain to the ounce of water was the strength I employed, and, on trying it, my success was so much better than ever before that I have continued to use it in all possible cases of the kind. It has several manifest advantages. Applied with the cotton-wrapped applicator, it excites no immediate uterine contraction, as iodine, carbolic acid, and other agents generally do. This enables one to make two, three, or more applications in rapid succession, and affords a much better chance for reaching the entire endometrium. It leaves behind it no coagulated mucus, or film of chemically-altered epithelium, as carbolic acid and nitrate of silver do, to be detached and expelled subsequently by a process almost necessarily involving fresh suppuration. A similar solution may, as a final measure, be applied to the whole vaginal membrane as the speculum is withdrawn, and irrigation with hot water or a very weak solution of bichloride continued for some days. In obstinate catarrh of the cervix, with almost endless ropy secretion, I have also had good success, while I do not remember, after many trials, any success worth mentioning with any agent employed previously. In nearly all the cases two or three applications entirely checked discharges of long standing. Sometimes they recurred at the monthlies, but were again checked, for good apparently, by another application. In two cases single applications did the work, and out of the twenty-three cases treated solely in this way, two only resisted treatment, and were entire failures.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The "Chemist's and Druggist's Diary" for 1887, published at 42 Cannon street, London, is as usual replete with advertisements, and well suited to English druggists.

——A careful "Report on Rhinology" and on the treatment of nasal and pharyngo-nasal catarrh, by J. Addison Stucky, of Lexington, Ky., has been published.

——The use of electrolysis in the treatment of inflammatory products of the female pelvis is the subject of a paper by Dr. J. H. Lloyd, of Philadelphia.

——Dr. Robert Battey, of Rome, Ga., familiar to the profession from "Battey's operation," reports in a paper before us seventy consecutive cases of ovariotomy with sixty-eight recoveries and two deaths.

——The President of the Louisiana State Board of Health, Dr. Joseph Holt, has published a history of the outbreak of yellow fever at Biloxi, Miss., and made this occurrence the text of a discussion of inter-state sanitary notification.

——Dr. Chas. L. Gwyn, of Galveston, Texas, in a recent reprint, cites a case of enlarged labia minora with occasional nymphomania, cured by excision.

——Dr. T. D. Crothers, of Hartford, Conn., has added another to his valuable papers on inebriety by a study of certain hereditary and physical phenomena connected with this disease.

BOOK NOTICES.

The Laws of Generation, Sexuality, and Conception. By H. M. Gourrier, M. D., etc. Translated by F. T. Pierce, M. D. 12mo., pp. 94. Price, $1.00. Hygeia Publishing Company, Union Springs, New York, 1886.

The object of the writer of this work is to establish the theory that the sex of the offspring is inversely to the vitality of the parent—that a sexually-weakened father propagates boys, and *vice versa*—and having set up the theory, to draw a series of practical rules from it for the government of marriage. The author is quite too dogmatic in his assertions, but his book contains a number of interesting and valuable reflections.

An Elementary Course in Practical Zoology. By B. P. Colton. Cloth, 8vo., pp. 185. Boston, D. C. Heath & Co., 1886.

For a beginner in zoölogy, this will be found an admirable primer of the science. It is clearly written and full of directions for practical experiments which will interest the learner and insensibly lead him to take a deeper pleasure in the attractions of this fascinating branch of human knowledge.

—The Royal College of Physicians of London has received two thousand pounds under the will of the late Gavin Milroy, one of the earliest workers in sanitary science. Dr. Milroy left the above-mentioned sum for the endowment of a lectureship on public health and sanitation.

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MEDICAL SCIENCE.

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It is, in fact, a supplement to the ***REPORTER,*** being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

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Address **DR. D. G. BRINTON,**
115 South Seventh Street Philadelphia.

THE PATHS OF FIBRES IN THE BRAIN.

A new method has been invented by Dr. Luys, of Paris, by which, with the aid of special reagents, the various tracts in the brain may be plainly demonstrated. He also made use of gypsum to obtain impressions of the recent preparation, and in this manner succeeded in demonstrating peculiar morphological changes in the brains of hysterical persons. The procedure is as follows:

The brain is first placed into a saturated solution of bichromate of potassium, then put in methyl-alcohol, from whence it is carried into another fluid, which contains chloral to saturation. In this way the brain tissue became so hard that one could lift off parts of the white substance in the same way as we may split wood when following the fibre, or as is observed in the cleavage of minerals.

Upon brains thus prepared two years ago, and on photographic pictures obtained from such preparations, one plainly recognizes the arrangement of two systems of white fibres, which harmoniously group themselves around central gray masses.

The one system, noticeable on the inner surface of the brain, presents itself as a union of radiating thalamo-cortical fibres which radiate from the layers of the thalami towards all points in the cortical periphery. This system of fibres includes the posterior tracts of Koelliker, those of Reil's corona, and finally those of the interior capsule, which latter are to be looked upon as a depending portion of the special fibre systems, which, forming aside from the other a system of its own, considering the course of its fibres from the cortex to the central ganglion, may be called the cortico-striatum fibre system, as the fibres strictly pass from the cortex to the corpus striatum on either side. These special fibres, which form the quasi band of union between the psycho-motoric regions of the cortex and the motor ganglia of the brain, are probably playing an important role in the transmission of intra-cerebral motor impulses.

These same portions, sufficiently hardened, even while still fresh, could be used as models for plaster-of-Paris impressions, the latter thus preserving the anatomical relations in their original state. This method, employed for this purpose, is a recent though valuable one, and has not yet been used by anybody but Luys.

The procedure is of great assistance in class-demonstration, and well merits a more general application.

THE BRAIN OF AN HYSTERICAL PERSON.

The brain of an hysterical female was prepared according to the new method of Dr. Luys, described at another place in this number, and presented to the Academy of Medicine, at Paris, by the doctor. It shows decided changes from the normal in the arrangement of certain convolutions.

The patient died from a disease which had no connection with her hysteria. She suffered from hysterical symptoms, amongst which her nervous irritability and general excitability were specially prominent; convulsive movements rarely occurred, and then only in connection with pain. The patient, during a long life, frequently under medical treatment, could be hypnotized; but these hypnotic states, whenever they were artificially produced, never seemed to have the least influence in quieting her excitability. The patient having died of some intercurrent malady, Dr. Luys made the autopsy and found the following condition in the brain, which had been prepared as above stated:

The morphological irregularities concern mainly the left lobe. At the height of the upper part of the sulcus of Rolando a peculiar arrangement is noted. There exists a supplementary convolution, which, coming from the oval-shaped lobe, is pushed like a wedge between the end of the ascending parietal convolution, which it presses backwards, and the end of the ascending frontal gyrus, which it presses forwards. The two convolutions mentioned also show an enlargement at places, and are never convoluted.

This peculiar arrangement L. has thus far seen only in the brains of the insane, who suffered much with hallucinations.

It seems as if in all persons who seem affected with profound hysteria, which adheres to them all their lifetime, and especially in cases where a strong hereditary element cannot be denied, decided pathological changes in the brain caused the disease.

Notes and Comments.

Rupture of the Uterus During Pregnancy.

Before the Medical Society of London, Dr. Lewers said that rupture of the uterus during pregnancy differed in its mode of production from rupture during labor or abortion. He restricted his remarks to those cases in which the rupture occurred at or before the middle period of pregnancy. In Grafe's monograph on the subject, three hundred cases of rupture of the uterus had been collected, but only thirty-eight of these occurred during pregnancy, and even this number had to be considerably reduced by taking away cases where the diagnosis had not been verified, and others where it had taken place during premature labor. There remained fourteen cases of the so-called "spontaneous rupture," and two due to violence. Two cases had come under his own notice—(1) an unmarried farm-servant, aged thirty-seven, was healthy and strong, and, on the day preceding the accident, had walked four miles. Late at night she was attacked with severe abdominal pain and vomiting, followed by a speedily fatal result. The abdomen was found full of blood, and a fœtus of four months was lying loose in the abdomen. In the second case, a multiparous woman, aged thirty-three, said to be five months pregnant, when bending over a tub, was seized with pain in the abdomen, followed by collapse and vomiting. The abdomen was opened, when a good deal of clotted blood was found, with a fœtus and placenta lying among the intestines. The membranes led down to a rent in the left side of the fundus of the uterus. This was sutured, but the patient died seven hours after the operation. It was evident that the fœtus had never been in the uterus, but had developed in that part of the fallopian tube which passes through the uterine walls. On the whole, Dr. Lewers thought that these so called spontaneous ruptures were, when not simply rupture of an ordinary extra-fœtal sac, the result of the rupture of an interstitial fœtation.

Dr. Braxton Hicks suggested that accidental hemorrhage, when bound down by the placenta, might cause distension of a portion of the uterine walls, and tear the peritoneal investment. He quoted one or two cases in which he considered this to have taken place.

Erosion in Surgical Practice.

Before the Midland (England) Medical Society Mr. Atkin read a paper on this subject, and drew attention to the increasing frequency of the use of the scoop and curette in the diagnosis and treatment of disease. Scraping appeared to occupy an intermediate position between caustics and the knife. Caustics were often inefficient. They formed chemical compounds with diseased tissues, which not only served to protect subjacent structures, and formed sloughs which retarded healing, but they were with difficulty localized, and were often accompanied by much pain. The knife necessarily re-

moved sound and diseased structures together, and caused greater mutilation. The objection raised by Vincent, of Lyons, that by scraping, neighboring tissues, healthy though softened, might also be removed, had no practical value. The use of the spoons in tuberculous affections, such as pulpy joints, lupus, cold abscesses, and subfascial glands, was alluded to. The early incision and scraping of ischio-rectal abscess, to prevent fistula, was advocated. The scraping and subsequent antiseptic treatment of chronic ulcer of the leg was also discussed, as was also the use, in combination with caustics, of the scoop in cancerous affections of the skin. It was the only available treatment in certain cases. Scraping, in naso-pharyngeal tumors, uterine affections, actinomycosis, and empyema, was also mentioned, and its use deprecated in granular ophthalmic and tympanic granulations.

Mr. Garrard spoke of the value of scraping in lupus, and sinuses left in some cases after amputations.

Mr. Snell alluded to the successful use of the scoop in rodent ulcer, and to its use, with care, in some cases of tympanic granulations.

Mr. Pye-Smith thought it well to use caustics in some cases with the curette; free use of the scoop might be made in synovial disease of joints operated upon.

Epileptic Guinea Pigs.

Before the Medical Society of London, Mr. Victor Horsley showed photographs, projected on the screen with lime-light, of guinea pigs suffering from artificially induced epilepsy. The fit was essentially momentary in character, lasting but a few seconds, and so the photographs had to be of the instantaneous order. Hemisection of the spinal cord and exposing the sciatic nerve, nipping it, and closing the wound, were the artificial methods of induction employed. If the skin of the angle of the jaw or that behind the angle of the eye were touched, there was a momentary interval in which the animal seemed dazed or squeaked. This period was followed by a period of tonic spasm, beginning in the head and neck, which were turned towards the side on which the cord was divided. Complete pleurosthotonos followed. Then consciousness was lost, the animal fell on its back, and the limbs were agitated by rapid clonic spasm. If the sympathetic nerve on one side of the neck was divided, no change was noticed in the fits, and if the vessels of the exposed cerebral cortex were watched no change was observed in them; so the fits were probably not due to the sympathetic nervous system. Again, vaso-motor conditions take an appreciable time to develop. So Mr. Horsley considered that the fits were due to a neurosis, which began first on the right side of the brain, explaining the left pleurosthotonos, and then passed over to the left side of the brain.

Nitro-Glycerine.

Dr. L. v. Holst reports in a St. Petersburg journal a number of observations on the action of nitro-glycerine on heart diseases. He considers that it is especially useful where little or no serious organic change in the heart muscle or valves has taken place, and where the affection is mainly due to a debilitated condition of the organ. In angina pectoris Dr. von Holst has found nitro-glycerine very useful; in one case, indeed, it produced a permanent cure. He recommends recourse to this drug instead of to camphor and musk in cases where great cardiac weakness threatens immediate danger to life. He considers that the diuretic action is not due to any direct stimulation of the kidneys, but is a consequence of the regulation of the heart's action. He finds that dropsy, if due to heart weakness, diminishes under the use of nitro-glycerine, but that the renal form is uninfluenced by it. With regard to the dose, the author advises that small quantities should be given at first, and increased gradually, according to the effect on the particular case. The preparation he uses is a 1 per cent. alcoholic solution, and of this he gives from one to six drops three times a day.

Recovery after Operation at an Advanced Age.

Recovery from operation at so great an age is sufficiently rare to warrant the publication of the following case, which Dr. Geo. Owen Willis reports in the *Brit. Med. Journ.*:

"A woman, aged 86, and well in sight of 87, was admitted under my care in 1882, when surgeon to the Monmouth Hospital. She was hearty, and looked very ancient; her lean limbs were covered with the most shrivelled loose skin I had ever seen. Extensive epithelioma of one wrist, ulcerating into the joint, and patches of a like nature upon the anterior surface of the forearm, made her seek relief. The primary exciting cause was an injury whilst picking fruit. Pain, want of rest, and great courage, prompted her to demand operative relief.

"I amputated her forearm just below the

insertion of the biceps muscle. She took ether well, and recovered in less than three weeks, with a certain amount of primary union, while there was no sloughing. When discharged the stump was sound. There was no elevation of temperature, yet a rather sudden fall on the fourth day was recovered from after stimulants and hot packs. This summer I found her feeble, but wonderfully well for a woman aged 90."

Case of Iodide of Potassium Eruption.

Dr. S. West showed to the Medical Society of London a drawing of a man in whom the administration of five-grain doses of iodide of potassium had provoked a copious and severe eruption, which ceased on the discontinuance of the remedy, and returned on its resumption.

Dr. Routh asked if the drug was ascertained to be pure, and Dr. Hall asked whether the condition of the kidneys had been ascertained.

Mr. Morgan said he had met with two very similar cases, both caused by small doses.

Mr. Brudenell Carter mentioned that he had learned from Mr. Hutchinson that persons so susceptible to the toxic effects of the drug were equally so to its therapeutical effect.

Dr. West, in reply, said that there was no reason to suppose the iodide to be impure. The man's urine was examined, without the discovery of anything abnormal.

Treatment of Tubercular Meningitis.

The *Revue de Thérapeutique*, after stating that tubercular meningitis kills 25,000 persons every year in France alone, and quoting a passage from Jaccoud, in which he speaks of the powerlessness of medical men to cope with this terrible disease, cites some recent observations of a Swedish physician, M. Warfwinge, on the marvelous effects of a 1 to 5 iodoform ointment rubbed into the previously shaved head in quantities of seventy-five grains, night and morning. During the interval, the head was covered with an oil-skin cap, which was secured by a bandage. M. Warfwinge treated five cases in this way, with a successful result in every case. The first case was treated for seventeen days, the second for nineteen, the third for thirty, the fourth for thirty-two, and the fifth for nine days only. Ordinary remedies were given in addition for any complications which arose, but M. Warfwinge attributes the successful results to the iodoform alone.

Pruritus Ani from the Use of Coffee.

Dr. S. C. Bridgewater, of Dixon Springs, Tenn., reports the following to the *Med. Record:*

Mr. J. H. Y., aged fifty-five years, a rich farmer and stock-raiser, was afflicted with pruritus ani for ten or twelve years, and had tried almost every nostrum that he could hear of, but without success; had applied to quite a number of physicians, and only a few succeeded in giving him some temporary relief. Some time in April or May last he applied to me for treatment, and I advised him to quit the use of coffee. In a few weeks the symptom disappeared, and has not troubled him in the least since; no other treatment was necessary. He has now been using coffee again for breakfast for two months. Another gentleman, P. W. H., a druggist, was describing his symptoms to J. H. Y., who told him of his relief by abstaining from coffee. P. W. H. also quit coffee, and was likewise cured, or got well.

Influence of Cold and Tobacco-smoking on the Rate of Digestion.

Dr. Chudnovski publishes in the *Russkaya Meditsina* an account of a series of observations made on twelve soldiers in a military hospital, who were perfectly healthy with the exception of slight injuries, with the object of determining the effect of cold applications to the epigastrium upon the rapidity of digestion. The stomach-tube was, of course, freely used, and the completion of digestion was taken to be marked by the disappearance of solid particles in the gastric contents, as revealed by drawing them up through the tube. The author found that when ice-bladders were applied next the skin over the region of the stomach, digestion was retarded in nine out of the twelve cases. Six of the men were smokers and six non-smokers. In the former the time required for digestion averaged seven hours, while in the case of non-smokers the mean period of digestion was only six hours.

Tubercular Ulceration of the Vulva and Vagina.

A recent number of the *Viertel. für Dermatologie und Syph.*, contains a paper on a rare case of extensive ulceration of the vulva and vagina, by H. Chiari. A lithographed plate shows the extent and shape of the ulceration in the parts as removed from the patient, aged thirty. Most of the internal organs of the body were the seat of chronic tubercle—lungs, bronchial and mes-

enteric glands, intestines, left supra-renal body, cerebral meninges, liver, spleen, and kidneys. The manner in which the infection of the vulva was effected is discussed, and the suggestion made that the germs from the intestinal disease may have been accidentally inoculated on the site affected. It should be stated that the uterus and its appendages were free from disease, and that the patient was a nullipara.

The Diagnosis of Ascites.

Dr. Tripier, of Lyons, published an article on the means of diagnosing ascites by the vagina (*The Medical Press and Circular*, October 20, 1886). He was led to try this method accidentally. He was attending a young woman for tuberculous pleurisy, and had occasion to examine the uterus. The situation of the os was normal, but when the finger touched it it seemed to fly from it by reason of an abnormal mobility. It could be turned in every sense with the greatest facility. A certain amount of liquid was supposed to be present in the cavity of the pelvis, and thus caused the phenomenon. The patient died, and the autopsy confirmed the suspicion entertained during life. Several times subsequently he had recourse to this method, and found it of great utility. He was able to diagnose the presence of liquid at the very commencement of peritonitis or of cirrhosis, and in heart disease at an early date.

Enlargement of the Lachrymal Glands.

Before an English medical society Mr. Power showed a boy who had come under his care with swelling at the outer side of each orbit. After referring to the great rarity of symmetrical enlargement of the lachrymal glands, Mr. Power said that iodide of potassium, mercury, and iodine all failed when applied locally, and as the swelling, especially on the left side, was getting larger and more painful, the whole left gland was removed by an incision made through the skin. There had been no trouble whatever since the operation (a fortnight previously), and the cornea and conjunctiva were quite moist.

Intra-pulmonary Injections.

Before the Manchester (England) Medical Society, Dr. Arthur Ransome gave the details of one case of gangrene of the lung, and four of phthisis, in which iodoform dissolved in ether, in olive oil, or in oil of eucalyptus, had been employed, the later vehicle being preferred. The case of gangrene of the lungs was restored to health, the treatment having been very thoroughly carried out. In the phthisical cases, only from two to eight injections had been used in each case, and temporary benefit was obtained in two of them. In one of the others, symptoms of iodoform-poisoning had followed an injection, and, in the remaining case, temporary pneumothorax was produced. Hemorrhage from the lung followed one of the injections, in the case of gangrene, but without any bad results.

Tubercular Inoculation in a Man.

Dr. Axel Holst mentions the case (*Lancet*, Oct. 16,) of an attendant on the phthisical patients at a hospital who had suffered for a long time from atonic ulceration of the fingers, which had been treated with ointment, plaster, caustic, and scarification. No tubercle bacilli were to be observed with certainty in the sores. Later the man was affected with a tuberculous glandular swelling of considerable size in the axilla, which contained a considerable number of Koch's bacilli, and Dr. Axel Holst considers that it is highly probable the patient had received infection through the sores.

New Operation for Prolapsus Uteri.

A Mexican medical journal gives an account of an operation practiced by Dr. Malanco for the purpose of forming a kind of false uterine ligament in cases of prolapsus. It consists in passing the trocar from the anterior vaginal fornix to the abdominal wall (taking care, of course, to avoid the bladder), and in applying the actual cautery to the track by means of a thermo-cautery inserted through the canula from the front. The proceeding, which was first proposed by Dr. Fenelon, of Mexico, is stated to have been employed several times with the most successful results.

Hysterical Borborygmus.

To the Midland (England) Medical Society Mr. S. Laurence showed a girl, aged 18, who for the last fifteen months had been subject to constant borborygmi. The sounds were audible at a distance of some yards, and were synchronous with the respiratory movements; they ceased when she was asleep, lying down, or holding her breath. They had obstinately resisted all treatment, and were regarded as hysterical.

A Prescription for Infantile Diarrhœa.

Dr. C. R. Illingworth writes to the *Brit. Med. Jour.* that during the last five or six months he has found the following medicine to answer well for almost every case of infantile diarrhœa in which he has used it:

℞.	Sol. hydrarg. bichlor.,	℥ iss.–℥ ij.
	Potass. iodid.,	gr. viiix.
	Spirit ammon. co.,	℥ ss.
	Sol. acid. carbol. (1 in 20),	℥ j.–℥ ij.
	Tinct. camph. co.,	℥ ss.
	Vel. chloral,	gr. xv.
	Syrupi,	℥ iij.
	Aquam, ad.	℥ iss.

M. ft. mist.—One teaspoonful every three or four hours.

Radical Cure of Hydrocele by Pure Carbolic Acid Injections.

Dr. J. K. Murray writes to the *Brit. Med. Jour.* that J. J., aged 70, had a hydrocele which had been tapped repeatedly during the last five years. On the last occasion iodine had been injected, but the fluid began to reaccumulate in less than a month. In July, 1886, two drachms of pure carbolic acid were injected after tapping. There has been no reaccumulation yet, though four months have elapsed.

Pasteur's Prophylactic in Russia.

Since the establishment, four months ago, of the Odessa bacteriological station, 322 patients from all parts of the empire have been treated for hydrophobia by Dr. Gamalea, on the Pasteur system. Of these, seven died subsequently to their dismissal from the institute. Two of Dr. Gamalea's present patients are young lady nurses who were recently bitten by a person suffering from hydrophobia, whom they were attending.

Possible Danger from Pepsin.

It is suggested by Dr. Wood (*Therapeutic Gazette*) that in ulcerated conditions of the bowels or stomach pepsin may enter the blood and cause septicæmia. Dr. E. Chenery reports a case which he thinks confirms this view.

Correspondence.

Ligation of Femoral Artery and Vein.

Eds. Med. and Surg. Reporter:

Was called July 12 to see J. T., a blacksmith, twenty-eight years of age; by birth a Frenchman. Found a wound in left thigh four inches below Poupart's ligament, three inches deep by one and a half long, caused by the buttress which he used in paring the horses' hoofs; the instrument passed obliquely between the femoral artery and vein, slitting both through, severing neither entirely.

Dr. C. M. Chandler, of Montpelier, was called; the vessels both ligated; the wound closed; patient put upon his back. I visited him daily, with the following results:

2d day. Ligament was warm, not swollen; sensibility good; pulse weak; temperature 99°. Did not look at wound.

3d day. Pulse weak; temperature 100°; tongue white; bowels did not move; gave blue mass. Did not examine wound.

4th day. Same as the day previous; gave in addition to blue mass, rhei and spts. nit. dulc.; dressed wound; seemed healthy.

5th day. Pulse good; temperature natural; bowels moved morning and evening; kidneys acted freely; appetite fairly good.

6th day. Same as day previous; wound discharged profusely, but healthy; no inflammation: no œdema. Gave cinchona bark.

Patient presents no change in condition only continual gain until—

10th day, Saw patient in the morning; was same as the day previous—progressing finely. At 3 p. m. was called to see patient; found he had been having chills, which began at noon; pulse 130: temperature 104°; pain in calf of leg; diagnosed phlebitis; placed leg on an inclined plane, wrapped in cotton wadding; gave aconite.

11th day, a. m. Symptoms modified, though the leg had swollen one-third in size; continued treatment. 6 p. m. Patient restless; gave cool soda bath, after which he rested.

13th day. Patient rested well the night previous; leg did not give him any pain; wound entirely healed; calf flabby; foot a little œdematous: action in ankle and toes fairly good. Patient remains same for several days, gains each day a little; no other treatment than that indicated.

24th day. Had chills; pain in leg returns; temperature 103°, pulse 120.

25th day. Leg swollen and tender; applied poultices of flaxseed meal and lobelia; pain subsides; swelling continues; diagnosed abscess in the calf.

28th day. Opened abscess on anterior surface; still leg seemed hard on posterior surface; continued poultices.

30th day. Opened abscess on posterior surface of leg at lower third; discharged laudable pus to the amount of 14 ounces. Leg discharged from these two openings; no swelling above knee.

40th day. Opened another abscess near the knee, which discharged freely; pain continued in the knee, which was swollen, red, and very tender; gave him cinchon. brom., beef, eggs, brandy; kept bowels well open.

78th day. On account of friends moving, put him in the hospital. He was placed in an airy room; leg in an inclined plane; nourishment good, etc.

139th day. I am informed by one of the hospital staff that the inflammation about the knee-joint is subsiding and the patient doing nicely, gaining flesh and strength rapidly.

C. F. Camp, M. D.

Barre, Vt.

Remarkable Injury of the Finger.

Eds. Med. and Surg. Reporter:—

The last two or three numbers of the Reporter contain articles under the caption, "Remarkable Injury of the Finger." When the "returns are all in" it may be found that the injury is nothing "remarkable" after all. A few days ago, H. R., a strong, hearty, laboring man, caught three fingers of hand in some machinery. He *yanked* his hand away and came to my office for repairs. Two of the fingers only required amputation. The second was found with first phalanx of the bone gone, and with it nearly all of the soft parts up to the hand, leaving the bone in a nude state. He said that there was a "long leader, at least a *foot* in length," torn out with the end of the finger. Assisted by Dr. Ritz, I amputated this finger at the metacarpo-phalangeal articulation. The following day I was shown the lost finger, which had been found at the place where the accident occurred. Comet-like, the tail was the chief part of it. The flexor tendon had been torn from its attachment to the ulna near the elbow. The hand is now nearly well, and we have had no trouble from the tendon complication, slight tenderness along the inner aspect of the forearm being the only symptom.

Walter H. Parcels, M. D.

Lewistown, Pa.

How do Quacks Expel Tape-worm?

Eds. Med. and Surg. Reporter:

Under the head of queries in your journal I would like to seek from some of your numerous readers a solution to a problem that has been a source of embarrassment to me on more occasions than one: How do quacks accomplish the expulsion of tænia solium so readily and effectually? In all of our text-books we are instructed to give kousso, male fern, pelletierine, and various other tæniafuges, and sometimes we find these effectual; but I have often been disappointed in their use. I believe our lack of success is frequently due to the small doses given. But when they satisfy our greatest expectations their administration has to be preceded by a preliminary course of treatment, which is always distasteful to the patient, and their action is harsh and nauseating.

Some years ago one of these traveling quack "doctors" put up at a house where I was boarding. He soon had his advertising circulars all over town, and it was but a short time before callers came in abundance. He would make appointments with his patients, call at their house early in the morning, give a couple of small powders, one white and one yellow, without any previous purgation, fasting, etc., and call back in three or four hours to find his worm dislodged and awaiting him. He assured me he never failed, and that his remedies never nauseated and were not more disagreeable in their action than a gentle purgative. I had occasion afterwards to verify his statement by meeting some of his patients. If there is such a safe, sure, and easy method, why cannot the medical profession possess itself of it? I should like to hear through the Reporter the favorite remedies and methods in detail, as practiced by different members of the profession.

S. R. O., M. D.

New Orleans, La.

Injury by Finger-ring.

Eds. Med. and Surg. Reporter:

Allow me to add another case to your list of injuries by finger-rings.

Last winter a heavy woman slipped on an icy walk, and seized a fence to save herself. Her wedding-ring caught on the top of a picket as she fell, and the entire skin of the finger was inverted and the bone of the second phalanx fractured.

I endeavored to save the finger but failed, and amputated by disarticulation at the metacarpo-phalangeal joint.

Geo. C. McClean, M. D.

Springfield, Mass.

New York Skin and Cancer Hospital.

Eds. Med. and Surg. Reporter:

It will interest many of your readers to learn that the New York Skin and Cancer Hospital, 243 East 34th street, New York,

and its country branch at Fordham, Westchester county, N. Y., have been for some time, and are now, ready for the admission of patients from this and other states. Applications may be directed to the undersigned, Secretary of the Medical Board.

L. D. Bulkley, M. D.
Sec. Med. Board.
4 *East 37th street, N. Y.*
A. Jacobi, M. D., *Pres. Med. Board.*

News and Miscellany.

The Population of France and Italy.

A lively controversy has been going on in the journals of those two nationalities as to their respective populations, France maintaining that that of Italy is decimated by emigration; Italy hotly rebutting the statement, and contending that of the two it is France that is showing signs of decrease. The outcome of the contest may thus be summarized: Italy in 1871 had 26,801,154 inhabitants, and in 1881 she had 28,459,628—in other words, an increase of 1,658,474 within the decennium. Again, on December 31, 1885, by the excess of births over deaths, her population was computed at 29,699,785. In France, on the other hand, the increase of the population is distinctly less. At the end of 1876 her census showed 36,905,788 inhabitants, and at the end of 1885 37,918,745—an increase of but 1,009,953, as compared with the preceding return. Again, France, on an average, has 102 births annually per 1,000 women between the ages of fifteen and fifty, while in Italy the proportion is of 157 births. The emigration of Italians by no means neutralizes the excess of births over deaths. From 1876 to 1885 about 449,000 emigrated to transatlantic countries, of whom a considerable number after a year's absence came back. True, there has been an increase of emigrants in the years immediately preceding 1885, but still it is much lower than the numbers that annually leave Britain, Germany, and the Scandinavian countries. On an average, in the decennium 1876–85 there left Italy for non-European countries 158 per annum for every 100,000 of the population, while in the decennium 1875–84 the yearly emigrants from England were 440 per 100,000; from Scotland 520; from Ireland 1146; from Germany, 212; from Switzerland, 221; from Sweden, 423; and from Norway, 731. France, with her not inconsiderable colonies, not only cannot keep up a strong emigration, but has to reinforce by the foreign arm her national labor. Indeed, it is computed that she has a standing immigration yearly of between 40,000 and 50,000 workmen, mainly Germans and Italians, who become domiciled within her borders. In her last census (1885) over a million of such immigrants were calculated to have taken up their abode in her midst. The proportion of her births is very insignificant; insomuch that her political economists and hygienists are seriously pre-occupied with the phenomenon, seeing in it a menace to the future prosperity and power of the country, as well as to her influence in competition with other states. For with existing means of defence and offence it is, above all things, numbers which tell in securing respect for a nation's integrity and independence.

Appointment of a Commission on the Mode of Capital Punishment.

From the *Med. Times* we learn that the New York Legislature, at its recent session, passed a law of considerable general interest. It provided for a commission to investigate and report to the Legislature, on or before the fourth Tuesday of January, 1887, "the most practical and humane method known to modern science of carrying into effect the sentence of death in capital cases." The following persons were appointed commissioners: Elbridge P. Gerry, of New York city; Dr. A. P. Southwick, of Buffalo; and Matthew Hale, Esq., of Albany. This law is the outcome of a determined effort on the part of many citizens to have a competent commission investigate and see if a better method of inflicting the death-penalty than hanging could be devised. There is no public sentiment in New York averse to the infliction of death as a punishment for murder, but hanging is repulsive for many reasons. The Medico-Legal Society has discussed the subject, and many methods have been proposed in place of the scaffold and noose. The report of the commission will be awaited with considerable interest.

A Humorist on Bright's Disease.

Bill Nye, the humorist, thus discourses in the *Boston Globe:*

John Bright was born in 1811. He made a tour of the Holy Land at the age of twenty-four, but did not decide to purchase it, owing to the existence of a flaw in the title. On his return from the Orient he discovered that what was most needed both in Europe

and America was a good, reliable disease for the use of the better classes. The poor and humble were well supplied, but the rich, the aristocratic, and patrician statesmen, corned heads and porkists of the two lands, languished for a good, reliable disease that poor people could not obtain. So he began to sit up nights and perfect Bright's disease. He gained the prize at the Paris Exposition and honorable mention at the great Centennial celebration at Philadelphia "for meritorious and effective disease for the better classes." Since that time he has been gratified to notice that the very best people, both in his own land and in this, are handling Bright's disease. It has been kept out of the reach of the poor, and to die from this ailment has been regarded as a proud distinction.

A German Medical Society in Philadelphia.

At a meeting of the German-speaking physicians of this city, held recently, it was decided to form a new medical society, the objects of which would be to afford a means of increasing the knowledge of the German language and medical literature on the part of its members, and in general to serve the ends of advancing medical science by holding monthly meetings for the reading of papers, the reporting of papers, and discussing questions of interest which properly would come before such an organization. Ferdinand H. Gross, M. D., of the staff of the German Hospital, was elected temporary chairman, and a meeting for organization will soon be held, at which the charter, constitution, and by-laws will be submitted by a committee appointed for the purpose, which is now engaged in translating the constitution of the Philadelphia County Medical Society into German, with a probability of its adoption as the organic law of the new society. The proposed association has every prospect of a useful career. With the *Medical Times*, we heartily wish it success.

Botanical Explorations in Costa Rica.

The district of Chiriqui in Costa Rica, whence the bulk of the so-called Jamaica sarsaparilla comes, was lately explored by an English botanist, who gives an interesting account of his journey in the *Gardener's Chronicle*. Among other things, he mentions finding an anonaceous plant, probably a Hylepia, exhaling a perfume very like that of *Cananga odorata* (ylang-ylang), and a tree known as the "samba gum tree," which yields on incision a creamy-looking yellowish sap, which after a time becomes hard and resinous, and then resembles the tenacious hog gum of Jamaica, the produce of *Symphonia Globulifera*. He also met with a thin-coated cocoanut, one-third larger than the ordinary kind, and which he thinks deserving of cultivation. The natives ornament their cheeks with paint made, among other things, from an oleo-resin resembling elemi, yielded by a tree called "potnapée." This paint is prepared by burning the oleo-resin and collecting the lamp-black, a purpose for which it is doubtless well adapted.

Disinfecting Nurses.

In a report recently presented to the Local Government Board (England), on a serious outbreak of scarlet fever at Wombwell, in Yorkshire, Dr. Franklin Parsons revives an old suggestion, made years ago by the late Dr. C. O. Baylis, but never, so far as we know, recommended in an official report before. Dr. Parsons suggests the engagement of a "disinfecting nurse," to visit the households in which infectious disease is present, to see that disinfection and other precautions are duly carried out. He points out that this expedient has been found useful in other districts, and thinks that under the special circumstances of Wombwell, the inhabitants of which are almost all manual workers, it would promise to be of use there also. It is sometimes found, as he truly remarks, that mothers pay more attention to advice on sanitary matters from one of their own sex than from a sanitary official.

The Teeth from a Medico-legal Aspect.

The identification of dead bodies and criminals is sometimes a matter of much perplexity. For instance: the features of a dead body may be distorted or destroyed; the clothes changed or unrecognizable; and no ordinary circumstances left to make identification clear. Some such a case occurred in Michigan. A man was found in a lake murdered. As the coroner was about dismissing the case as "unidentified," the neighboring dentist had the curiosity to look into the mouth. In a moment he said: "I have a chart of that mouth in my office," and though he could not then remember the name, he soon found it by referring to his chart-book. It resulted in tracing the murderer.

Venereal Infection Pronounced a Crime.

Some consternation may be caused among a certain class by a recent judgment of Jus-

tice Wills, of the Central Criminal Court, England. The charge against the prisoner was on two counts, one with having carnal knowledge of an imbecile woman, aged eighteen, and another, under 24 and 25 Vict., c. 100, s. 47, for a "fraudulent assault" upon the same woman, occasioning her actual bodily harm. The harm done was the wilful infection with syphilis. The prisoner was found guilty on both heads, and sentenced to two years' imprisonment for the first, and five years for the second. The more remarkable piece of information is that a man who has immoral sexual connection with a woman, knowing himself to be suffering at the time from gonorrhœa or syphilis, is liable to prosecution and penal servitude.

The Work of Lightning.

A Spanish shepherd killed by lightning recently, was made the subject of a scientific post-mortem to discover how the electric bolt had done its fatal work. His eyebrows and eyelashes were burned off, the eyeballs were dried up, all his left side was scorched and burned in spots down to the ankle, while the right side of the body and right leg were uninjured. Serious as these injuries were, none of them appeared sufficient to have caused his instant death. But as soon as the breast was opened the cause of death was apparent. The lungs were frightfully congested, and the heart was enormously dilated and filled with coagulated blood. With all this damage to the man, his clothing was very little injured, the only traces of the lightning upon it being a small hole bored through the rim of the hat and a slight singeing of the shirt collar.

The Awful Crime Charged Against a New Jersey Farmer.

The *Sunday Press* of this city reports that Asa R. Hughes, a well-to-do farmer, living near the little Danish settlement of Janvier, Franklin township, Gloucester county, N. J., was held in $300 bail recently for assault, the complainant being Dr. J. Gaunt Edwards, of Williamstown.

The circumstances of the case have shocked the community. Hughes' daughter Alice, twelve years of age, charging her father with an unnatural crime. Hughes' oldest daughter, twenty-three years, has since made similar charges. Mrs. Hughes is still alive, and of eight children, four have left the house and gone to Vineland to live, warning their father not to cross their path.

Hughes has admitted his crime, but under advice of his lawyer, W. Berault, pleaded not guilty at the hearing.

A Very Perverse Patient.

Little Tommy has a very perverse disposition—a fact which the doctor who was called to prescribe a course of treatment for him recently seems to have taken fully into account. When the doctor called two weeks after he had told Tommy what to do in order to get well, he found the boy plainly very much better. "Well, how are you, Tommy?" the doctor asked. "Oh, I'm all cured now," said Tommy with a grin. "That's very good, I'm sure." "Yes, but I didn't do a single one of the things you told me to, doctor." "Of course you didn't! I knew you wouldn't, and that's the reason I told you to do them," said the doctor.

The Salt Mountain of Palestine.

U. S. Consul Merrill states that this mountain is situated at the south end of the Dead Sea. Its length is six miles, width three-quarters of a mile, and height not far from 600 feet. The mass of the mountain is composed of solid rock salt, some of which is as clear as crystal. How far this deposit of salt extends below the surface of the ground, no one at present knows. This salt, and that obtained from the Dead Sea, are a government monopoly. Consul Morrill believes there is a mine of wealth in the mountain, and if capitalists were allowed to work it, the prosperity of the country would be greatly increased.

Medical Extravagance.

The *Polyclinic* speaks editorially of medical extravagance in the number of societies for medical improvement which exist, and which are a burden to the physician's pocket and time without an equivalent return to him. In Philadelphia a man cannot well avoid belonging to three societies, which cost him $25. A heavy assessment from the county society goes yearly to printing the state society's proceedings, which are made up with so little censorship that men generally do not take the trouble to call for copies.

She Swallowed Her False Teeth.

A despatch from Paterson, New Jersey, says that, on December 3, Mrs. Henry Lowe, while drinking a glass of water, loosened a gutta percha plate with five false teeth, and they slipped down her throat. The physi-

cian, in trying to get the plate out of the throat, moved it so that it slipped down into her stomach. It is now proposed to remove the teeth by the operation of opening the stomach.

Novelties and Sanitary Agents.

Birdsall's Hitching Strap.—This is an extremely convenient and ingenious strap—just what doctors need. It can be had in russet or black leather, and the dollar which it costs will not be regretted. Invented by Dr. S. Birdsall, of Susquehanna, Pa.

Platt's Chlorides.—We can speak of these after considerable employment of them under our own supervision. They are admirable for use in the sick-room, and at all times in families to disinfect drains, water-closets, night-jars, cess-pools, sinks, and the like. We have never used any disinfectants which gave greater satisfaction.

A College's New Lecturer.

Dr. William Wile, of Newtown, Conn., was elected last Monday lecturer on nervous diseases and electro-therapeutics at the meeting of the faculty of the Medico-Chirurgical College. Dr. Wile has been for some years a most active member and writer in his profession. He is editor of the *New England Medical Monthly*, vice president of the American Medical Association, and a member of the British Medical Association.

Washington Obstetrical and Gynecological Society.

The following are the officers for the ensuing year:

President.—A. F. A. King, M. D.

Vice-Presidents.—Drs. H. C. Busey and W. W. Johnson.

Recording Secretary.—H. M. Cutts, M. D.

Corresponding Secretary.—S. S. Adams, M. D.

Treasurer.—Geo. Byrd Harrison, M. D.

Tea as a Cause of Sterility.

Dr. James Davies states, in the *Therapeutic Gazette*, that the Druidic College of the twelfth century considered tannin the most potent of all the products of nature in producing sterility, and that tea-drinking, as practiced by the public, undoubtedly acts in the same direction.

Regulating Medical Practice in Tennessee.

Dr. F. L. Sim, editor of the *Mississippi Valley Medical Monthly*, and Chairman of the Committee on State Legislation, has issued a circular to the profession of Tennessee, urging co-operation in securing the passage of a medical registration law. It seems that such a law could readily be obtained of the Legislature if it were not for the opposition exerted in the profession itself.

Bill of Fare for a Christmas Dinner.

Raw oysters, tomato soup without meat, roast turkey, giblet gravy, mashed potatoes, canned corn pudding, cranberry jelly, beets sliced, salad, mayonnaise of salmon, cheese, water crackers, sweet potato pudding, creamy sauce, fruits, nuts, raisins, coffee.

The University of Virginia.

We regret to learn that the medical department of the University has lately met with a serious loss by reason of the breaking out of a fire in one of the lecture-rooms. The destruction is said to have been confined chiefly to the anatomical drawings.

Personal.

—Dr. Charles S. Turnbull has removed to 1719 Chestnut street, Philadelphia.

—Dr. W. J. Freeman has resigned as a member of the staff of the Episcopal Hospital.

Items.

—Terra-cotta coffins are suggested by a progressive undertaker.

—That belladonna often cures sterility is the statement which has been made by several writers recently.

—By an ordinance of the Bohemian Government, all district physicians are now obliged to pass through a course of studies

matter to differentiate one of these natural folds or a portion of one of them from an abnormal growth, except by the carefullest examination, and with the aid of good light. These folds do not long retain their natural appearance. After a portion once gets wedged through the fenestra of a speculum, their natural vascularity rapidly increases

and asylums of the town.

—The cholera continues to spread in towns of the Argentine Republic, and has reached Montevideo, where there were fifteen new cases one day recently.

—The Medical Society of the County of New York has recently expelled a member

by a unanimous vote, in accordance with the recommendation of the Comitia Minora.

—The Cremation Cemetery Company of Baltimore has just bought a lot in that city, on which it will soon build a handsome crematory, similar to the one recently erected in Buffalo.

—According to recent news from Chicago, no one longer doubts the success of the International Congress. The most eminent physicians of Europe have promised to go to Washington in 1887, and many have promised original communications.

—One of the largest and most brilliant social entertainments in this city recently was the tea given by Dr. and Mrs. W. H. Pancoast to introduce their daughter, Miss Gertrude Pancoast, who will be one of the Assembly belles.

—Duhring's "Treatise on Diseases of the Skin" has just been published in the Russian language. This is an additional compliment to a Philadelphia author, whose work has already appeared in two editions in English and has been translated into French and Italian.

—Journalism in Boston evidently promotes longevity. Major Ben Russell died at eighty-three, Joseph F. Buckingham at eighty-one, William W. Clapp at eighty-two, Nathaniel Greene at eighty, Nathan Hale at seventy-eight, and John S. Sleeper at eighty. That much-maligned east wind, which Boston editors live on, must be salubrious.

—The *Popular Science News* says that the statement is made that all the varied machinery of Great Britain now operated by steam-power is capable of performing more work—and, hence, of producing more products—than could be produced by the labor of 400,000,000 able-bodied men, a greater number than all the able-bodied men on earth.

Asa R. Hughes, a well-to-do farmer, living near the little Danish settlement of Janvier, Franklin township, Gloucester county, N. J., was held in $300 bail recently for assault, the complainant being Dr. J. Gaunt Edwards, of Williamstown.

The circumstances of the case have shocked the community. Hughes' daughter Alice, twelve years of age, charging her father with hat.

—In Switzerland, in 1885, among the recruits recognized as unfit for military service, were 66 per cent. of the tobacco and cigar workers, 67 per cent. of the basket-makers, 60 per cent. of the tailors, 25 per cent of the butchers, and 26 per cent. of the stonemasons and carpenters. Of 6,154 recruits in Canton Berne, 1,833 were refused; of these, 581 suffered from goitre, and 162 from flat-foot.

—Before an English medical society recently, Dr. Saundby showed Voltmer's artificial human milk, and demonstrated the small proportion of casein contained in it. The casein is got rid of by peptonization, while by the addition of cream and sugar of milk the composition of average healthy human milk is imitated. This milk has been in use for the last three years in Germany, where it has proved a very successful infants' food.

—Emperor William, of Germany, has three physicians always in attendance—Von Lour, physician-in-chief of the imperial staff; Leuthold, and Firman. Whenever his majesty is indisposed, these three physicians hold a consultation. The emperor is fond of fish, but as sea-fish is difficult of digestion, he lives to a large extent on trout. In order to meet the imperial want in this respect a species of trout has recently been introduced from California in the river on the land of the Grand Duke of Baden.

—The fact that a son of a wealthy and well-known citizen of Boston has decided to become a horse-doctor, to the horror of some of his friends, reminds a writer in the *Boston Post* that one of the sons of that most fastidious gentleman, Edward Everett, became a veterinary surgeon with his father's approval, and had his sign on his father's house in Sumner street, and that one of the oldest and best horse-doctors in Boston to-day is an honored member of one of the best families of the Hub.

QUERIES AND REPLIES.

T. I. D.

EDS. MED. AND SURG. REPORTER:

Please inform me what the initials T. I. D. mean. See page 518, MEDICAL AND SURGICAL REPORTER of October 23, 1886.

R. E. SMITH, M. D.

Coal Creek, Colorado.

Reply.—T. I. D. means thrice daily.—EDS. REPORTER.

ECZEMA IMPETIGINOSUM.

A physician writes to us asking for suggestions in the treatment of a case of the above disease, where there is no syphilitic taint. The disease has persisted for nine weeks, despite the internal use of arsenic and sulphur, and the external use of many applications, including iodoform, bismuth, chrysophanic acid, etc.

IODOFORM IN ULCERATIONS OF THE OS UTERI.

EDS. MED. AND SURG. REPORTER:

Will you oblige a constant reader by informing him where can be procured a monograph "on the use of iodoform in the treatment of various ulcerations of the os uteri," which was issued last year by some gynecologist of one of the Northern States? If you cannot recall the article, probably some of your readers can do so by inserting the notice for it in your Queries column.

S. H. BARHAM, M. D.

Lone Oak, Texas.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

TREATMENT OF FISSURES AND ULCERS OF THE RECTUM AND ANUS WITH THE AID OF AN IMPROVED RECTAL SPECULUM.

BY W. S. WATSON, M. D.,

Of Matteawan, N. Y.

Fissures and irritable ulcers most frequently occur on the posterior aspect of the anus or rectum, and occur for the most part in persons of costive bowels or hardened stools, by which means the mucous membrane is abraded or lacerated. This process daily repeated not unfrequently results in what is called or known as fissures of the rectum or painful ulcers of the parts, which condition is not unfrequently associated with hemorrhoidal diseases, though distinct, and requiring widely different treatment for a successful cure. A mistaken diagnosis is productive of perhaps more suffering than almost any other local disorder to which we are subject. In our search for rectal diseases, a mistake is more easily made than discovered. Just how a differential diagnosis can be arrived at without ocular inspection is, we confess, beyond the reach of our conception. In other words: Is it possible to know the real pathological condition without careful inspection? Can a correct diagnosis be arrived at without the aid of a speculum to admit light? Can sufficient light be admitted into the numerous intricate folds of the lower rectum without dilatation to the extent to efface these folds? Will our pretentious brother tell us how it is possible to find a small fissure situated within one of the deep folds without distension, or with the aid of a small cylindrical or tubuliform speculum, that does not mechanically dilate the parts which are naturally contracted, to efface these natural folds of which there are a number? These are usually found one on the right and one on the left, opposite the middle of the sacrum. The largest of the natural folds and the most constant projects backwards from the front part of the rectum opposite the base of the bladder. When the fourth fold is present it is usually located about one inch within the anus on the back part or posterior aspect of the rectum. This one of all others is most vascular, and being situated nearest the outlet is easiest found by pile-searchers, consequently receives more punctures from the hypodermic needle than all others. (In fact, a small tubuliform speculum seldom if ever reveals anything more through their single fenestra or opening.) We believe it to be quite a difficult matter to differentiate one of these natural folds or a portion of one of them from an abnormal growth, except by the carefullest examination, and with the aid of good light. These folds do not long retain their natural appearance. After a portion once gets wedged through the fenestra of a speculum, their natural vascularity rapidly increases so as to in a few moments' time make it practically impossible to discriminate between such a constricted fold and that of a vascular tumor, except it be by a careful comparative examination of other parts at the same time, which can only be done with the aid of good light, and free distension of the parts by mechanical manipulation. A

rent in the mucous membrane must, we think, positively be seen to be apprehended and successfully treated. Unless local treatment is resorted to a cure is impossible in consequence of the periodical evacuations of hardened fæces over the parts. The rent or ulcer is consequently prevented from healing, and that which at first was only a slight abrasion of the mucous membrane soon becomes a decided ulcer. It is not uncommon to find hemorrhoidal tumors at the verge of the anus in connection with these fissure troubles. Hence the frequent mistaken diagnosis. Too often the small tumors at the verge of the anus are looked upon as the whole trouble, and should blood occasionally appear on the evacuations, the difficulty is at once conceded to be bleeding piles. We believe fissure of the rectum in the female ofttimes is produced during confinement by the attending force exerted by her and the distension during the delivery of the fœtal head. This condition being most frequently met with in women who have borne children forces the conclusion.

The symptoms peculiar to this affection are so well marked that it is surprising why the real condition should go on unsuspected, as it does many times, for months—even years—until the constitutional symptoms are so well marked as to leave no longer a doubt as to the seriousness of the case. The patient's health runs down, he becomes irritable, peevish, is easily fretted, loses flesh, becomes anæmic, and is depressed in spirits—these are among the constitutional symptoms that should lead to a proper investigation. As a rule, sufferers from fissure of the rectum think their sufferings all due to hemorrhoids alone; they are forced to believe such is the case from a lack of knowledge, and their having frequent discharge of blood and matter from the parts; and pain while at stool, an intense suffering after the bowels have been evacuated, a smarting or burning is to them conclusive ofttimes. The sufferer's diagnosis has been confirmed by the attending physician, who has hazarded an opinion on the strength of the patient's statements without ocular inspection—a weakness by far too common among the profession. We think it safe to say that when a patient complains of a great amount of suffering and a burning pain following defecation, his trouble is seldom piles alone; surely there are some complications, and we insist that a careful examination be made, and not a digital one alone. A careful ocular inspection is the only positive means of arriving at facts. The surgeon who ventures an opinion without it, hazards his own reputation and brings the treatment of this class of ailments into disrepute, and entails an unmentionable amount of suffering on his patient; for it is a fact that such ulcerative troubles of the rectum are unquestionably progressive—simple at first, and a cure easy, in time it is not simple, and will, with an unerring certainty, wear out a patient's health. The pain and irritation attending the disease, and the ultimate effect on the nervous system, is more than most people can bear; yet it is wonderful how long the attendant suffering is endured rather than submit to an examination. It is no less wonderful to find fissures or painful ulcers of many years' standing, especially in women, who, through delicacy, have concealed their real condition—delicacy on the part of the patient, censurable timidity of the attending surgeon—has prevented discovery of the real complaint until the patient's condition is ruined for want of a careful ocular examination. Had an examination been made sooner, much valuable time would have been saved, as well as deeper ulcerations prevented. Often after months of needless delay, such patients fall into other hands, when a searching examination reveals the fact that the ulceration extends through the integument, and a small, if not a large and painful fistula is found—a serious complication for an already broken-down constitution.

Aside from delicacy and timidity, there is one other pertinent reason for the non-discovery of many of the diseased conditions of the parts under consideration—namely, a want of better and more efficient means of diagnosis. An attempt to diagnose the presence of slight ulcerations within the rectum with the finger alone, we consider mere guesswork, nothing more. Our experience warrants the conclusion, notwithstanding there are medical men who claim to be possessors of fingers sufficiently sensitive to positively detect their presence. We confess ours are not entirely reliable; sometimes we have been right, other times wrong. And we are afraid, judging from the sequelæ following the treatment by others, that they too have placed too much confidence in a sensitive finger. We are unable to conceive of but one positive means of diagnosis—that of *seeing* the real condition of the parts, with the aid of such a rectal speculum as will afford an unobstructed view. Such devices heretofore have been quite unsatisfactory. They have all come short of the object aimed at; they have been defective in construction, have either been made of too fine fingers or blades, or have had blades that

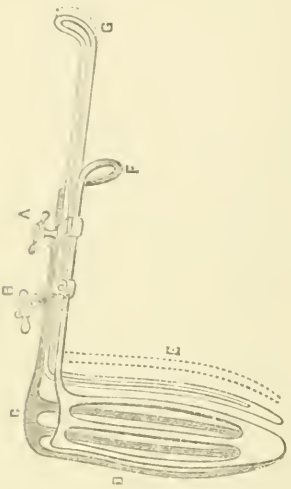
were too narrow to serve the purpose, others have been made of cylindrical tubes of glass or rubber. In the first place, they do not give the needed support against the walls of the parts to prevent a bulging of the folds to obstruct the view. Bivalve speculums are inefficient from narrowness of blades, and in affording only a lateral dilatation; hence the mucous folds of the parts of necessity fall in antero-posteriorly, and almost entirely obstruct the view.

The old-fashioned glass cylindrical speculum of course held apart the folds, but in doing so they cover up about all of the parts. Should they be provided with a fenestra in one side, so much turning and returning is necessary in the attempt to bring to view or finding a diseased spot, that we are more likely to make an abrasion by reason of the mucous folds being dragged through the fenestra than we are to find an old sore. This class of speculums we are sure have done a great amount of injury to the parts by reason of a bulge of the mucous membrane getting wedged through the sharp-edged fenestra. The writer well remembers an experience of this kind that happened in the rounds of his practice. Some years ago, when there were very few other speculums in use, he had occasion to use a rectal speculum. One of the small glass speculums was used, in fact at that time he thought them all sufficient. The speculum was readily introduced to the desired depth and an unsatisfactory examination made. Upon his attempting to withdraw the speculum, it was found to be immovable, and was firmly held in place by reason of a bulge or fold of the mucous membrane, which had got wedged through the fenestra. So firmly was the instrument held that it was with difficulty he got the parts disengaged, and not until after his patient had suffered quite an amount of pain, and no doubt some laceration of the parts. After such an experience he decided that such imperfect devices were unsafe to use. He verily believes they have done a great deal of harm in the hands of others, for doubtless others have had a like experience. Rectal speculums, to meet the requirements, must of necessity possess the following advantages: They must be so constructed as to afford an equal antero-posterior and lateral dilatation, and give sufficient support against the loose folds of the parts to prevent a possibility of their bulging and obstructing the view. They are best made of wire, flattened in part to form the blades or valves, which on their exterior when closed should be cylindrical in form, the better to facilitate rotating within the parts when necessary, and should be self-retaining, with no part or place where the mucous folds can possibly be caught and injured by introduction, expansion, or removal.

With this end in view, and recognizing a necessity for something better, we have had made by the well known firm of Tiemann & Co., instrument makers of New York, a model of an instrument that we feel sure meets the requirements for examinations and successful management of the several diseased conditions of the parts under consideration. These speculums are most perfect dilators. They are made with three fingers or blades of flattened steel, but in such a way as to make each finger or blade concave on its inner surface, and convex on its outer, with eight supports against the walls or folds, and are so constructed that each finger or blade is separable in their transverse diameter, with a contraction on the exterior of the blades suited to the position and action of the sphincter muscle, which said contraction, together with their lightness, makes them self-sustaining, wholly dispensing with the necessity of an assistant to hold the speculum in place while operating on the parts. With the aid of such a device for exposing to view the diseased parts, the treatment of fissures is made comparatively simple. All ulcerations or fissures are readily seen, and can be thoroughly cleansed of all feculent matter preparatory to making such applications as are required. After a thorough cleansing of the parts, such applications or operations as are required may be made through numerous openings between and through the spaces in the blades.

Before making any examinations or treating any disease of the rectum the lower bowel must be freely washed out by free injections of warm water, the washing must be continued until all particles of feces are washed out. Before an operation is to be made for a radical cure of fissure, the entire intestinal track should be cleared of all accumulations by free purgation preceding the time for operating and preparatory to the washing out of the lower part of the rectum. It is our preference that the patient be placed in the Sims position. Before introducing the speculum a small amount of vaseline should be applied to the verge of the anus, also on the blades of the speculum that have already been closed to the smallest possible transverse diameter, when the conical point can be easily passed through the sphincter by a firm yet not painful pressure to the desired depth, when the contractile

force of the sphincter muscle will accommodate itself to the contraction in the blades, and will hold the instrument in place. The required dilatation laterally is effected by turns of the transverse screw *B* attached to and working across the top of the handle. Antero-posterior dilatation is made by a horizontal movement of the retractor part *G* of the handle represented in the cut by dotted lines *E*. Any amount of dilatation



can, in this way, be obtained and retained. After the required dilatation is effected the fissures or ulcers can be seen and carefully cleansed and dried with the aid of a pledget of absorbent cotton held by a sponge-holder, or better, a pair of uterine dressing forceps. After the parts are properly dried, we, by preference, apply strong nitric acid by means of a stick, carefully avoid touching the surrounding healthy tissues, only the slightest amount possible to apply being necessary, and that must be followed at once with a pledget of absorbent cotton that has previously been saturated with a mixture of olive oil and glycerine in equal parts, which must be placed in close contact to the part operated on by the acid, and held there with a probe while the speculum is withdrawn, the dilating adjustments having already been loosened.

It may seem a little harsh to use nitric acid on these parts. It is true it produces some more pain than applications of stick caustic of silver, but the after-effect more than compensates for the extra suffering. Nitric acid applied to these parts does not produce the same degree of hardness and contraction of tissues as that produced by applications of nitrate of silver stick, and after the separation or slough comes off we have a much cleaner surface left to heal up; hence our reasons for its use. However, we frequently use a solution of nitrate of silver to slight ulcerations by means of a hair pencil, and have good results at the time of operating. For a radical cure of fissure or ulcerations within the rectum a sufficiently large dose of opium should be given to restrain further movement of the bowels for two or three days, and before the accumulation of two or three days be allowed to pass through the now constricted and partly healed parts, it must be rendered as near liquid as possible by free injections of warm water. After the contents of the bowels have passed, the lower bowel must again be washed out; no particles of fæcal matter must be left back to irritate the parts. A second application can be made in the same manner as before, pursuing the same plan throughout until a cure is effected. It should be remembered that a cure largely depends on rendering the evacuations soft and non-irritating, and the washing out after each evacuation all the residue. In fact, we have seen many cures effected by such means alone where the ailment was yet slight and of recent origin and the patient otherwise healthy. To effect a cure, even in the simplest cases, the plan has to be long continued and thoroughly carried out. No hardened fæces must be allowed to pass over the diseased spots, for at each passage of hardened fæces the lower part of the rectum is so greatly distended that all partly healed rents are torn open afresh, and the healthy granulations are scraped off; new irritation is added, and cicatrization is of necessity retarded.

In conclusion, we again insist that it is mere presumption for a surgeon to attempt to diagnose many of the diseased conditions of the rectum digitally: an accurate diagnosis is only arrived at after a careful ocular inspection. A false delicacy that prevents such an examination is radically wrong, and has brought the treatment of this class of ailments into disrepute among the laity; yet a majority of such afflictions are amenable to treatment, frequently requiring only a trivial operative interference for a cure, once the real pathological condition is known and understood by the attending physician or surgeon.

November, 1886.

—The Aargau Grossrath has resolved upon using a part of the money resulting from the abolition of nunneries, for establishing a cantonal refuge for incapacitated and crippled paupers of both sexes.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Regular meeting, December 2, 1886. A. Jacobi, M. D., President, in the chair.

Nomination of Officers.

Among those nominated for office were: For President, A. Jacobi, M. D., A. L. Loomis, M. D., John C. Dalton, M. D., and Cornelius R. Agnew, M. D., who declined. For third Vice-President, E. D. Hudson, M. D., and W. H. Draper, M. D.

A Phthisical Lung Injected with Carbolized Iodine.

Dr. J. Blake White presented the left lung of a young man who had died of pulmonary phthisis in October last. He had suffered from night-sweats, profuse expectoration, cough, emaciation, loss of appetite, etc. All of these symptoms improved after the intra-pulmonary injections of carbolized tincture of iodine, with a little morphine and atropia added. The site of the injections, which were three in number, and made at intervals of about a week, being over a pulmonary cavity near the apex of the left lung. No reaction followed, and the aforementioned benefits were observed. Dr. White's term of service having then expired, the injections were discontinued, and the patient died six weeks later. Cicatrization was noticed to have been promoted by the injections. Dr. White referred to the contribution to the subject of intra-pulmonary medication in phthisis by Dr. Pepper and others.

Laryngeal Diphtheria—Intubation and Pathological Anatomy.

Dr. W. P. Northrop read a paper in which he gave a brief outline of the pathological anatomy in eighty-seven cases of death from laryngeal diphtheria during five years at the New York Foundling Asylum, and considered the subject of intubation of the larynx for the relief of laryngeal stenosis. Of the eighty-seven cases fifty were in females and thirty-seven in males, and the average was two years and seven months. The greatest mortality was from three to four years, thirty-six of the patients dying at this age. Fifty-six of the eighty-seven cases began with symptoms indicating that the membrane made its appearance in the larynx either before or simultaneously with that in the pharynx. In thirty-one cases the average time from the commencement of the diphtheria to the beginning of croupy symptoms was two and a fourth days. In fifty-four cases the average time from the beginning of croupy symptoms until death was three and four-fifths days. Of the eighty-seven cases those accompanying or following measles were twenty-two; scarlet fever, eight. In fifty-four cases there was pneumonia. The cases in which the lesions were not plainly declared during life had been subjected to a post-mortem and microscopical examination, and the diagnosis made according to the findings. As a rule, bronchopneumonia was found. It was difficult to attribute death to any one factor when there was such a complication of conditions, such as sepsis, bronchitis, pneumonia, and nephritis. In twenty-nine of the cases there was sufficient pneumonia to account for death; twenty-seven of the patients were believed to have died from the extension of the diphtheria into the bronchi. The usual temperature at the highest was 104° to 105° F. The distribution of the membrane had been as follows: In nine it extended from the tip of the nose to the finest bronchi; in six, from the nose to the bifurcation of the trachea; in seventeen from the pharynx to the finest bronchi; in seventeen also from the larynx to the finest bronchi; in seventeen also from the pharynx to the main bronchi; in seventeen again in the larynx and trachea; in three it was limited to the pharynx and larynx; and in one to the larynx. Interstitial emphysema was found in eight cases, and pronounced vesicular distension in nine.

In the spring of 1881, Dr. O'Dwyre commenced experimenting on the cadaver with intubation of the larynx, and during the past five years he had so far perfected his method that the operation could be performed without a great deal of difficulty, particularly after an experience on the cadaver; it did away with the necessity for an anæsthetic, a trained assistant, the making of a fresh wound, and the fear inspired by tracheotomy; it relieved laryngeal dyspnœa; the parents and friends readily gave their consent to the operation; twenty-eight and a half per cent. of the reported 165 cases of laryngeal diphtheria operated upon by this method for the relief of stenosis had recovered. It had only two objections: one being the embarrassment which the child experienced in swallowing liquids, but which, to a large extent, was usually overcome; the second being the possible danger of pushing the membrane before the tube when introducing it, and thus blocking the trachea. But the latter objection was also applicable

to tracheotomy. The tube to be introduced varied in size according to the age of the patient, and accompanying the set was a mouth-gag, an introducer, an extractor, and a scale indicating the size to be used. The relief following the introduction of the tube was very marked and gratifying to the parents, who, on account of the great improvement in the patient's condition, at once hoped for recovery; but the physician should not allow himself to be deceived and make a favorable prognosis unless the improved condition continued at least forty-eight hours.

Dr. Francis Huber related eleven cases of laryngeal diphtheria in which he performed intubation of the larynx after the development of marked stenosis. Four of the eleven recovered; one was still wearing the tube. Dr. Denhard had likewise operated in eleven cases, five recovering.

Dr. A. S. Hunter had intubed the larynx in two cases of laryngeal diphtheria, and having had previous experience on the cadaver, he found no difficulty in introducing the tubes. He thought the patient could swallow a considerable quantity of fluid with the tube in the larynx better than a small quantity.

Adjourned.

THE BALTIMORE ACADEMY OF MEDICINE.

Stated meeting, November 16, 1886.

Calcification of Coronary Arteries.

Dr. James Carey Thomas said a case had recently occurred at the Almshouse that he considered interesting. The patient, while walking across the floor, suddenly dropped, absolutely dead. Autopsy revealed calcification of coronary arteries and calcification elsewhere in the heart. It has been pointed out that in those cases in which death is instantaneous the trouble will usually be found in the heart.

Dr. J. J. Chisolm said deaths arising from lesions in the brain are never instantaneous.

Dr. Thomas said he was anxious to know what the autopsy had revealed as the cause of death in the case of Dr. Richardson, of Philadelphia.

Dr. Van Bibber related a very amusing experience that he had had in the early days of his medical career. He was suddenly called upon to do a post-mortem examination on a young colored woman who had died suddenly on the street. He, after procuring the assistance of four of his young medical brethren, proceeded to find the cause of death. The autopsy was begun at about ten o'clock on a very warm summer morning, and ended the next afternoon at four o'clock, and he has not yet discovered what was the reason for the woman's death. His description of the method employed for removing the spinal cord was exceedingly amusing, especially as after hours of labor the cord was removed, an unrecognizable mass. He said that this experience had been recalled to his mind by the very strong contrast between the methods employed for these operations at that time, and those used at the present date.

Dr. G. Lane Taneyhill said he did not think the improvements on these methods were all of very recent date, as in 1864, during his service in the civil war, the instruments employed at autopsies were of a very convenient design.

Dr. John Uhler has seen so much blundering by general practitioners who pretend to make post-mortem examinations that he has concluded that when an autopsy is to be made, it should be referred to some one, especially trained in this work.

Dr. James Carey Thomas said as regards the case of fracture of cervical vertebræ referred to by Dr. Van Bibber that he had been informed that no definite opinion as to the true nature of the bony lesion had as yet been given, and that the tissues were now undergoing manipulation preparatory to his histological examination.

A Contribution to the History of Hydramnios.

Dr. Robert T. Wilson closed the exercises of the evening with a very exhaustive paper with the above title.

An Anecdote of the Late Dr. Wakley.

Mr. Edmund Yates tells a story of the late Dr. Wakley, who, it appears, was one of the *habitués* of the *bals masqués* which used to reign in London in the days of Julien and his band. On one occasion he appeared dressed as the devil—horns, tail, and other Satanic accessories. Having met with a cheerful reception from almost everybody—for, Mr. Yates says, he was brimful of fun and animal spirits—he at last addressed a languid swell, who looked with infinite disgust on the giddy throng. "Who are you?" inquired the swell. "Can't you see? I'm the devil," said Wakley. "Then go to—your kingdom," replied the swell, and the doctor was not seen for the remainder of the evening.

Editorial Department.

Periscope.

Undeveloped Sexual Organs and Congenital Defect of Tonsils.

Before the Clinical Society of London, Mr. A. Pearce Gould read a paper on a case of Undeveloped Sexual Organs, associated with Congenital Defect of the Tonsils. It was that of male, aged 27, over six feet high, slender, with fair, soft, smooth face, a boy's voice, and no hair on his face. The penis and both testicles were small, but the right epididymis was thickened, which Mr. Gould attributed to a blow on the part when the boy was eleven years of age. The prostate could scarcely be felt through the rectum, and the seminal vesicles could not be felt. The man had no sexual desire; the only sign of any sexual activity was occasional slight priapism. There was an oblique inguinal hernia on the right side. The pillars of the fauces were close together, and only very small tonsils could be seen or felt between them. Mr. Gould said the case raised the question whether there was any intimate connection between the tonsils and the testicles. It was a popular notion that excision of the tonsils before puberty endangered virility, and Dr. Shorthouse, quoted by Dr. Ogle, was named as a writer who spoke of such an effect as a matter of common observation. The shrinking of enlarged tonsils, and the cessation of repeated attacks of tonsillitis at puberty, were adduced in support of the influence of sexual maturity upon these organs. On the other hand, in Zanzibar, where all boys have their tonsils excised, the testicles are well developed, and the operation now is so common that, were it liable to be followed by such a grave result as non-development of the sexual organs, abundant evidence of this fact would be forthcoming. The removal of an enlarged organ was different from its imperfect development, and might be attended with different results. Mr. Gould had seen two women with absent or undeveloped ovaries, and in whom the tonsils were of full size; and Dr. Langdon Down, who had seen many cases of imperfect sexual development, had not observed any associated change in the tonsils.

Mr. Thomas Bryant considered that there was no special relationship between the atrophy of the tonsil and testicle.

Dr. Felix Semon agreed with this opinion, and said that the size of the tonsil was very variable in the adult, and appeared to have no relation to virility. There might well be a remote connection between the tonsils and the testicles. Enlargements of adenoid tissue anywhere had a tendency to disappear after puberty. Authors had described cases of defective development of the tonsil associated with longitudinal slits in the anterior arches of the soft palate.

Mr. Warrington Haward, speaking of the alleged connection between the tonsil and testicle, said that in tonsillotomy removal of a portion of hypertrophied tonsil was all that was practiced. What would happen to the testicle if the whole of the tonsil was removed could not be stated. In his opinion the man had as much tonsil as many virile individuals. That there was some connection between the activity of the genital organs and of the tonsils he could not doubt; in many women the process of menstruation was attended with temporary swelling of the tonsils.

Dr. Hingston Fox thought the atrophy of the tonsils and that of the testicles were mere coincidences. The diminution in size of the tonsils at puberty was but part of a general diminution of organs composed of adenoid tissue, and might be attributed to a lessened demand for leucocytes. At the period of menstruation there was general slight temporary congestion of lymphatic tissues.

Mr. Rickman J. Godlee asked whether the patient had had mumps.

Mr. Pearce Gould could not say for certain whether the man had had mumps; the past orchitis was believed to be due to a blow from a cricket-ball.

A Boy with Unilateral Proptosis.

Before the Ophthalmological Society of the United Kingdom (*Brit. Med. Jour.*), Mr. C. E. Walker showed a boy, aged sixteen, with a certain degree of proptosis of the right eye. His history was that he had slipped down some stairs, and had hit his head so as to render himself unconscious for three days. There had been no bleeding from the ears or nose, or other proof of fracture. On recovery, he noticed a swishing noise in his head, and, five months later, his right eye became engorged and protruded; the left also was for a little while unduly en-

gorged. The disease had been slowly progressing since it was first noticed. The diagnosis lay between a communication between the artery and the cavernous sinus and a true aneurism. He had been in favor of tying the common carotid artery, but Mr. Hutchinson and Mr. Holmes had advised delay, and he was anxious to hear the opinion of the members of the Society.

Mr. Hutchinson thought that Mr. Walker deserved the very highest praise for his zeal in bringing from so great a distance on this and on many previous occasions cases to illustrate points in his practice. He was very much interested in the case of proptosis, having seen the boy two months previously. The diagnosis lay between an aneurism of the carotid artery and a communication between the artery and vein; the turgescence of the retinal veins was very marked, and from this and other facts he believed there was a communication between the artery and the cavernous sinus. It was a question what would be the advantage and what the degree of success from ligature of the common carotid; his own opinion was that ligature would not succeed. It was to be remembered, also, that cases sometimes lasted a great many years without serious inconvenience, and the boy was in good general health, and did not really suffer from more than the discomfort occasioned by his appearance and the noise in his head.

Dr. Brailey had seen a very similar case in which double proptosis had come on after an injury.

Mr. Eales mentioned a case in which an orbital aneurism developed after an injury to the head in a coal-mine, and a large visible pulsating tumor, with a murmur and thrill in it, rapidly appeared. Iodide of potassium having failed, the question of operation was raised, but it was decided to wait, and, before the next consultation, the noise in the head suddenly ceased, and the pulsation, murmur, thrill, and proptosis disappeared. It was evident, therefore, that spontaneous cure might take place. He asked whether, in this case, digital pressure had been tried.

Mr. Frost referred to the case he had shown some years previously, in which the symptoms had existed for over thirty years.

The President said that, five years previously, he had tied the common carotid artery in a case of this kind, but the symptoms had reappeared within the last year, and he had seen that happen before. The diagnosis, he thought, depended upon the character of the murmur heard; if continuous, it indicated arterio-venous communication; if intermittent, an aneurism. He agreed with Mr. Hutchinson as to the chronic nature of the disease. A case of Mr. Bowman's showed the difficulties of diagnosis. A woman who had all the symptoms of orbital aneurism had her common carotid artery tied, and died a few days later from secondary hemorrhage. On examination, it was found that the symptoms had been due, not to aneurism, but to thrombosis of the cavernous sinus.

Aneurism of the Artery of the Sylvian Fissure.

A case of aneurism of the artery of the Sylvian fissure has been reported to a Norwegian medical journal by Dr. A. Linboe. The patient, a woman aged forty-nine, came to Gaustad Asylum with melancholia. She had had a cardiac affection for many years. Besides melancholia, she complained at times of pain in the head and a feeling of irritability. There was some distortion of the face, the angle of the mouth being drawn down. One afternoon the patient became suddenly ill, entirely losing consciousness. A puffiness of the cheeks was observed. The left pupil was dilated, and did not react to light; the right pupil was also reactionless. There were slight convulsions, and the woman died at 11:45 p. m. The distortion of the face, which had disappeared, was again present immediately after death. Eleven hours after, a necropsy was made. The anterior portion of the right parietal convolution was covered with a thin layer of coagulated blood. Over the whole of the left hemisphere there was a more or less thick layer of blood, especially in the left Sylvian fissure, where it had a thickness of about five centimetres; on the interior of this, a nodular aneurismal enlargement of the artery was found, about three centimetres in diameter. There was but little atheroma in the trunk of the artery of the Sylvian fissure on the left side, but a considerable amount of it on the corresponding artery on the right side.

A Cow that Gives Down Milk Punch.

One of the novelties in Paris is a big wooden cow built in front of a *cafe*. The milkmaid milks a stream of milk-punch into a glass, and a placard proclaims the following astonishing fact: "France has sent Bartholdi's Goddess to America, and America gratefully sends in return a milkmaid."

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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THE

QUARTERLY COMPENDIUM

OF

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THE CONTAGIOUSNESS OF SCARLET FEVER.

The name of Meigs is so intimately associated with all that pertains to the diseases of children that any utterance is received with great weight. Dr. Arthur V. Meigs stands prominently forward as an authority on the diseases of childhood, not only because of reflected fame from his great father, but because of his individual efforts in this direction. Hence, if Dr. Meigs avows a dangerous belief, it is much more calculated to do harm than were the same pernicious doctrine enunciated by a lesser luminary. And Dr. Meigs has enunciated a most dangerous doctrine, and one which cannot be allowed to pass unchallenged. Before a recent meeting of the Philadelphia County Medical Society, this author read a paper on the "Contagiousness of Scarlet Fever," in which he endeavored to demonstrate that the disease was not nearly so contagious as was commonly supposed, and that an unnecessary degree of anxiety and dread existed among the public on this score. He was, apparently, not very decided in this belief, for he still advocated that it would be well, when one child is taken sick, that the others should be removed, providing they can be kept away for *three months*. His arguments are not strictly logical, for he bases his belief in the lesser contagiousness of scarlet fever on the fact that he has rarely seen the other children in a family taken with the disease when one has been seized: but he says that scarlet fever is not contagious in the early stages, and it is in this very point, coupled with the prevalent fear of the disease, that we find the immunity which he attributes to non-contagiousness. The very fear of the community is its safeguard, for when one child is taken sick the others are usually kept away from it, and as the disease is not contagious in its early stages, they thus escape. It is true that Dr. Meigs cited some cases where intercourse was kept up, yet the disease did not spread. We have known some soil that would not grow potatoes, yet we did not find therein an argument that the ground was not the proper place to plant them. A very general discussion followed the enunciation of these remarkable views, and it was clearly evident that the majority of those present did not share in them. We feel that the public should be, at all times, urged to the greatest caution in all contagious diseases: isolation we know is the most potent means of preventing their spread; and it is an evil hour for the community when a physician, and particularly one of

authority, tells them that they have been unnecessarily solicitous in this respect.

Notes and Comments.

Annual Subscriptions Due.

Our readers will please remember that on January 1st many of their subscriptions fall due for the ensuing year. We trust that they will forward the amount promptly, as this action on their part will increase the efficiency of the management, and save the disagreeable necessity of "dunning" at a later period. We therefore particularly request that *all* whose subscription expires December 31st, will remit as early in January as possible. If bills are wanted, send us a postal card with the request.

Epitheliomatous Tumor of Cæcum.

In the *Progrès Médical* of October 9th, a rare case of primary cancer of the cæcum, occurring in a male, aged 51, is recorded by M. Paul Blocq. Malignant disease primarily attacking this part of the gut is rare, and this case is interesting from the fact that death resulted from perforation of the bowel in the neighborhood of the new growth, producing fatal collapse, and not, as has happened in recorded cases of a similar nature, from obstruction. The patient had, fifteen minutes prior to seeking advice, complained of pain of a stabbing character in the right side. Shortly afterwards, he could detect by the hand the presence of a small tumor, about the size of a walnut. He became rapidly emaciated, and had a cachectic look. He never evinced any special symptoms indicative of grave disturbance of the gastro-intestinal tract, no vomiting, no constipation, no diarrhœa. The tumor was not apparent to the eye, but was readily felt by palpation; it was painful to the touch, smooth, somewhat hard, and mobile. The patient died after having been under observation four months, or fifteen months after the development of distinct symptoms. At the necropsy, a small pedunculated sloughing growth was detected close to and invading the ileo-cæcal valve, as also a small perforation in the wall of the gut, which had been the immediate cause of death. The greater part of the neoplasm, owing to putrefactive change, resisted the action of the stains for microscopic examination; these sections, however, which took up the coloring agents revealed the characters of a cylindrical epithelioma. There was no evidence of cancerous disease in any other organ of the body.

Cases of Renal Surgery.

The following short accounts of two cases, which have been recently operated on, are reported by Mr. Clement Lucas in the *Lancet*. They are illustrative of the renal surgery of the present day, and the fact that they are reported so briefly proves that these operations are becoming more frequently performed:

On September 29, Mr. Clement Lucas operated in this hospital upon a married woman, aged thirty-seven, who had been suffering for some years from a painful movable right kidney, which of late had incapacitated her for household duties. She was sent to London by Mr. Cockell, of West Hartlepool. The kidney was exposed through the loin, and stitched to the lumbar aponeurosis. The immediate effect of the operation was to completely remove the pain. The wound healed primarily, except at one spot (where a stitch afterwards escaped), and she remained free from pain up to the time she left the hospital.

On October 29, Mr. Lucas performed nephro-lithotomy upon a patient sent by Mr. Waller, from Sydenham. She was an unmarried woman, aged thirty-nine, who had suffered from symptoms of renal calculus for six or seven years. A conical stone, seven-eighths of an inch in its two longest diameters, was extracted from the pelvis of the right kidney. The wound is now healed, and the patient convalescent. Since the operation the amount of urine has doubled, indicating that previously the conical stone was acting as a stop-cock to the top of the ureter.

Extemporaneous Examination of Woman's Milk.

The *Journal d'Hygiene* publishes an expeditious proceeding, somewhat empirical perhaps in its nature, for recognizing extemporaneously the quality of the milk of a nurse. This process, suggested by Dr. de Hélot, consists in comparing, by means of a drop-pipette or from the nozzle of a Pravaz syringe; the number of drops which yield a certain volume at 15° C., with the number of drops of water which give the same volume at the same temperature, from the same pipette or syringe. When the milk is of good quality, it gives 35 drops, while water only gives 30. If the milk is of superior quality, the number of drops may rise to 36,

37, or 38. It is prudent to try the milk of both breasts.

A Substitute for Quinine.

The *Moniteur des Produits Chimiques* is informed that Professor Fischer, of Munich, after an extended research on the nature and properties of quinine, has discovered that a substance may be extracted from coal-tar which exercises on the human organism an action identical with that of quinine. The substance appears in the shape of a white crystalline powder. Administered in cases of fever, it has the effect of rapidly lowering the temperature, and its efficacy in this respect is stated to be so remarkable as to permit the use of ice to be dispensed with. In the stomach this wonderful powder assimilates with even greater facility than quinine.

Renal Surgery.

Mr. Clement Lucas performed nephrorraphy in Guy's Hospital, London, on September 29. The patient was a married woman, aged 37, who had suffered from a painful movable right kidney for several years, and of late had been quite incapacitated for household duties. The kidney was exposed through the loin, and stitched to the lumbar aponeurosis. The immediate effect of the operation was to remove the pain completely. The wound healed by primary intention, except where a drainage-tube was inserted, and one of the deep stitches was eventually discharged at this spot before the opening finally closed. She remained free from pain up to the time she left the hospital.

Hyoscyamine in Chorea.

Hyoscyamine has been used by Dr. Dana in a large number of cases of chorea, and in the great majority of cases it caused decided improvement, prescribed as follows:

℞. Merck's cryst. hyoscyamine, gr. j.
Aquæ destillat., ʒj.
M. Sig. –♏viii. t. i. d., increased to ♏xv. or xx.

Children can generally take twelve or fifteen drops, about $\frac{1}{6}$ grain, three times a day. In one case a boy of twelve took nearly thirty drops, or $\frac{1}{3}$ grain, three times daily.

—Dr. Girtanner, of St. Gall, has lately celebrated his sixtieth year as a medical practitioner. He is now 84 years of age, and enjoys excellent health and most active professional life, as well as the deep respect and love of all his colleagues.

Correspondence.

Points in Midwifery.

Eds. Med. and Surg. Reporter:

In a recent number of your journal, I saw an article by Dr. Mitchell, of Addison, Pa., giving the author's views on midwifery, which contain some points so different from my own experience, that I write to ask if my ideas, derived from an attendance on four or five hundred cases within the past seven years, are at variance with the majority of practitioners or not. He says "nothing is better when the os is rigid than a moderate dose of morphia, using the fingers as a dilator."

I have found in that class of cases that five grains of hydrate of chloral, combined with the same quantity of potass. bromid., or even ten grains of the latter, had a much better effect, without retarding labor, as almost invariably happens after taking morphia. Another very simple remedy which has a happy effect on these cases, is obtained by a slight scratching of the cord-like os with the finger nail, when the pain causes it to become very tense. This will often cause it to become spongy, and dilatation will go on rapidly. I have had only one case of lacerated cervix, and this occurred where the child was born before I arrived, the woman not having more than a half dozen pains, and very severe ones. Forceps I have made use of several times, and the longer I practice the more I am convinced that the accoucheur deserves to be censured when he allows a woman to go through the terrible suffering attending a labor of twelve or twenty-four hours after the commencement of the second stage. The forceps skillfully used never injure, and always relieve. Often ladies request that they be applied when confined, after being relieved by them in a previous labor. When for any reason it seems best to do something to relieve, and it is not advisable to apply instruments, chloroform, inhaled moderately, does well, and does not retard in the slightest. During second stage, with primiparæ, it is my custom to use it in nearly every case, unless some good cause, like disease of the heart or lungs, prevents.

One more point—convulsions are controlled in the majority of instances with hypodermatic injections of morphia in full doses, combined with atropia, and when occurring after delivery, it seems to me to be a better remedy.

I fully agree with Dr. Mitchell in his re-

marks regarding the use of the binder, and never feel as easy after leaving a patient without one as when it is properly applied.

H. L. MANCHESTER, M. D.

Pawlet, Rutland Co., Vt.

NEWS AND MISCELLANY.

How to Destroy Cravings for Unwholesome Food.

The New York correspondent of the *Phila. News*, writing of Miss Catharine Wolfe, a very rich lady, who is hopelessly ill, says:

"About five years ago she became aware that rich living had started Bright's disease, and that she could not recover, but her life could be prolonged considerably by assiduous medical attention; and so she engaged Dr. William Tod Helmuth at $50,000 a year to call on her twice a day. Diet was all important, and so Miss Wolfe had to deny herself many accustomed luxuries of the table. She had a curious system of reconciling herself to these deprivations.

"'I got the suggestion at a reception given by a stingy woman,' she said. 'The sideboard was meagerly set out with viands, and the best dish was lobster. Well, right back of that supply of lobster she had put a picture of a live lobster—a horrid, creepy, repulsive thing. What for? Simply to spoil the women's appetite for lobster. It was a device of economy. From that I got an idea. I would study up the sources of all the food that was bad for me, and so destroy my liking for it. And it has worked pretty well. There isn't much we eat that will bear strict scrutiny.'"

Time to Have a Good Cry.

A story is told of an old squaw, who, when found weeping bitterly, with an empty bottle in her hand, explained that she "lost a little papoose twenty years ago, and couldn't stand it any longer!"

Items.

—The water-carts of Lowell are decorated with patent medicine advertisements. An innocent Irishman from the rural districts looked at one the other day, and remarked: "Faith, it's no wondher Lowell is healthy, whin they wather the streets with ———'s Sarsaparilla."

—Dr. J. Solis Cohen has noticed a peculiar perversion of the temperature sense of the tongue and oral cavity, caused by strong solutions of cocaine. While still capable of appreciating heat, the patient cannot recognize cold, and iced water seems of blood-heat, or even warmer.

—An instance of the reckless practice of holding wakes was recently reported to the coroner of Dublin. A physician stated that he found a number of men, women, and children assembled at a wake in Blackhall street, Dublin, where two children had died of malignant scarlet fever.

—Before an English medical society Dr. Sloan exhibited a Hewitt's pessary, which had been incarcerated in the vagina of an aged patient. He detailed the steps taken for extraction, and remarked upon the necessity which rested upon all practitioners to warn their patients that pain, or discomfort of any kind, was a sign to them that the instrument should be removed.

—The Graefe Medal, founded in honor of the great ophthalmologist by the Ophthalmological Society of Heidelberg, is to be awarded every ten years to the person, irrespective of nationality, who has done most to promote the progress of ophthalmology, and the first award has just been made to Professor Helmholtz, the inventor of the ophthalmoscope.

QUERIES AND REPLIES.

FOTHERGILL'S FEVER MIXTURES.

EDS. MED. AND SURG. REPORTER:

E. P. R., Tuscumbia, Alabama, inquires for formula for Fothergill's Fever Mixture. It is as follows:

R. Acid hydrobrom.,	ʒj.
Syr. simplicis,	ʒij.
Aqua pur. ad.,	ʒj. M.

Sig.—Every hour.

F. J. WHITTEN, M. D.

PRESERVATION OF RUBBER GOODS.

EDS. MED. AND SURG. REPORTER:

Your correspondent, Dr. W. N. Sherman, asks for a method of preserving rubber goods in a dry climate. We have experienced the same difficulty in our chemical laboratory, and here we have the additional action of fumes from acids and other chemicals. I have resorted to the expedient of keeping my stock, when not in actual use, in glass jars filled with water, and would suggest that this method might be applied in all cases where soaking in water would not injure the goods.

E. H. S. BAILEY.

Lawrence, Kansas.

SPOILING OF RUBBER GOODS.

Under "Queries and Replies," page 704, Dr. W. N. Sherman, of Arizona, complains of the spoiling of his rubber articles by the dry climate. We live on the shore, 6,000 feet below him, and our rubber instruments soon spoil, and for the reason not of the climate, but because the rubber in these days is so reduced and weighted by heavy powders that there is no life or strength left in it. In a few months it becomes no elastic and brittle. The American manufacture is worse than the English. I have no doubt that if Dr. Sherman could procure real rubber articles they would stand his climate, since rubber is very little affected by either moisture or dryness. Many rubber instruments of to-day are not worth carrying home. I burst a new syringe bulb the other day the first time I rinsed water through it. Dentists' dam rubber soon becomes powder in the drawer.

E. CHENERY, M. D.

Boston, Mass.

SERIAL

Medical and surgical reporter
(Philadelphia)
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GERSTS